

CU Benefits

Video Transcript

Few people still channeling in from grabbing

lunch and finding a seat.

I'm going to go ahead and start introductions because this is a really important

topic. We had a record over

200 people

sign up for in-person today, and over 200 people sign

up to be online with us as well. So, you could tell how important

this is and how curious people are to understand

benefits better, especially during open enrollment time.

So welcome to our monthly Toolbox Talk.

Thank you all for being here and joining us again.

Many of you know me. I'm Debbie Lammers, the Assistant Vice Chancellor of Learning

and Development, and we're always happy to put these on

each month. So I'm going to do a really quick introduction of

our guest speaker. Alex is here from the system office,

from the benefits department. She has graciously accepted our

invitation to come here and talk about benefits.

There are some changes that she'll talk about.

But to get you a really good understanding of what's

out there for you in regards to our different benefit packages.

Now, Alex is a principal employee outreach and education professional with

nine years of experience in the education field.

For the past four years, she's worked with employee services at the CU system office, focusing on helping employees understand and make the most of their benefits. Alex's work centers on clear communication, accessible learning, and empowering employees to make informed decisions about their wellbeing.

She's also joined online. She has a colleague of hers, Dora, who's going to be helping to field some of the questions that come in online as well. So we're in their very capable hands here today with their presentation and to be able to hopefully answer many of your questions.

So I am going to go ahead and turn it over to Alex so that she has the most time

possible for her presentation and your questions.

So Alex, thank you for joining us.

Sure.

Okay. Thank you.

Yes. Thank you, Debbie. Again, my name is Alex Mollick.

I'm on the employee outreach and education team with the system office.

And again, Dora is in the chat. She is just one

person, so she is going to try to answer as many questions that are online

as possible. And then I will also pause after each benefits

section to answer questions as well.

I think that will make the most sense.

But yeah, we're going to talk about your benefits today and open enrollment.

So I'm going to start talking about open enrollment first because it is happening

right now. It did start Monday at 8:00 a.m., and it runs through Friday, May 8th, at 5:00 p.m. Mountain Time.

So during this three-week period, that is when you can make any changes to your benefit elections. That can include adding a dependent, removing a dependent, switching health plans, removing a health plan.

All of those changes can happen during this time.

And then those changes are then effective July 1st of 2026 and go through the following year of June 30th, 2027.

So have that in the back of your mind today as I'm going through how all the plans

work. So if you're considering switching, just know that you have that option right now.

And then also, any changes that you do make during open enrollment will be

in your employee portal. It's that my.cu.edu.

So this open enrollment, if you are in a flexible spending account

and you want to continue your flexible spending account for the next year, you do

need to actively re-enroll in that during open enrollment.

These do not roll over year after year.

Even if you're going to keep the same contribution amount, you still need to go in

your portal and enter that contribution amount for the next year.

And I'll touch on the FSAs in a little bit later.

If you don't have one and you are considering one, I'll go into more specifics on

the FSAs shortly.

And then you'll also take action during open enrollment, again, if you do want to

make any changes to your medical, dental, vision, disability benefits as well.

But otherwise, if you don't want to change any of your medical, dental, or vision benefits, if you're happy with everything as is, you can just simply leave it alone, and those elections will roll over for the next year.

Again, with the exception of those flexible spending accounts.

So

I'm going to move into the health plans.

So we have four medical plans, two dental plans, an optional vision plan, and some wellness programs available.

A popular wellness program, if you haven't heard of it yet, is that CU Health Plan

Move, where if you're on a medical plan, if you download this app,

if you log 12 days of exercise each month, you get paid

\$25 each month. It is paid quarterly, but it is

kind of like free money, so it's a really fun one to check out.

And there's other things like fitness vendor discounts as well to look at on the

wellness programs.

So all four of our medical plans have common coverage.

So no matter which plan you are on or which plan you may switch to or

choose, you have these benefits. All four of our plans have

preventative care at no cost. So that means your annual

wellness exams, vaccinations, preventative screenings.

All of our plans have emergency and urgent care worldwide.

So if you are traveling or just in general if you experience an

emergency, you can get care at the nearest facility.

Then once it's deemed not an emergency, you do need to go back in-network to

be covered.

All of our plans offer low-cost prescription drug coverage, and they

all offer one preventative mental health screening each year

for each person. So

our first medical plan I'm going to talk about is the high deductible plan.

This is an Anthem-administered plan.

This is a PPO network, so this is our broadest network.

So on the high deductible plan, you have access to Anthem's nationwide PPO network, and then you also have options out of network as well. It does cost you more, but you do have that ability to go out of network with this plan.

And then on the high deductible plan, you are not required to work with a primary care provider. You can pick and select your own specialists in the network as you please.

So with open enrollment coming, I wanted to highlight the changes.

So all the text in black is for the current plan year, the

25/26 plan year. The numbers in green are going to be

the changes and the numbers for the next plan year, so for the

2026/2027 plan year. It's because we are in

this in-between limbo-ish time.

But so the way the high deductible plan works is everything centers around the

deductible.

I'm going to talk about in-network coverage, but again, out-of-network coverage

does exist. The numbers basically double from in-network coverage, and they accumulate separately.

But with the high deductible plan, everything centers around the deductible.

So you will pay out of pocket 100% of the negotiated

costs for your services until you reach that deductible amount.

So right now, that is \$1,650 for an individual and

\$3,300 for family. You'll see those numbers are increasing

slightly for the next plan year.

But once you have paid out of pocket and reached your deductible amount, that is when the plan will then start paying for your covered services, and the plan will pay 85% of your services and you will pay 15% of the cost.

And then you would keep paying 15% of the cost of your services until you reach that out-of-pocket maximum, which is that \$3,300 for individual and \$6,600 for family.

Again, increasing slightly next year.

But that is the most you would have to pay out of pocket in a plan year with this

plan. So worst case scenario, if it's just you, the most you'd have to

pay this year would be \$3,300. Next year, it's

\$3,400.

The biggest thing with the high deductible plan is being prepared to pay those

out-of-pocket costs as you're using the plan because you don't have co-pays with this plan.

So just being aware and knowing to pay those,

I think, is a good mental thing to have in the back of your head.

But we do offer the health savings account to pair with the high deductible plan

to help you cover those out-of-pocket costs as well.

And I will talk about those in a little bit, too.

So this is the cost to have a high deductible plan.

On the top, I've got the current plan year's premiums, and then on the

bottom with the green 26/27 plan year, those will be the

rates for next year. As you can see, they are not increasing for this plan

for the next year, so they are staying the same for you.

And then the advantage with the high deductible plan is that low or potentially no

monthly premium. And then again, the idea is that instead of putting

hundreds of dollars towards your premiums, you could instead put that money in the

health savings account to pay for your healthcare expenses now or in the future.

Our second plan is the pathway plan.

So this plan is our second-largest network.

This plan is also administered by Anthem.

So if you use the pathway plan within Colorado, you have to use

Anthem's Pathway EPO network. So that includes Boulder Community

Hospitals, UC Health Hospitals, HCA

Hospitals, Rocky Mountain Children's Hospital.

And then as of April 1st, Children's Hospital Colorado is included

in this network now. So if you're using it in Colorado, you have

to stick to these systems. If you are using the pathway plan outside of

Colorado, you have access to Anthem's nationwide PPO network.

So the pathway plan is considered a low co-pay, low deductible plan.

So certain visits will always have a co-pay, just that fixed fee you pay, that

\$30, \$40, basically just to get in the door.

And then at those visits, if you have any services like labs, a

surgery,

an MRI, anything like that, you will pay out of pocket for

those costs until you reach your deductible.

For the pathway plan, it's \$500 for an individual and \$1,000 for family.

So once you have paid out of pocket to either of these deductible amounts, that is

when the plan will then start paying 90% of your covered services,

and you will pay 10% of those costs.

And then you'll pay 10%, potentially up until you reach that out-of-pocket

maximum, which again, is the most you'd have to pay in a plan year.

Hopefully, you don't reach these out-of-pocket maximums.

But you will see that these are increasing for next

plan year to \$10,600 for an individual and

\$21,200 for family.

And then this plan also includes a \$20 eye exam at

Anthem's BlueView Vision network.

And then there are some discounts available for eyewear.

That's totally separate from the vision plan.

It's just a built-in vision component in this medical plan.

This is the cost to have the pathway plan.

Again, we have current plan year on the top, next plan year on the bottom.

As you can see, the plan rate is decreasing for the pathway

plan for next year. So good news if you're already on the pathway plan

or good news if you're considering switching.

This is because pathway was a new plan last year and the projections

were based on projections. And now that we have more

historical data and some plan utilization information, that

resulted in the premiums decreasing for next year.

Yeah.

Our third plan is the Exclusive Plan. So this is an HMO network.

So this one is a more limited network within the state of Colorado.

So this is also an Anthem plan, but this is largely based around the

UC Health facilities with this plan.

Just like with Pathway and High Deductible, you do not have to pick a

primary care provider. You can direct your care yourself and

refer yourself to specialists as long as they are in the network.

And because this plan is limited to Colorado, if you have out-of-state

dependents, there may be a guest membership option available for

them. It just depends where they're located and the coverage available where they

are.

So the Exclusive Plan works pretty similar to that Pathway Plan.

This is also low co-pay, low deductible.

So again, co-pays you'll pay every time you go to the doctor.

Non-co-pay services you will pay out of pocket until you reach your

deductible, which is 350 for an individual and

750 for family.

And then for the next plan year, those numbers are increasing to

\$500 for an individual and 1,000 for family.

But with the Exclusive Plan, once you've reached your deductible, the plan will

then pay 100% of your non co-pay services.

So with the Exclusive Plan, once you hit that deductible, you'll still pay co-pays when you go to the doctor, but if you have any other services that plan year, the plan will cover those.

And then the out-of-pocket maximum is the same as the Pathway, and again, that's the most you would have to pay out of pocket.

And this plan also includes that same vision component with that \$20 eye exam and some discounts as well.

This is the cost to have the Exclusive Plan.

Again, you will see an increase to this plan's premiums for next year. This is because the Exclusive Plan has not seen a premium rate increase for the past three years, and then plan utilization also informs the rates as well. So there has been more

utilization on this plan, so that has resulted in an increase to the premiums for the Exclusive Plan for next year.

Our final plan is the Kaiser Plan. So Kaiser is an EPO network. If you are familiar with Kaiser, you can only go to Kaiser doctors, Kaiser facilities. Everything's usually all in the same building.

With Kaiser, you do work through a primary care provider, and they refer you to specialists and other doctors within that network.

And because this plan is also limited to just Colorado, if you have out-of-state dependents, there is limited coverage available for them, and we have more information on our website if that does apply to you.

The way the Kaiser Plan works is this one is a 100% co-pay plan, so there's no deductible with this plan.

So there's no out-of-pocket amount that you are trying to reach before the plan pays for anything. Instead, everything has an assigned co-pay to it.

So you just pay co-pays for everything with this plan.

And then the out-of-pocket maximum is the same as the Exclusive and Pathway

Plans.

And then with this plan, there's also a \$30 eye exam at a Kaiser eye doctor.

This is the cost to have the Kaiser Plan.

It is our more expensive plan, our most expensive plan.

It's only increasing slightly for next year.

Also good news if you are on this plan.

But I like to use this visual to help people just kind of

look at all four of our plans and compare them, how they work,

considering the network, where you can go to the doctor, how the

plans work, the cost to use them, and the cost to have them.

It can be helpful to see all of these next to each other and kind

of think about and balance what makes the most sense for you and how
you're going

to use your plan versus how much it costs to have it and just kind

of do some number crunching.

And then the ... I don't know if I mentioned it.

These are the rates for the next plan year at the bottom.

And I think now is an okay time to pause if anybody has questions in

the room or I can check Zoom.

Yeah.

For the-

Oh, thank you.

For the High Deductible Plan, since you don't really need a primary care physician,

you can just sign up with any specialist.

Oh, I just forgot my question.

I'm sorry. I got so excited with a microphone.

Oh, okay. I got it. So some of them require you to have

a primary care physician, like, assign you to go to a specialist.

Is there any, like, workaround with it?

So if I call, like, an orthopedic, and they're like, "Oh, we need a note from your

primary care physician."

Oh, okay. So then I guess you would.

I think it's for more like dermatology and things like that,

but you're not required to have a primary care physician

assigned to you.

Gotcha. Okay. Thank you.

So with the Exclusive Plan, it's

the deductible. Let's see if I get this right.

So the deductible, which is going up to \$500,

you had said with this plan that after that, you don't pay anything.

So where does that \$10,000 come in of like, "That's the most you'll pay, but

actually you only pay 500."

So should you rack up that much with co-pays

potentially. So it is rare that you would reach that out-of-pocket maximum

with the Exclusive Plan, so.

Okay.

Potentially if you used a bunch of them, that is where that would

come into play.

Okay, so more just like co-pays that add up.

Exactly. Mm-hmm.

Okay. Okay.

If currently on the Exclusive Plan with children,

is children's hospital

considered in network-

Yes

... with the Exclusive, and now it's just being added to Pathway?

Correct.

So if it's a deductible first

... situation,

is there not a copay? I'm just trying to see if the benefit to

switching to Pathway is beneficial for if you have children or if it's

the same.

The difference between with children being added to Pathway,

you would be paying that 10% coinsurance

once you meet that deductible. You would have that 10% coinsurance after that.

But that would be the only difference, because the deductibles are the same, and

the Pathway plan encompasses the Exclusive plan.

So any providers on Exclusive are also in the Pathway

plan. So-

Okay

... it would really be that 10% coinsurance that would drive your decision,

I imagine.

Okay, thank you.

Allen, I've got one over here. I'll get this to you real quick.

Yes. I just have a question about children being on the plan.

I have

teenagers, two about to graduate, one that's already graduated.

How long can they stay on the health insurance?

And what happens if they move abroad for a semester or a year?

Yeah. So dependent children can be on your plans until they are

27 years old. So most places it's 26.

At CU, we get that extra year.

So they can be on until they're 27. And then abroad,

I think they would only be covered for emergency care abroad.

I would reach out to either Anthem or Kaiser, whichever provider you are with, and see what options they have internationally.

But I imagine just emergency, but I would, again, double-check with them.

I think of the high deductible plan as kind of like catastrophic insurance.

Is there a difference between...

So since it has a

lower out-of-pocket maximum, it almost seems like if you're using

a lot of care,

it would actually be better, but I'm wondering, is the network smaller?

Or what's the difference between the high deductible and

Pathway specifically that would make you

pick Pathway over the high deductible?

Yeah. So the high deductible is actually our broadest network because you get

Anthem's nationwide network, and then you also have out-of-network coverage

available as well.

And so really the difference is how the plans work.

So with the Pathway plan, you have that copay deductible

structure. So it's really more your preferences.

If when you go to use care, do you want those predictable costs, like

that \$30, \$40 every time you go? Or with the high deductible,

you're paying out of pocket for everything until you reach that

deductible. But you're right, that out-of-pocket max is

lower. So

with the high deductible plan, if you know you're going to have a

surgery or lots of services that year, you know the most you

would have to pay is that 34 or \$6,800 that year.

And then you're also not paying that much for premiums.

So it's just kind of how you want to use and pay for your

care as you are using it, if that helps.

But high deductible is our largest network.

What's the maximum out-of-pocket for the high deductible

plan?

The maximum for the high

deductible plan, for the current plan year, it's

3,300 for an individual, 6,600 for family.

For the next year, it's going up to 3,400 for an individual and

6,800 for family.

So once you hit that 6,800, everything else is covered.

Is that correct?

Yes. So once you reach that out-of-pocket maximum, any other services you'd have

for that plan year are covered by the plan.

And does that cover prescriptions as well?

Yes.

Okay. Thank you.

Two questions. So if you think,

let's say, life is good for you and you

don't have an accident or anything, if you think you're not going to reach
the

deductible for the Pathway or

Exclusive because they have the same, then

you should probably take the Pathway

because then you pay less per month.

Yeah. It really, again, just depends on your preferences.

Yeah, if you

can predict it and know how much you're going to use, yeah,

just whatever makes the most sense for you.

Okay. And second question, you have an accident in

Canada. Does it do anything, like the Pathway or

Exclusive?

Yeah.

Do you have any coverage at all, or?

So all four plans have emergency coverage internationally, so if

you have an emergency on any of the plans and you're in Canada, your

emergency services would be covered.

But once it's not emergency, you would have to go back in-network.

So, the short term, you would be covered in Canada.

Thanks.

I'm on Zoom. Can I ask a question?

I think that's it.

Can you hear me?

Oh, yes.

So I'm just wondering about the vision plan in the high deductible. Is there a copay for vision or not?

Can you repeat that? I'm sorry.

On the high deductible plan, is there a copay for vision, for exams for vision?

So the high deductible plan does not include that vision component that the Pathway and Exclusive.

So the high deductible plan does not have vision coverage.

But I do now.

I do now, though, under high deductible.

I have the BlueView Vision,

do I not?

The BlueView Vision is our vision coverage, or

the Pathway and Exclusive have that built-in co-pay and

discount as well.

But right now I've used BlueView Vision,

and I am on the high deductible,

so it is covered, but there's just no co-pay.

Is that how it works?

I don't know how that works. I would have to look at the plan

documents.

Okay.

As far as I know.

Okay.

Yeah, sorry.

That's okay. And then the hospitals on the Pathway,

you said it's only... What are the HCA hos-- I can't see the slide

right now, but you listed some only hospitals on the Pathway in

Colorado.

Yes. So it's HCA hospitals, UCHealth

hospitals,

Boulder Community Hospital, Rocky Mountain Children's Hospital, and

Children's Hospital Colorado for the Pathway network.

Okay, what about Intermountain? Is that part of

Intermountain Health Services? Because I'm remote, and I don't have a

UCHealth hospital.

So if you are outside of Colorado, you can use Anthem's nationwide

PPO network.

But you would have to, again, I would go online to our website and

use that Find a Doctor

tool, and you can look up which providers are in that network.

Okay. Thank you.

Thank you.

Allan, we've got one over here too.

I just had a quick clarifying question on the Pathway plan.

So,

there's still the office visit co-pay, but then for the

co-insurance after the deductible is met, is that like if they do diagnostic

testing during the visit?

Yeah.

Like the office visit? Or is the office visit like whatever happens during that

visit is the

co-pay?

Yeah.

There we go.

So yeah, that co-pay you pay regardless, even after you hit that

deductible. So that's basically the cost for the visit.

And then if you do have services like lab work or anything like that, you

would pay 10% once you reach that deductible of the cost.

So you pay the co-pay and the 10% of the costs

of any services that happen.

Okay. Thank you.

Sorry, I have another question.

No, don't be.

If you have a drug prescription on Exclusive and you switch

to Pathway, will it all mess up

your meds and you're going to have to...

Is it still CVS or are you going to?

Yeah.

It's not clear, but yeah.

Good question. Yeah. The

pharmacy provider is the CVS Caremark for high deductible Pathway and

Exclusive. So if you were on Exclusive and you're considering switching to

Pathway,

it's still CVS Caremark. And the

tiers and stuff are,

I want to say the same, but I would confirm on our

website for sure. But they're very similar for Pathway and Exclusive.

Okay, thanks.

Okay.

I am going to move on. Thank you. So we're going to move on to

dental.

So we have two dental plans. We have the Essential and Choice.

Both are administered by Delta Dental.

Both dental plans, you get no-cost preventative care.

So this includes two oral exams each year, you get

four cleanings each year, and you get two fluoride treatments

each year.

And both plans include the Right Start for Kids program, which is for children

enrolled in your dental coverage under the age of 13,

may be eligible to have most of their basic services covered at

100%.

So our Essential Plan, again, it's Delta Dental.

The Essential Plan, you have access to Delta's nationwide PPO network

of providers. It's a very long list of providers.

You get a \$2,000 benefit each year for each person,

and you'll have a \$25 deductible that you'll have to meet before the plan starts

paying.

And then this plan includes a separate orthodontic benefit.

It is a lifetime benefit for children under the age of 19 for

\$2,000.

So the way our dental plans work is you will do a cost sharing.

So for basic services, you'll pay 30%, the plan pays

70%. Major services, you will pay 50% and

the plan pays the other 50%. And then again, orthodontics is

that separate benefit only for children under 19 with this plan,

but you'd pay 50% and the plan pays 50%.

And the percentage that the plan pays comes out of that \$2,000 benefit that you get each year.

So for example, if you needed a root canal and it costs \$1,000,

you would pay \$300 for that root canal, and the plan pays the other

\$700.

And again, coming out of that \$2,000.

So once the plan has paid \$2,000 towards your services for that

plan year,

you would be responsible for any other remaining services during that

plan year.

And then again, orthodontics is only for children under 19, and you get that

\$2,000 benefit with this plan.

CU covers the employees' premiums for the dental plans for the

Essential, and then you pay a little bit extra as you add dependents.

And you can see they're only increasing

50 cents to \$2 for next plan year.

Our second plan is the Choice Plan.

So with this plan, you can see three different tiers of providers.

You get a \$2,500 benefit each year for each person.

And this plan has orthodontic benefit For adults or people

of any age, and you get a \$4,000 lifetime benefit with

this plan.

So again, there's three different tiers.

If you were to visit a PPO provider, again, that very long list,

these are the costs. You'd pay 20% to 25% for your basic services.

The plan pays the rest. Major services, you would pay 25%,

and the plan pays the rest. And then orthodontics, again, that separate

\$4,000 benefit, you pay 40%, the plan pays

the other 60%. And then again, for your basic and major

services, you get \$2,500 with this plan.

If you were to visit a premier provider, the costs are more.

It really just comes down to how each dentist registers with Delta Dental.

So if you already have a dentist, you can look up what type of dentist they are,

or on our website, there's that Find a Dentist tool, where you can look up any type of provider you may be looking for.

And you can also go out of network to a non-Delta participating provider with

this plan as well. The costs are the same as Premier, but

because they might have not contracted with Delta, they likely

have higher fees, so you would be responsible for the difference between

their higher fees and what the plan would allow.

But lots of great dentists on the most cost-effective PPO network.

This is the cost to have the Choice plan.

This one is a little bit more, but you do get a larger network, you do get that \$2,500 benefit each year, and you get adult orthodontia with this plan as well.

And then similar, this plan is only increasing 50 cents to a couple of dollars, depending on your coverage level for next year.

And then

so our optional vision plan

is Anthem's BlueView Vision. With this plan, you get a \$20 eye

exam each year. You get \$225 towards the

cost of eyewear, so

frames or contacts. And then you'll have low co-pays for your lenses with

this plan as well. So this network, it's a nationwide network.

It includes Target, LensCrafters, Pearle Vision, lots

of online options. It's a very large network.

Because the vision plan is optional, CU does not contribute to the premiums,

but they are relatively low and affordable, and also only

increasing slightly for the next plan year.

Before I move on to a different

topic, are there any dental or vision questions in the room?

I just have a dental. We have the Delta Dental, and this

past year, or in the past two years, I've had two dentists who have

withdrawn as a PPO because they said that the reimbursement rates were so low

that they couldn't afford their staff.

Oh.

And then I went to another one that was in the network, a PPO, and it was kind of sketchy, honestly, and trying to upsell services.

And I was just wondering from your perspective, is that kind of feedback good for

you? And then how often do you go through and evaluate

who's providing the dental plans for university?

Yeah. So yeah, it is a

very large network, so I can't really speak to the quality of

each dentist and how the different tiers.

And then all of the plans, we are self-funded,

so we have the CU Health Plan Trust who determines

our relationships with the plan vendors and determines all of that.

So I do believe it is, they evaluate everything each year, but

yeah, Delta is who we have, and I'm not

sure if

they're considering anything else, but I can bring that feedback back that

Delta PPO has been

less

enjoyable.

Okay.

Okay, so I'm going to... Oh,

we have a question.

Okay.

Yeah, so that orthodontic, that lifetime, that's the most they would get for their time on Delta Dental. Yeah.

So that's the most it would cover.

If I could speak from Zoom.

Sure.

We have a lot of feedback in the chat about dentists leaving Delta and leaving the PPO.

And I'm wondering what is the best way for us to provide that feedback to the decision-makers.

Because I'm remote in Colorado, and the dentists in my town banded together, and they all left the

PPO in a block because they cannot cover their

costs

with the very low reimbursement. So I'd love to provide that feedback to

university decision-makers. What's the best way to do that?

I would start with your campus staff council because they are

the ones who are advocating, and they are working with the trust as well.

So I would provide that to your campus staff

council, and they can work with and bring that back to the trust

as well.

And I can also have that in the back of my mind, but I can bring that

feedback back as well. But I think your staff council would be

the first place to start.

I have a question on Zoom as well

in regards to-

Hold on. One second. We have one starting in the room real quick. So sorry.

Sorry. For both of the plans, they still do the four cleanings with two...

Okay, just making sure.

Yes. Both dental plans, you get four cleanings on both plans. Correct.

Okayperson.

So I'm on Zoom. I have a question on the vision plan.

So the vision plan that's included in the medical

pathway, and then this optional vision plan, are

they the same?

Or

They are different. So with the pathway plan, you get

the eye exam, and then you get some discounts for eyewear.

They're not as great as if you have the vision plan as well.

So the vision plan, you get that \$225 credit

towards frames or contacts. You don't get

that with the pathway vision component.

So when you stack the pathway and the optional

vision plan, does that give you a broader

benefit for the glasses?

I don't believe it does. I think you could get two eye exams for the

\$20 each plan year, but I don't think you can stack the

discounts.

Okay.

But I would contact Anthem just to double-check and see what your options are.

Okay. Thank you.

Can I ask a question about the vision?

This was my understanding. I just would love if you could confirm it or not.

So the general vision coverage

in the BlueView is just specific

to eye exams and glasses. And

then the actual medical covers

major medical. If something were to happen to your eyes and you had to go

have a splinter taken out or whatever, that's not covered

by BlueView. That is covered by your major medical.

Is that the part that is not covered under the high deductible

insurance? They don't have coverage for cataracts and things like that?

I'm not positive what is covered on high deductible and what

is not as far as like cataracts and-- You can look at the plan

documents. Maybe Dora, if you could put those in the

chat for people to check out. But yeah.

So if something is medically wrong with your eyes, that would be your
medical

coverage, not your vision

plan.

Right. And you said the high deductible does not have vision coverage at
all.

To my knowledge, I did not think that the high deductible plan covered

eye exams or anything like that, but I might have been proven wrong today.

So again, I would just double-check those plan documents,

but I did not believe that it did have that

benefit. But again, thank you.

I think it's... Mm-hmm.

We do have a member of staff council in the room.

So the comments have been registered, and they'll go back to staff council.

Oh, great. Yeah.

Awesome. Thank you.

Okay. Just for time's sake, I am going to

keep going. So we do have some pre-tax savings

plans, switching from the health plan side of things,

but we do have pre-tax savings plans to help you save on taxes

for healthcare or dependent care needs.

So we have flexible spending accounts and a health savings account.

So our flexible spending accounts, these are accounts that you

determine an amount of money that you would like to go into this account
each plan

year. You elect it, and it comes out of your pay pre-tax.

ASI Flex is who administers this account.

And then when you go to use the money on qualifying healthcare or
dependent care

needs, it is tax-free as well. So with these accounts, you're

using 100% of your dollar towards healthcare or dependent care

needs.

So the healthcare FSA is for those out-of-pocket healthcare expenses, like

over-the-counter services, co-pays, deductibles, vision,

dental. There's a very long list of qualifying expenses.

And you can be on any medical plan to open this, or you don't even have to be

on one of our medical plans to open the healthcare FSA as well.

But with the healthcare FSA, you get mailed a preloaded debit card, and you use that to make your purchases.

And then we have a new limit of \$3,400 for the next year.

And the dependent care FSA is for dependent childcare for children under 13 or qualifying adult or elder care.

And with that plan, you pay your providers directly and file for reimbursements afterwards.

And then there is a new annual limit for the dependent care FSAs of \$7,500 per household. So that is good news if

you are using that one. So the

flexible spending accounts, they are spending accounts.

So the IRS deems them as use it or lose it.

So the money you put in these accounts, you should intend to spend by the deadlines, otherwise you lose that money.

So if you are currently on an FSA, you have until September and November of this year. These are those deadlines.

And then if you enroll for the next plan year, you would have until September and November of '27 to file for reimbursements and all of that. But again, the flexible spending accounts do require re-enrollment each year.

So if you have one or if you want one, you have to enroll only during open enrollment.

The other option is the health savings account.

So you can only open up the health savings account if you are enrolled in the high

deductible medical plan.

So the HSAs, again, you elect an amount of money to put in this account.

It comes out of your pay pre-tax, and it goes into a savings account with

Optum Bank. And if you save up to \$2,000 in that

account, anything over that, you can choose to invest it with

Optum Bank, and any growth that potentially happens is not

taxed. And when you go to use the money on qualifying healthcare expenses,

it's tax-free as well. So you potentially get that triple tax

benefit with this plan. So again, the HSAs, you

have to be on the high-deductible medical plan.

You cannot be a dependent on someone's previous year tax return.

You cannot contribute to a healthcare FSA.

But besides that, they are very flexible if you're on the high-deductible plan. You could enroll in these at any time during the year.

You can increase or decrease your contributions at any time during the year.

You can make a lump sum contribution as well.

Really great option if you're on the high-deductible plan.

And then that money is yours. So with the FSAs, if you don't spend the money by that deadline, you lose that.

That doesn't happen with the HSAs.

You can keep building those savings and use it through retirement.

So that is your money. Or if you leave CU, that money goes with

you as well.

Okay. I'm going to just keep going,

and then I will pause for questions at the end.

So life insurance. So CU provides you with a basic term

life insurance policy, and then we have two additional plans if you would

like them.

So the basic life insurance with AD&D, you are automatically enrolled
in

this, and CU pays the premiums. If you are classified staff,

you are enrolled in a \$50,000 policy.

If you are faculty or university staff, you are enrolled in a

\$57,000 policy. And then July

1st, for faculty and university staff, this policy is increasing

to \$75,000.

But yeah, the only thing you need to do is just make sure you update and name your

beneficiaries as life happens, because should something happen to you, you'd want

this money to go to who you want it to go to.

And you can do that in the

employeeportal.my.cu.edu.

So the way the basic life insurance policy works is if you die of a natural death,

that policy amount is paid to your beneficiaries.

If you die of an accidental death, that up to an

additional policy amount. So they could potentially get double that amount,

would be paid to your beneficiaries.

And then if you suffer a loss other than death as a result of an accident, like the

loss of limb, eyesight, or hearing,

a portion of that policy could be paid to you.

So that is that AD&D part. So you already have this

policy. CU pays for it. Again, just make sure you update your

beneficiaries.

If you want more life insurance coverage, we offer this optional life

insurance with AD&D. This works the same as the

basic, where if you die of a natural death, your beneficiaries get that policy

amount. If it's an accident, they could potentially get double.

In the dismemberment, you get a portion.

But with this policy, you could also add a spouse and children onto this plan, and then you elect your policy amount in \$1,000 increments up to the policy's maximums.

And right now, during open enrollment, we have a special enrollment opportunity. So all employees, you can enroll in or increase your optional life insurance up to \$350,000 without submitting a medical history statement.

So normally,

if you wanted to enroll or increase outside of being a new hire,

you would have to go to the doctor, get that medical history statement, and get

approval. But right now, because we're changing the guarantee

issue amount to \$350,000, we're opening this opportunity

to everyone to enroll or increase up to this amount

without getting that medical history statement.

It's a really great opportunity if you maybe missed that opportunity

as a new hire, or you've just been putting off going to the doctor to get

this approval.

Highly recommend

looking at this, talking to your families, and

jumping on this opportunity.

And then you can also

enroll a spouse in coverage up to \$50,000 without submitting that

medical history statement. And then if you enroll in a policy

over either of these amounts, that is when you would have to do that medical

history statement and get approval from a doctor.

Or if you were to enroll after open enrollment, you would have to go

to the doctor and get that medical history statement.

So really great opportunity happening right now.

Highly recommend looking into this.

And then our other life insurance option is this voluntary AD&D.

So this only covers you in the event of an accidental death or dismemberment.

So you don't have to get the medical history statement with this plan.

You can enroll

yourself and a spouse between \$10,000 and

\$250,000, and you can enroll a child for a flat amount of

\$5,000. So if you decide you want this, you can

add this only during open enrollment, but you can

cancel and decrease this coverage at any time throughout the year.

But if you'd like to add it, open enrollment is that time.

And then our disability insurance.

So faculty and university staff, short-term disability is optional

for you, so you would have to elect that and enroll during open

enrollment and pay those premiums.

And then you get long-term disability one year after being employed by CU.

And classified staff, it is flipped.

So classified staff, you are automatically enrolled in short-term disability,

and long-term disability is optional, and you could enroll in that at any

time, and you would pay those premiums.

There are some enhancements coming to the short-term disability policy, effective

July 1st. The maximum weekly benefit is increasing to

\$2,500. The benefit waiting period for all employees

is going to be 14 days. And faculty and university staff will no

longer be required to exhaust sick leave to use this benefit.

So

it is getting better, so that's good news.

So if you're faculty or university staff, take a look, and you can add it during

open enrollment if you would like.

So our mandatory retirement plans, I'm just going to touch on these because we are

running pretty low on time. You're already contributing to mandatory retirement

plan as a benefits-eligible employee.

If you're on the 401 plan, you are contributing 5% of your salary,

and CU is contributing 10%. Both of those contributions are

immediately vested. If you are in the PERA DB

plan, you are contributing 11% of your salary, which is vested

immediately, and CU is contributing

11.63%, which is vested at five years

of service.

If you're on the PERA DC plan, you are contributing 11%, which is vested

immediately, and CU is contributing 11.63%.

That's vested on a five-year schedule.

We all get financial guidance at no cost from TIAA.

So you could set up an appointment with a financial counselor with TIAA, and they can answer any personal finance questions you may have. They can help you direct your investments.

If you wanted to roll an old account into something here at CU, they are great resources for that.

And then PERA, if you are a PERA member, you can always contact PERA for advice as

well. And then even if you are a PERA member, you can still make an appointment

with a TIAA financial counselor as well.

So the mandatory plans, those contribution amounts are set.

You cannot change those. But if you do want to put away more for retirement, we

have three voluntary plans.

You could open any of these accounts.

These are 100% employee contributions.

We have both pre-tax and Roth after-tax options, and you can enroll at

any time, so check out the website, or make an appointment with

one of those financial counselors.

They are very familiar with all of these plans and which plan might make the most

sense for you.

In addition to adding beneficiaries in your life insurance, we also like to

remind people to add beneficiaries in your retirement accounts as well.

I don't think people think about that as often.

But again, just in case, you would like that

account funds to go to who you want it to go to.

And then, as a benefits-eligible employee, you may be eligible to use the tuition

assistance benefit for yourself or your dependents at any of our CU

campuses. If you use it for yourself, you get 12 credits

waived each academic year.

There's lots of options. You could split it between yourself and a dependent.

You could split this between multiple dependents.

It does change based off of who's using it and at

what campus, but I highly recommend looking into this.

This is a really great benefit.

So definitely do some research. There are, of course, campus

deadlines, and then there are some course exclusions as well that you need to

follow, but definitely check it out.

The summer tuition assistance application opens May 1st.

So if you are prepared and ready,

use this for summer if you'd like.

And then your time worked here counts towards public service loan forgiveness.

This is not a benefit we administer. We are just a qualifying employer.

So if you're on that public service loan forgiveness track for student loans,

we have instructions on our website about how to get CU counted as your

employer for that track.

And then, if you don't know, we have CU Advantage.

So Employee Services offers this great resource.

There's a little tile in your portal.

There's a website as well, but this is like the one-stop shop to discover any perks that are associated with working at CU.

There's airport parking discounts, hotel programs, lots of great things, and it's always being updated, so definitely check this out if you're looking for fun little perks for being a CU employee.

And then there's lots of links that I probably referenced.

So you can scan this QR code. It will take you to a PDF of all the links that I spoke about or referenced as well. That way you have them if you need them.

And then outside of today, we have a whole team of benefit professionals who

can help. You can email benefits@cu.edu, or you can

call this 860-4200 number. Payroll is option

two, Benefits is option three, but

you can call it during regular business hours.

Also, something that is newer, we have an interpretation service, so if you

know of any colleagues who prefer to receive guidance

in a language other than English, they can call this number and request

interpretation and get connected to an interpreter to

receive help in their preferred language.

But thank you all for your time. I know I rushed through that last bit just because

it is getting close to 1:00, but I can answer

questions if there are any. But I do

appreciate everybody's time.

And yeah. Thank you.

Hi, I am on Zoom. Can you hear me?

Hi, I am on Zoom. Can you hear me?

I think somebody on... Hold on just a moment.

I can't quite hear you because people are exiting.

If you wait just a moment,

once it quiets down, I can try to answer your question. I'm sorry.

Sure.

It's about TAB.

Yeah.

So I enrolled in the CU Denver School of

Business.

Uh-huh.

And then, unfortunately, I was not, at that time, a Colorado resident yet.

Okay.

So

I was like, "I don't want to pay." It was multiple thousands of dollars.

Oh, okay.

I'm not ready.

Mm-hmm.

But then, as I continued working, it just got busier and busier.

But I did get enrolled, and I did get accepted.

Mm-hmm.

It's been almost a year since I did that.

Can I still pick it up, and now that I am a Colorado resident?

Yeah. You can use the TAB from right now. Yeah.

Okay.

Absolutely.

Do you know by chance, I know, and maybe it's not up your alley, but do you know if

I need to reapply into the business school?

Probably. I imagine you'd have to apply again.

Okay.

I think so.

Yeah.

Mm-hmm. So yeah.

Perfect.

But yeah, definitely check out the TAB for it.

Thank you.

Thank you.