



YOUR
EMPLOYEE
BENEFITS

2026
GUIDE

January 1, 2026 - December 31, 2026



COLORADO MESA
UNIVERSITY



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2026 BENEFITS INTRODUCTION

Colorado Mesa University is authorized by the Board of Trustees to offer a broad array of benefits to its professional staff. The benefits are subject to change, from time to time, at the direction of the Trustees. Additional information about specific benefits and copies of plan documents may be obtained from the Office of Human Resources. To the extent this policy conflicts with the plan documents, the plan documents are controlling.



Benefits Eligible Professional Personnel are employees who are Faculty, Administrators, or Auxiliary employees of the University with an appointment of at least a 0.75 FTE during the fiscal year. Benefits are effective the first day of the month following the date of hire.

For further questions, contact:

Human Resources

970.248.1820

humanresources@coloradomesa.edu

Benefit Guide and Open Enrollment Presentation Disclaimer:

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

MEDICAL



Eligible employees have four medical insurance plans available, provided by Cigna. Dependents are eligible for coverage up to age 26 regardless of student or marital status.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make-a-decision with confidence. That's why **Cigna One Guide® service is available to you now.** Call a Cigna One Guide representative during pre-enrollment to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away — **888-806-5042.**

After enrollment, the support continues for Cigna customers. Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps.

Cigna One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find hospitals and health care providers in your plan's network
- Get cost estimates and avoid surprise expenses
- Understand your bills

Access Cigna One Guide after enrollment on myCigna.com or the mycigna app | Live chat | Phone

	OAP 1500		LP 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,500 individual / \$3,000 family	\$3,000 individual / \$6,000 family	\$1,500 individual / \$3,000 family	\$3,000 individual / \$6,000 family
Out-of-Pocket Maximum*	\$9,000 individual / \$18,000 family (All copayments apply toward the out-of-pocket maximum)	\$18,000 individual / \$27,000 family (All copayments apply toward the out-of-pocket maximum)	\$9,000 individual / \$18,000 family (All copayments apply toward the out-of-pocket maximum)	\$18,000 individual / \$27,000 family (All copayments apply toward the out-of-pocket maximum)
Lifetime Maximum	No lifetime maximum		No lifetime maximum	
Office Visit Co-pays PCP/Specialist	\$20 PCP/ \$50 Specialist copay	50% coinsurance after deductible	\$20 PCP/ \$50 Specialist copay	50% coinsurance after deductible
Lab/X-Ray	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Scans-MRI/CAT/PET	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Urgent Care	\$40 copay	50% coinsurance after deductible	\$40 copay	50% coinsurance after deductible
Emergency Care	25% coinsurance after deductible		25% coinsurance after deductible	
Inpatient Hospital	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Outpatient Hospital	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Chiropractic Care	25% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Prescription Drugs Retail (31-day supply)	Tier 1: \$5 Tier 2: \$30 Tier 3: \$60 Tier 4: 30% up to \$150	Not Covered	Tier 1: \$5 Tier 2: \$30 Tier 3: \$60 Tier 4: 30% up to \$150	Not Covered
Prescription Drugs Mail Order (90-day supply)	2 times retail	Not Covered	2 times retail	Not Covered

*The Out of Pocket Maximums includes the Deductible

SEMI-MONTHLY PREMIUMS

Medical Plans	Tier	Semi-Monthly Employee Cost
OAP 1500	Employee Only	\$138.61
	Employee & Family	\$365.09
LP 1500	Employee Only	\$105.50
	Employee & Family	\$278.77

** If you are pairing any plan with a membership-based medical practice, you will have additional fees payable directly to them. Contact your provider directly for information.

MEDICAL



	HDHP OAP 5000**		HDHP LP 5000**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (individual/family) (Deductibles shall be applied to satisfy the out-of-pocket maximum)	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family
Out-of-Pocket Max	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family	\$5,000 individual / \$10,000 family	\$10,000 individual / \$20,000 family
Lifetime Maximum	No lifetime maximum		No lifetime maximum	
Office Visit (PCP/Specialist)	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Lab/X-Ray	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Scans-MRI/CAT/PET	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Urgent Care	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Emergency Care	100% covered after deductible, for emergency room		100% covered after deductible, for emergency room	
Inpatient Hospital	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Outpatient Surgery	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Chiropractic Care	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible	50% coinsurance after deductible
Prescription Drugs Retail (31-day supply)	100% covered after deductible	Not Covered	100% covered after deductible	Not Covered
Prescription Drugs Mail Order (90-day supply)	Preventive Generic Drugs: Certain preventive generic drugs covered at 100%, not subject to deductible.	Not Covered	Preventive Generic Drugs: Certain preventive generic drugs covered at 100%, not subject to deductible.	Not Covered

SEMI-MONTHLY PREMIUMS

Medical Plans	Tier	Semi-Monthly Employee Cost
HDHP OAP 5000 - Cigna HSA Eligible	Employee Only	\$97.31
	Employee & Family	\$252.37
HDHP OAP 5000 - HSA Eligible <i>Home Loan State Bank / Other</i>	Employee Only	\$95.91
	Employee & Family	\$250.97
HDHP LP 5000 - Cigna HSA Eligible	Employee Only	\$65.76
	Employee & Family	\$170.11
HDHP LP 5000 - HSA Eligible <i>Home Loan State Bank / Other</i>	Employee Only	\$64.36
	Employee & Family	\$168.71

** If you are pairing any plan with a membership-based medical practice, you will have additional fees payable directly to them. Contact your provider directly for information.



Enhanced registration

When you register for the first time on the myCigna website or app, you'll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.



Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you'll be encouraged to add, update and verify contact information – email addresses and mobile phone numbers.
2. Once you enable two-step authentication and log in to your myCigna account, you'll be asked to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number.

You'll also be offered to select "Remember this Device." If this choice is selected, you won't be prompted for a code each time you log in to your myCigna account from that device

*A version of this plan is available with Cigna's HSA.



FINDING A DOCTOR IN OUR DIRECTORY IS EASY



You now have the choice to choose between two provider networks with Cigna.

- The Cigna LocalPlus (LP) Network plan delivers a cost effective solution designed to be flexible and help you control health care costs.
- The LocalPlus Network is a limited networks of health care providers and hospitals.
- The Cigna Open Access (OAP) Network provides access to a larger, national network of providers.

Search Your Plan's Network Options and providers in four simple steps

Step 1

- Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen.
- Then, under "How are you Covered?" select "Employer or School."
- (If you're already a Cigna customer, log in to [myCigna.com](https://www.myCigna.com) or the myCigna® app to search your current plan's network. To search other networks, use the Cigna.com directory.)

Step 2

- Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

Step 3

- Answer any clarifying questions, and then verify where you live (as that will determine the networks available)

Step 4

- Optional: Select one of the plans offered by your employer during open enrollment.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

SEARCH FIRST. THEN CHOOSE CIGNA.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to myCigna.com – your one-stop source for managing your health plan, anytime, just about anyplace. On [myCigna.com](https://www.myCigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call 888.806.5042

WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.



Get care whenever and wherever with medical and behavioral/mental health virtual care.

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

Medical Virtual Care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Behavioral/mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/adolescent issues
- Depression
- Eating disorders
- Grief/loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

Connect with virtual care your way.

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on myCigna.com
- Schedule an appointment with an MDLIVE provider or licensed therapist on myCigna.com
- Call MDLIVE 24/7 at 888.726.3171

CONVENIENT? YES. COSTLY? NO.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

To talk to a doctor, or schedule an appointment online, go to myCigna.com.



YOUR PHARMACY NETWORK OPTIONS.

Choose the network that works best for you.



Where do YOU want to fill prescriptions?

Choice and convenience are important – especially when it comes to filling your prescriptions. To help, you (and each of your covered family members) can now choose the major retail pharmacy chain you want in your network: CVS Pharmacy® or Walgreens® Pharmacy. To get you started, we have put you in the CVS Pharmacy network. You have the option to change to the Walgreens network if you want to.

YOUR NETWORK OPTIONS.

Option 1: Network with CVS Pharmacy in it

- You can fill 30-day supplies at any in-network retail pharmacy, including CVS.
- You can fill 90-day supplies at select in-network retail pharmacies, including CVS.
- Walgreens is not in this network. This means your plan may not cover any prescriptions you fill there.
- To find the Cigna pharmacy network, you can visit the Cigna website or use the MyCigna mobile App.

Option 2: Network with Walgreens Pharmacy in it

- You can fill 30-day supplies at any in-network retail pharmacy, including Walgreens.
- You can fill 90-day supplies at select in-network retail pharmacies, including Walgreens.
- CVS is not in this network. This means your plan may not cover any prescriptions you fill there.
- To find the Cigna pharmacy network, you can visit the Cigna website or use the MyCigna mobile App.

HERE ARE TWO WAYS TO CHANGE YOUR PHARMACY NETWORK.

1. **By phone:** Call customer service using the toll-free number on your Cigna HealthcareSM ID card. Let them know you'd like to change your pharmacy network.
2. **Online:** You can log in to the myCigna App or [myCigna.com](https://mycigna.com). Go to the profile page and follow the on-screen instructions.

EXPRESS SCRIPTS PHARMACY

Our Home Delivery Pharmacy



Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts® Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

What are the benefits of using Express Scripts® Pharmacy?

Express Scripts® Pharmacy helps make it easy for you to get your medication. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Automatic refills and refill reminders so you don't miss a dose
- Flexible payment options

Three easy ways to switch to home delivery

1. Log in to the myCigna App or myCigna.com to move your prescription electronically. Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).
2. Call your doctor's office. Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
3. Call Express Scripts® Pharmacy at 800.835.3784. They'll contact your doctor's office to help transfer your prescription.

Got a new prescription?

1. Ask your doctor to send it to Express® Pharmacy using one of these methods:
2. Electronically: For fastest service, they can send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
3. By fax: They can call 888.327.9791 to get a Fax Order Form.



MYCIGNA.

Use the myCigna® App or website. It's your "go-to" for everything you need to know about your plan's coverage

Easily manage all of your prescriptions on the My Medications page. Click on the Prescriptions tab and select My Medications from the dropdown menu.

- View all of the prescriptions you've filled within the last 18 months.
- Use the myCigna App to review your medications with your doctor during an office visit.
- Move your prescription from a retail pharmacy to home delivery with the click of a button.
- For home delivery fills: Refill your prescriptions, get real-time order status and tracking, sign up for automatic refills, pay your bill online, sign up for a payment plan, and more.

See which medications your plan covers. You have hundreds of generic, preferred brand, and non-preferred brand medications to choose from.

Use the Price a Medication tool to see how much your medication costs. You can also see if there are lower-cost alternatives available.

View your plan information. See your pharmacy claim history, coverage details, and account balances.



BENEFITS: THE BASICS

Terms To Know	
Premiums	A premium is the monthly cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.
Copays	Copayments or copays, are a pre-set dollar amount you are expected to pay for office visits, medical procedures, or prescription drugs under your health insurance plan.
Deductibles	A deductible is the amount you pay before your insurance pays. The deductible is set within a plan year period and once you have met that dollar amount, you have met the requirement for the plan year.
Coinsurance	Coinsurance is a set percentage of service costs that you will be expected to pay once you've met your annual deductible.
Out-of-Pocket Maximum	An out-of-pocket maximum is an annual cap on the amount you are expected to pay for services throughout the plan year. Copays, deductibles, and coinsurance all count toward your out-of-pocket maximum.
Health Savings Account (HSA)	A Health Savings Account (HSA) is a bank account that can be used to pay your deductible and eligible out-of-pocket medical, dental, and vision expenses. Employees must be enrolled in the high deductible health plan in order to contribute to a health savings account.
Flexible Spending Account (FSA)	A Flexible Spending Account (FSA) is an account you contribute pre-tax dollars into that can be used to pay for qualified medical, dental, and vision expenses or qualified dependent care expenses. As defined by Internal Revenue Service (IRS) regulations, these plans are designed to provide funds to pay for eligible out-of-pocket medical expenses on a pre-tax basis.

DENTAL

Dental Insurance is available to employees effective the first day of the month following their date of hire. An Indemnity Dental Benefit Plan is provided by Delta Dental. Delta Dental allows you to visit any dentist you choose by providing both in-network and out-of-network coverage.

For more information regarding your Dental Insurance, please visit the employee benefits page at www.coloradomesa.edu/human-resources. To find a dental provider or for more information about Delta Dental of Colorado, please visit their website at www.deltadentalco.com.

Delta Dental PPO Plus Premier Plan - In-Network	
Calendar Year Maximum	\$2,000 per person - PPO Network \$1,500 per person - Premier Network and Non-Participating Dentist*
Orthodontic Lifetime Maximum	\$1,500 per person - Combination of in and out-of-network
Calendar Year Deductible (Applies to Basic and Major Services)	\$50 individual / \$150 family Combination of in and out-of-network
Dependent Age For Dental Benefits	This plan covers dependents to age 26
Diagnostic And Preventive Services	
Oral Exams and Cleanings	Covered 100% PPO Dentist, Premier Dentist, and Non-Participating Dentists*
Sealants	
Bitewing X-Rays	
Full-Mouth X-Rays	
Fluoride	
Space Maintainers	
Basic Services	
Fillings	Covered 80% PPO Dentist, Premier Dentist, and Non-Participating Dentists*
Simple Extractions	
Oral Surgery	
Endodontics/Periodontics	
Major Services	
Crowns, Implants	Covered 50% PPO Dentist, Premier Dentist, and Non-Participating Dentists*
Dentures/ Bridges	
Orthodontics - \$1,500 lifetime maximum	
Covered 50% PPO Dentist, Premier Dentist, and Non-Participating Dentists	

Late Entrant: Those who do not enroll in the dental plan when initially eligible, or have other dental coverage, will have a six month wait on Basic Services and a twelve month wait on Major and Orthodontic services.

SEMI-MONTHLY PREMIUMS

Dental Plan	Tier	Semi-Monthly Employee Cost
PPO Dental Plan	Employee Only	\$8.55
	Employee & Family	\$21.54



Under the dental plan you may visit the dentist of your choice. You will receive the best benefit by choosing a PPO dentist.

There are three levels of dentists to choose from:



PPO Dentist: Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less. Calendar year maximum benefit is \$2,000 per person.

Premier Dentist: Payment is based on the Premier Maximum Plan Allowance, or the fee actually charged, whichever is less. Calendar year maximum benefit is \$1,500 per person.

Non-Participating Dentist: Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. Calendar year maximum benefit is \$1,500 per person. You will receive the best benefit by choosing a PPO dentist.

Delta Dental Subscriber Account

When you log into www.deltadentalco.com, it's easy to check your Delta Dental of Colorado benefits 24 hours a day, 7 days a week. Delta Dental of Colorado gives you the option to print ID cards, find dentists, check claim statuses, view benefits, and more online. Registration for new users is simple:

1. Go to www.deltadentalco.com and click the **Subscribers** tab at the top of the page.
2. Click on the **New Users Register Here** link in the **Subscriber Login** box on the left side of the page.
3. Follow the prompts to register as a new user.

When you log in for the first time, you will need your Subscriber ID number when registering. Your Subscriber ID is your CMU 700-number. You should also provide your 700-number to your dentist office when making appointments for yourself or covered dependents.

Delta Dental Vision Provided by EyeMed Vision Care

Your eyes say a lot about you, and when you're proactive about protecting your eyes the impact is clear.

Regular eye exams not only correct vision problems, they also can reveal early warning signs of more serious health conditions such as hypertension, cardiovascular disease and diabetes. EyeMed provides discounted vision services all year long, on nearly all vision care purchases at EyeMed's participating providers.**

To get started or find out more about what is included in the discount plan, locate a vision provider at www.eyemedvisioncare.com/deltadental, schedule an appointment, and bring your discount ID Card to your appointment.

Delta Dental Vision - Access Discount Plan

Discount Plan #: 9231093

Member/Patient Services: 1.866.723.0391

**Your discount cannot be combined with any other discounts, coupons or promotional offers.



Vision Care Direct is committed to providing employees with superior quality and professional vision care. Vision Care Direct provides a membership plan to cover routine exams and materials based on the plan you choose. CMU offers employees a choice of vision plans. If you need assistance, please contact HR. There is only one difference between the Platinum and the Gold plans:

PROGRESSIVE LENSES: If you wear no-line bifocal lenses (progressive lenses), the Platinum plan has a \$180 allowance towards the price of the lens; the Gold plan has an allowance equal to the doctor's charge for a standard trifocal lens.

To find a provider, please visit www.visioncaredirect.com.

Exam Benefit (Not applicable on Materials Only Plans)	
Comprehensive Eye-Health Vision Exam (includes refraction and dilation if indicated)	100% after exam fee (\$15 member responsibility)
Flexible Exam Benefit	If member has purchased an Exam benefit and the exam is not filed under Vision Care Direct, the value of the exam benefit can be used by the member for non-covered services and materials.
Materials Benefit (Not applicable on Exam Only Plan)	
Spectacle Lenses	100% for glass or plastic (CR-39) for single vision, bifocal, trifocal (FT25-28) or lenticular. Includes polycarbonate lenses for dependents under 18. (\$15 member responsibility)
Progressive Lens Allowance Gold Plan Platinum Plan Cosmetic Upgrades and add-ons	Up to retail price of standard trifocal lens regardless of Rx. \$180 benefit towards progressive lenses Not covered
Contact Lenses - in lieu of frames and spectacle lenses. Multi-focal contact lenses are allowed.	Elective Contacts: up to \$200 Medically Necessary Contacts: up to \$250. Limitations apply. Contact Lens Fitting Fee: Member may elect to deduct from allowance.
Frames	Up to \$200 allowance. Any frame from provider's inventory.
Out-of-Network Reimbursements - Vision Care Direct is a provider-network plan. If a member opts to receive out-of-network services, they can file an out-of-network claim and receive up to the following reimbursements:	
Eye Exam	Up to \$40 after in-network exam fee.
Frames	Up to \$35
Contact Lenses	Elective: Up to \$80 Medically Necessary: Up to \$80
Spectacle Lenses	Up to maximum listed after in-network materials fee is deducted. Single Vision: \$30 Bifocal: \$45 Trifocal: \$55 Lenticular: \$75 Progressive: \$60

SEMI-MONTHLY PREMIUMS

Vision Plans	Tier	Employee Cost
Platinum Complete	Employee Only	\$6.73
	Employee + 1	\$11.82
	Employee + Family	\$15.05
Gold Complete	Employee Only	\$4.74
	Employee + 1	\$8.99
	Employee + Family	\$14.45
Platinum Materials Only	Employee Only	\$5.15
	Employee + 1	\$9.15
	Employee + Family	\$10.47
Gold Materials Only	Employee Only	\$3.16
	Employee + 1	\$6.32
	Employee + Family	\$9.88
Exam Only	Employee Only	\$1.57
	Employee + 1	\$2.68
	Employee + Family	\$4.57



WELLNESS PROGRAM

Colorado Mesa University wants to reward you for taking an active interest in your health by giving you the opportunity to earn a wellness incentive. This voluntary program is designed to encourage you to make smart choices, fulfill preventive health services, and engage in healthy behaviors towards achieving your healthy best, giving you the opportunity to earn rewards based on points/levels you accomplish.

If you are enrolled in one of CMU's medical plans you're eligible to participate in this program through Cigna, titled Personify Health. Personify Health can help you:

- Lead a healthier life
- Reduce healthcare costs
- Maintain preventative visits
- Find wellness resources
- Make positive lifestyle changes, and more!

Employees must complete the health screening and the online health assessment to participate in the Wellness Program.

Biometric Health Screening

Employee biometric screenings will be held early in 2026. The incentive points and discount are effective January 1 through December 31 of each of year. This screening will include a blood draw to measure cholesterol, triglycerides and glucose levels and body measurements for height, weight and blood pressure.

Health Assessment:

A 15 minute questionnaire that inquires as to an individual's self-assessment of various wellness factors such as physical and mental health, stress management, nutrition, and sleep. Participants will go to mycigna to access the health assessment.

New employees will have the opportunity to participate in the wellness program. Additional information will be shared with you during your orientation date.

Wellness Incentive

To qualify for the incentive, you must reach required points on each level through your biometric screening and health assessment or, you can earn partial progress from your health screening results, then earn the remaining progress through claim processing or self-reported wellness activities. There are many qualifying activities design to encourage long-lasting health habits.

FLEXIBLE SPENDING ACCOUNT (FSA)

What's an FSA?

An FSA is a spending account provided by your employer that can be used to pay for different types of eligible expenses.

Cigna offers 3 different types of FSAs:



Health Care FSA

Covers eligible health care expenses for you and your covered dependents.

[View eligible health care expenses](https://www.cigna.com/individuals-families/member-resources/hsa-fsa-hra-payments/eligible-expenses)
<https://www.cigna.com/individuals-families/member-resources/hsa-fsa-hra-payments/eligible-expenses>



Limited Purpose FSA

Covers eligible dental and vision expenses, and is usually only offered with a Health Savings Account (HSA).

[View eligible dental and vision expenses](https://www.cigna.com/individuals-families/member-resources/hsa-fsa-hra-payments/eligible-expenses)
<https://www.cigna.com/individuals-families/member-resources/hsa-fsa-hra-payments/eligible-expenses>



Dependent Care FSA

Covers eligible expenses for dependents age 12 and under, and disabled dependents of any age.

[View eligible dependent care expenses](https://www.cigna.com/individuals-families/member-resources/hsa-fsa-hra-payments/eligible-expenses)
<https://www.cigna.com/individuals-families/member-resources/hsa-fsa-hra-payments/eligible-expenses>

How do FSAs work?

- Based on the type of FSA you have, figure out how much you may need for the eligible expenses for you and/or your covered dependents for the plan year. You can decide how much you want to contribute from each paycheck up to the yearly limit set by the [IRS guidelines](https://www.irs.gov/publications/p969). (<https://www.irs.gov/publications/p969>)
- You can withdraw money from the account throughout the year to reimburse yourself for the eligible expenses you've paid.
- Some plans include a debit card so you can easily pay from your FSA at the time of service. You can use your FSA debit card only to cover eligible expenses specified by your plan.
- FSA's can help you save money because you contribute to the account from your paycheck before federal taxes. This can reduce your taxable income.
- FSA's can be offered alone or paired together with an HSA if you are enrolled in a HDHP.

FSA Comparison Chart

Compare and learn about the similarities and differences among the three types of FSAs.

FSA	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Type of expenses it covers:	Covers eligible health care expenses such as: <ul style="list-style-type: none"> • Copays, coinsurance, and other out-of-pocket medical expenses 	A type of Health Care FSA that is limited to dental and vision expenses such as: <ul style="list-style-type: none"> • Eyeglasses • Hearing Aids • Teeth cleanings 	Covers eligible dependent care expenses such as: <ul style="list-style-type: none"> • Daycare • Summer Camp • Adult Daycare
Who is Eligible?	You and your IRS eligible dependents	You and your IRS eligible dependents	Covered dependents age 12 and under Disabled dependents of any age who are unable to care for themselves
Does the balance carry over to the next plan year?	Yes – you may be able to carry over up to \$680 depending on your employer's plan	Yes – you may be able to carry over up to \$680 depending on your employer's plan	No – you lose any dollars left in your Dependent Care FSA if receipts are not submitted by the date set by your employer You can withdraw money from the account throughout the year to reimburse yourself for the eligible expenses you've paid
Any special requirements?	FSA accounts are only offered through your employer	Due to IRS regulations, a Limited Purpose FSA is the only type of FSA that can be offered with a HSA plan FSA accounts are only offered through your employer	To be eligible, you (or both you and your partner) must be working, looking for work, or going to school

HEALTH SAVINGS ACCOUNT (HSA)

2026 HSA Plan limits are \$4,400 for employee-only coverage and \$8,750 for an employee with family coverage. HSA account holders age 55+ can add a catch-up contribution of \$1,000.

CMU partners with Cigna and Home Loan State Bank for employees who are enrolled in the HDHP OAP High Deductible Health Plan and the HDHP LP High Deductible Health Plan. If you enroll in the HDHP OAP with Cigna HSA or the HDHP LP with Cigna HSA you will be automatically enrolled in a Cigna HSA. The premiums for this plan includes the \$2.79 per month account fee. You will be able to manage your myCigna.com account.

What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan is a plan design that meets specific benefit requirements as defined by HSA statute in the Internal Revenue Code. It provides insurance coverage and a tax advantaged way to help save for future medical expenses.

What is a Health Savings Account (HSA)?

An HSA is a tax-exempt trust or custodial account established exclusively for the purpose of paying qualified medical, dental & vision expenses (as defined by the Internal Revenue Code). To set up and contribute to an HSA, a person must be enrolled in an HDHP. The funds in your account rollover automatically each year and remain in there until used.

Following are details on HSA account fees from Cigna & Home Loan. The Cigna HSA also provides the opportunity to invest your HSA funds in self-directed investment options thorough TD Ameritrade and/or Devenir. There is a minimum threshold of \$1,000 needed in the HSA account before an investment account can be opened.

	Monthly Account Fee	Check Fee	Debit Card Fee
Cigna HSA	\$2.79 per month (included in medical premium)	None	None
Home Loan	\$2 per month if balance is less than \$500	\$10 off 1st box of checks, paid by employee	Free 1st year, then \$5 annually

Am I eligible for an HSA?

To be eligible, you must be covered by a High Deductible Health Plan (HDHP) and have no other health insurance (except for specific accident/injury insurance, disability, dental care, vision care, long-term care).

If you are enrolled in a Direct Primary Care program or eligible for Medicare (enrolled in and paying for Part B coverage), you may NOT open an HSA or contribute to an HSA that you may have opened. However, you can use existing HSA funds for qualified medical expenses.

Can I contribute to an HSA?

Contributions to HSAs can be made by you, your employer, or both, up to the maximum contribution allowed. Your contributions are tax-deductible. Employer contributions are excluded from your income as part of your tax basis. You can also make tax-deductible contributions on behalf of another eligible individual. CMU currently does not make contributions to employees Health Savings Accounts.

What can I use HSA funds to pay for?

- Expenses that apply to your deductible under the HDHP.
- Expenses that are not covered by your plan, such as:
 - Eyeglasses and contact lenses
 - Dental care
 - Alternative care such as acupuncture and massage therapy
 - Long-term care premiums
 - Medicare premiums for Part A & B
 - Premium for COBRA coverage

Please see IRS Publication 502 for a complete list of qualifying expenses, or visit www.cigna.com for more information, or call 800.997.1654 to speak with a plan expert.

HEALTH SAVINGS ACCOUNT (HSA)



Save and invest with a health savings account. Whether you're focused on paying health expenses in the short term or planning ahead, the Cigna Choice Fund® HSA can help. It's an easy way to put aside funds for health care expenses like deductibles, copays and coinsurance – while saving on taxes and investing for the future.

Save on taxes.

With the Cigna Choice Fund HSA, any earnings on your contributions are tax-advantaged. So instead of paying taxes on contributions, interest and investment earnings each year, more of your money stays with you. Your funds roll over year to year which can have a powerful effect on your ability to save for future health care expenses.

For example: A \$2,500 annual contribution, depending on your tax rates, could save you as much as \$1,118 a year.

\$2,500 annual HSA contribution			
Federal tax rate	State tax rate	Payroll taxes	Estimated annual savings
12%	5%	7.7%	\$618
22%	5%	7.7%	\$868
24%	5%	7.7%	\$918
32%	5%	7.7%	\$1,118

Invest for the future.

- Your account earns interest and you'll have access to investment options once you reach the minimum balance.
- You don't pay taxes on the interest or earnings.² So more of your money can stay in your account and keep growing.
- Any funds that you don't use this year are automatically rolled over to help pay for future expenses – even in retirement.
- Building your account balance provides short- and long-term peace of mind.

See what a difference tax-advantaged investments can make.

Having an HSA investment account could help you use your contributions to build and grow additional income for your future.

- Your HSA investment earnings are not taxed (like a 401(k) or IRA retirement account). If you use them to pay for eligible health care expenses, they are also tax-free.²
- You can move your HSA investment funds back into your HSA cash account at any time to pay for your current qualified health care expenses (unlike a 401(k) or IRA).

Investments are subject to the loss of principal. Before opening an investment account, we encourage you to discuss your needs and goals with a professional financial advisor.

Savings over time		
\$4,000/year contribution with taxes applied		
	Contribution (with taxes applied)	Account balance in 15 years
HSA	\$4,200	\$90,630
401(k)	\$4,200	\$77,035
Roth IRA	\$2,694	\$61,039
Regular savings	\$2,694	\$57,292



HEALTH SAVINGS ACCOUNT (HSA)

You choose how and when to spend your funds.

- Use the money for eligible medical, dental, pharmacy and vision care expenses now – or save for later.
- Expenses can include long-term care insurance and Medicare premiums. For a complete list of eligible expenses, go to Cigna.com/expenses.
- Once you reach age 65 you can even use the money as income, subject to applicable taxes.
- Your account is easy to use. Pay expenses with a debit card or online bill pay. Or, get reimbursed for expenses you've paid for out of pocket.
- Even if you change jobs or retire, you can take your HSA account with you. It is yours to keep.

How to contribute.

- **Paycheck** – have a set amount taken out and deposited directly into your HSA. This money is not subject to federal income tax or state income taxes in most states.
- **Personal account** – write a check or transfer funds from your personal account at any time during the year.
- Your employer may also make contributions to your account. The amount your employer contributes counts toward your maximum annual contribution.
- You decide how much to contribute, up to the IRS maximum. Annual maximums apply to all contributions made to your account, regardless of who makes the contribution. If you're 55 or older, you can make 3 additional catch-up contributions of up to \$1,000 a year.

	2025	2026
Single	\$4,300	\$4,400
Family	\$8,550	\$8,750

Options for every stage of life.

- Lower payroll deductions compared with traditional health plans helps you keep more money in your wallet today.
- Funds may be used for out-of-pocket costs (including deductibles, copays and coinsurance) today or tomorrow.
- Additional catch-up contributions (once you reach age 55) can boost your health care savings nest egg.
- Flexibility to use your HSA to pay for COBRA costs if you lose your job.
- In the event of your death, your spouse can assume your HSA.

Your plan offers personalized health support to help you get and stay well.

100% coverage for in-network preventive care, including well visits, screenings and routine immunizations.

Personal health coaching at no additional charge to help you:

- Analyze and understand your health assessment results.
- Get started with health improvement programs and services available to you.
- Learn ways to better manage health issues like lower back pain, high blood pressure, high cholesterol and more.
- Understand treatment options so you and your provider can make decisions that work best for you.
- Answer questions about your health, health coverage and how to get the best value every time you seek care.

LIFE AND AD&D

Basic Life and AD&D Insurance

CMU provides group term life and accidental death and dismemberment to employees through Lincoln Financial Group **at no cost to you**. Coverage is equal to 2x the employee's basic annual earnings to a plan maximum of \$400,000. The life amount reduces by 35% at age 70 and to 50% of the original amount at age 75.

Colorado Mesa University also provides dependent life insurance, at no cost to the employee, of \$2,000 for an employee's spouse and dependent children.

Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment (AD&D) as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns.

If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

Optional Life and A&D Insurance

Optional Life Insurance is also available through Lincoln Financial Group. Employees may choose to purchase up to 5x their annual base salary to a maximum policy of \$500,000. You may also choose to purchase optional life insurance for your spouse up to \$100,000 (not to exceed 50% of the employee's policy) and for dependent children in the amount of \$10,000.

You must select Life coverage in order to select any additional AD&D coverage. Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

You may be eligible to increase your coverage annually until you reach your maximum amount without providing evidence of insurability.

SEMI-MONTHLY PREMIUMS

Voluntary Life and AD&D

Employee Policy Max:	Lesser of \$500,000 or 5x salary	
Spouse Max:	Lesser of \$100,000 or 50% of employee amount	
Child(ren) Max:	\$10,000	
Combined Life & Accidental Death & Dismemberment Rates		
Member Age	Employee Rates per \$1,000	Spouse Rates per \$1,000
< = 24	\$0.04	\$0.04
25-29	\$0.04	\$0.04
30-34	\$0.05	\$0.05
35-39	\$0.05	\$0.05
40-44	\$0.07	\$0.07
45-49	\$0.10	\$0.10
50-54	\$0.15	\$0.15
55-59	\$0.23	\$0.23
60-64	\$0.28	\$0.28
65-69	\$0.54	\$0.54
70+	\$1.39	\$1.39
Child Rate	\$0.095 / \$1000 (\$0.95 semi-monthly for \$10,000)	
Voluntary Accidental Death & Dismemberment rate of \$0.03 per thousand is included in the above rates.		
Life Benefit Rate Calculation example:		
Rate by Age multiplied by benefit amount divided by 1000 = Monthly Premium/2 = semi monthly rate		
\$100k of Vol. Life/AD&D benefit for a 37 year old		
\$0.05 x \$100,000/\$1000 = \$5.00 semi-monthly		

DISABILITY



Long-Term Disability (LTD) Insurance

Long Term Disability benefits are provided to employees through Lincoln Financial Group. Colorado Mesa University covers 100% of the LTD monthly premium, providing the benefit at **no cost** to the employee.

The Long Term Disability benefit replaces 60% of your gross monthly earnings, less income you may receive from other sources (such as Worker's Compensation, PERA disability, etc.), up to a monthly maximum benefit of \$7,000. Benefits begin after the end of the elimination period of 90 days and continue as long as you remain disabled, up to the point specifically outlined in the disability certificate.

Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Short-Term Disability (STD) Insurance

Short Term Disability is a voluntary coverage offered to employees through Lincoln Financial Group. If you become unable to work because of a covered injury, illness or pregnancy, short-term disability could pay a percentage of the your income when you need it most. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Employees may elect 60% of their weekly salary to a maximum of \$2,000 per week in coverage. Benefits begin on the 31st day of being unable to work due to an illness or injury. Coverage can continue for up to 9 weeks.

Short Term Disability coverage is a contributory coverage, meaning employees are responsible for paying the monthly premium through payroll deduction. These deductions are based on your age and weekly salary.

SEMI-MONTHLY PREMIUMS

Voluntary Short-Term Disability

Weekly Benefit Amount = Flat Increments of \$50 Maximum Weekly Benefit = lesser of \$2,000 or 60% of pre-disability earnings	
Member Age	Rate per \$10 of covered weekly benefit
< = 24	\$0.074
25-29	\$0.099
30-34	\$0.083
35-39	\$0.066
40-44	\$0.049
45-49	\$0.051
50-54	\$0.064
55-59	\$0.077
60-64	\$0.089
65-69	\$0.104
70+	\$0.114

ACCIDENT/CRITICAL ILLNESS



The Colorado Mesa University Health Insurance Plans are designed to provide each employee a choice in the level of medical insurance coverage they feel they need for themselves and their family. Our Medical Plans provide a variety of comprehensive coverage, however, an individual may still have out-of-pocket expenses depending on the coverage selected and the medical situations which may arise.

For this reason, Colorado Mesa University provides three voluntary supplemental insurance plans through Lincoln Financial Group Insurance.

Accident Insurance

Accident Insurance is designed to help see you through the different stages of care due to an accidental injury such as a broken bone, separated joint or a catastrophic accident. Benefits are designed to help cover the cost of out-of-pocket expenses such as deductibles, office visit co-pays and transportation and lodging cost. The plan provides reimbursement for emergency room visits, hospital stays and fractures, dislocations and injuries.

SEMI-MONTHLY PREMIUMS

Tier	Semi-Monthly Employee Cost
Employee only	\$4.63
Employee + Spouse	\$7.73
Employee + Child(ren)	\$8.49
Family	\$11.53

Critical Illness Insurance

This benefit offers the protection you need to concentrate on what is most important - your care. Features of Lincoln's Critical Illness include:

- Benefits are paid directly to employees to help with out of pocket expenses.
- Pays a lump-sum cash benefit upon diagnosis of a critical illness or event.
- Covered conditions include heart attack, cardiac arrest, stroke, renal failure and organ failure.
- You can take your coverage with you even if you change jobs or leave your employment.
- Flexible coverage options for employees and their families.

SEMI-MONTHLY PREMIUMS

Member Age	Critical Illness Rates	
	Employee Rates per \$1,000	Spouse Rates per \$1,000
< = 24	\$0.06	\$0.06
25-29	\$0.11	\$0.11
30-34	\$0.17	\$0.17
35-39	\$0.27	\$0.27
40-44	\$0.43	\$0.43
45-49	\$0.66	\$0.66
50-54	\$0.96	\$0.96
55-59	\$1.30	\$1.30
60-64	\$1.86	\$1.86
65-69	\$2.67	\$2.67
70+	\$4.59	\$4.59
Child(ren) semi-monthly rate per \$1000 of coverage	\$0.11	

HOSPITAL INDEMNITY INSURANCE

Health insurance is essential, but it doesn't cover everything. Some additional expenses are expected — such as deductibles and copays — and others are not, like additional personal expenses. Put them all together, and the supplemental coverage delivered by hospital indemnity insurance can make a difference when it matters the most.

Hospital indemnity insurance pays a lump-sum cash benefit if a covered employee or family member is admitted to a hospital due to an illness or injury. It's up to the employee how to spend it — they can pay health expenses, their mortgage or other bills, or anything else they find helpful.

For more information about Accident, Critical Illness and Hospital Indemnity Insurance you may contact the Human Resources Office to request additional information.

SEMI-MONTHLY PREMIUMS

Tier	Semi-Monthly Employee Cost
Employee only	\$8.45
Employee + Spouse	\$18.04
Employee + Child(ren)	\$12.83
Family	\$23.35

PERSONAL ACCIDENT INSURANCE

Colorado Mesa University also provides Personal Accident insurance through New York Life Group. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn't take both an emotional and financial toll on your family.

Who is Eligible for Coverage?

- You, your lawful spouse (under age 70) and your unmarried dependent children (under age 19 or under age 25 if they are full-time students)

How much coverage can you buy?

- You may select \$10,000, \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, \$250,000 or \$300,000 of coverage. Your benefit election may not exceed 10 x your annual compensation.
- Your spouse's benefit amount will be 40% of yours, or 50% if you have no dependent children. Your spouse's benefit cannot exceed \$150,000.
- Each of your covered children's benefit amount will be 10% of yours, or 15% if you have no eligible spouse. The premium is the same regardless of the number of children covered. The benefit amount per child cannot exceed \$45,000.

Will the coverage reduce?

- When you reach age 70, your benefits will be reduced to 65% of the benefit amount selected; at age 75, 45% at age 80, 30% and at age 85, 15%. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

Please see the full explanation of benefits on the Human Resources benefit page or in the HR office.



RETIREMENT

All employees shall participate in either the Public Employees Retirement Association (PERA) or the Colorado Mesa University 401(a) Defined Contribution Plan (DCP) as established by the Trustees. Eligibility to participate in PERA or the DCP shall be determined in accordance with title 24, articles 51 and 54.5 of the Colorado Revised Statutes.

PERA (Public Employees Retirement Association)

PERA is a defined benefit retirement plan which is available to Professional Personnel only if you have had a least one year of PERA-eligible employment in the past.

PERA provides retirement and other benefits to employees of the State of Colorado. Established in 1931 PERA serves as a substitute for Social Security for many members. Eligible employees of Colorado Mesa University who are enrolled in PERA are enrolled in the Defined Benefit Plan, which assures employees of a specific monthly payment at their retirement without regard to the return on the plan's investments.

PERA is not an option for those employees hired after May 1, 1994, except for an eligible employee who is an active or inactive member of PERA with at least one year of service credit and who elects within thirty (30) calendar days of appointment to remain in PERA. As a PERA member, you contribute 11 percent of your monthly salary to your PERA member contribution account. Colorado Mesa University contributes a base of 11.57 percent plus 10 percent to AED/SAED (Amortization Equalization Disbursement/Supplemental Amortization Equalization Disbursement).

PERAPlus 401(k)/457 Plan

Employees may enroll in the PERAPlus 401(k) and 457 voluntary retirement savings plan at any time. Both Plans offer the same PERA Advantage investment options and Voya Financial is the record keeper for both Plans. Enrollment for these voluntary plans are available for all employees of a PERA employer (including CMU). Employees may make an elective deferral on a pre-tax basis up to \$23,500* per year (plus \$7,500* catch-up contribution if over age 50). The PERAPlus 401(k) and 457 Plans also offer a Roth option that help participants save toward the future and may also provide tax-free withdrawals at retirement. Unlike traditional PERAPlus 401(k)/457 pre-tax contributions, Roth contributions are taxed before the money is contributed to the Plan. Any earnings on Roth contributions grow tax-free and distributions will also be free of Federal (and where applicable, state and local) income taxes, provided they are qualified distributions. You can choose to make contributions on an after-tax basis to the Roth account, on a pre-tax basis to the traditional PERAPlus account, or a combination of the two. Your choice should depend upon what is best for your personal circumstances and savings objectives. To enroll, log in to www.copera.org or contact PERA at 1-800-759-7372.

TIAA DCP (Defined Contribution Plan)

The Defined Contribution Plan provides a retirement plan to CMU Employees who may not be eligible to enroll into PERA or for PERA-eligible employees who wish to make an irrevocable choice to enroll in the DCP. TIAA is CMU's single service provider. When enrolled in the DCP, the employee's retirement benefit is based on total contributions to the account and the return on account investments.

Employees enrolled in the TIAA DCP mandatory 401a plan are required to contribute 8 percent of covered earnings to the DCP account on a tax-deferred basis. Tax-deferred means they are not considered taxable income for federal and state income tax purposes, until withdrawn. CMU currently contributes an amount equal to 11.4 percent of covered earnings to your DCP Account, for a total contribution of 19.4 percent. Employees can select a diversified, professionally managed portfolio by choosing a target-date fund. Each fund is invested in a broad range of investments, such as stocks, real estate and bonds and as the target date approaches, the mix of assets is adjusted to become more conservative. Employees may also build their own portfolio using the CMU core investment menu that includes a broad range of options choosing the ones that suit your needs.

The 403b and 457b are voluntary plans, also serviced by TIAA, with 100 percent of contributions made by the employee. Employees may make pre-tax or after-tax (Roth) contributions to these accounts. Contribution limits are determined by IRS. The 2026 IRS limit for this plan is *\$23,500, employees age 50 or older may contribute an additional *\$7,500 for a total contribution of *\$31,000.

In addition to TIAA, CMU partners with Insight Financial Solutions to provide independent advice to employee participants. Insight will maintain regular on-campus office hours. For more information on hours, please contact the HR Office at 248.1820. Or, you can contact them at their Grand Junction Office at:

Insight Financial Solutions

Kevin Price, LUTCF, PPC, CPFA	Jason Stanfield, ChFC
1.800.927.3059 970.986.4503 x 2 (office)	970.986.8053
Kevin.price@ipl.com www.ifsgj.com	jason.stanfield@ipl.com www.ifsgj.com

CMU is committed to providing the resources you need to plan for the future you deserve. Additional information, resources and communications can be found at: <https://www.coloradomesa.edu/human-resources/faculty-staff/retirement.html>.

*Amount verified at time of publication, subject to change per IRS rules.

TIAA: 1.800.842.2252 | www.tiaa.org

Social Security

Earnings from your job with CMU are NOT covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected: Windfall Elimination Provision or the Government Pension Offset Provision. For more information, visit www.ssa.gov/planners.

Tax-Sheltered Annuities

Employees may participate on a voluntary basis in tax sheltered annuity programs. Employees may choose from a number of voluntary retirement plans including PERA 401(k) and PERA 457 Plan. Employees may also choose to enroll in a 403(b) with TIAA. At the time of publication, the IRS contribution limit on these plans for 2026 = \$23,500 (an additional \$7,500 may be contributed for employees age 50+).

OTHER BENEFITS

Hamilton Recreation Center

This on-campus facility provides several fitness services, supported by the newest equipment and latest technology. The HRC houses an indoor track, basketball & racquetball courts, an Olympic-caliber pool and fitness equipment. Group exercise classes, Nutritional Services, Massage therapy and more are available to members. To learn more visit www.coloradomesa.edu/rec-center.

Employee Discount Program

As a Colorado Mesa University employee, you have access to a wide variety of discounts, including those for well-being, local businesses and events, restaurants, automotive, travel, electronics, and more! To see the entire list of discounted services available to you, please visit <https://stateofcolorado.benefithub.com>.

Employee Tuition Waiver & Spouse/Dependent Tuition Discount

Employees may have tuition waived for job-related and career enhancement undergraduate, graduate, or non-credit courses that are offered by CMU. Employee tuition waivers are limited to 12 semester hours per academic year. Benefit eligible employee dependents/spouses can receive a 50% tuition discount for up to 12 credit hours during a fiscal year. For each semester that a student is residing on campus, the maximum number of credits to which the discount may be applied increase to 12 per semester, not to exceed 24 hours in any fiscal year.

Annual Leave

Full time, Administrative employees earn leave accrual based on their years of service. Following are the accrual rates: 0 – 5 years of service accrue 1.83 days per month (22 days per year) with a maximum accrual/carryover of 44 days, 5 – 10 years of service accrue 2 days per month (24 days per year) with a maximum accrual/carryover of 48 days, and 10 or more year of service accrue 2.17 days per month (26 days per year) with a maximum accrual/carryover of 48 days. Benefit eligible part time employees accrue a prorated amount. To avoid disruption to the operations of the university, at least 30 days advance notice before the date(s) of leave is preferred.

Paid Holidays

Colorado Mesa University recognizes 11 paid holidays each year.

Sick Leave

The sick leave policy is established to assist you (or an immediate family member) when you are unable to work due to illness, injury, or a medical condition. Full time employees are awarded 15 days upon hire, then accrue 1.25 days per month beginning their 13th month of employment. Maximum sick leave accrual is 90 days. If the sick leave is foreseeable based on a planned medical treatment, the employee shall give not less than 30 calendar days notice before the date of his/her leave is scheduled to begin or such notice as is practicable if the date of treatment requires the leave to begin in less than 30 calendar days.

Discretionary Leave

Two paid days of non-cumulative discretionary leave is awarded each fiscal year to all full-time employees.

Bereavement Pay

Up to 40 hours of bereavement leave can be granted in the event of imminent death or death for immediate family members of employees.

Family Medical Leave

Employees are eligible for FML if they have been employed at CMU for at least 12 months total. Eligible employees will be allotted up to 12 weeks because of the birth/adoption of a child, an employee's serious health condition or to care for a family member with a serious health condition. Additional time may be provided to employees to care for a covered service member.

In any case in which the necessity for FML leave is foreseeable, the Employee shall provide the University with at least 30 calendar days notice before the date of leave is to begin, or as much notice as practical. In any event, notice should be provided the same day or the next business day after the Employee becomes aware of the need for leave. The notice should be in writing and must make the University aware that the Employee needs leave and the anticipated timing and duration of the leave. The notice must be delivered to the Employee's direct supervisor and the HR department.

Colorado FAMILI Leave

Employees are eligible for CO FAMILI if employees have earned at least \$2500 during the base period, which is defined as the first four out of five completed calendar quarters preceding the first day of the employee's benefit year. Eligible employees will be allotted up to 12 weeks because of the birth/adoption or a child, an employee's serious health condition or to care for a family member with a serious health condition. The CO FAMILI is a separate benefit with different eligibility rules and employer requirements than FML.



COLORADO STATE EMPLOYEE ASSISTANCE PROGRAM (C-SEAP) COUNSELING



COLORADO
State Employee Assistance
Program

CSEAP

C-SEAP

C-SEAP is a comprehensive benefit set up to support employees, supervisors, managers and agencies through a variety of support services focused on maintaining both a healthy and productive workforce.

C-SEAP Provides:

- Coaching
- Mediation
- Psychological Fitness for Duty
- Workplace Concerns
- Manager & Supervisor Consultation
- Work group facilitation
- Training & education
- Crisis intervention services

C-SEAP also provides up to 6 (six) confidential counseling sessions to employees and their family members (age 15 & older) at no cost. Your EAP benefit begins on your intake date and restarts annually on that date. For more information or assistance, please contact C-SEAP at **1-800-821-8154** or visit www.colorado.gov/CSEAP.

Reasons to seek counseling:

- Family or Relationship trouble (partners, spouses, children, parents, coworkers)
- Stress, Anxiety, Depression
- Workplace Stressors (conflict, difficult people, burnout, bored or overwhelmed with workload)
- Phase of Life (starting a family, divorce, leaving home, marriage, retirement)
- Substance abuse or other addiction concerns
- Grief or Loss
- Managing emotions



LINCOLN FINANCIAL EMPLOYEE ASSISTANCE PROGRAM



Keep your destination in sight

We'll help you past the roadblocks.

You have hopes, dreams, and goals for your future. So, when you encounter bumps along the road, you'll be glad to know the EmployeeConnectSM program is on your side. Whether it's a helping hand during tough times or a bit of professional guidance, we're here for you with the support you need to keep moving forward.

With EmployeeConnectSM, help is available 24/7 for you and your dependents — at no additional cost to you — for:

- Depression
- Marital or family difficulties
- Managing stress and anxiety
- Substance abuse
- Legal and financial matters
- Locating child or elder care
- Moving and relocation
- Planning for college, events, or vacation
- Family planning and pregnancy health

Take advantage of EmployeeConnectSM

- For more information about the program, visit [GuidanceResources.com](https://www.guidanceresources.com), download the GuidanceNowSM mobile app, or call 888-628-4824.
- [GuidanceResources.com](https://www.guidanceresources.com) login credentials:
- **Username:** LFGSupport **Password:** LFGSupport1

Scan the QR code to learn more about how EmployeeConnectSM services can help!



IMPORTANT NOTICES

Federal regulations require Colorado Mesa University (CMU) to provide benefit eligible employees with the following notices:

Private Health Information: A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. Confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Summary of Benefits and Coverage (SBC): Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available
- The SBC will be updated each plan renewal to reflect applicable plan changes.

Women’s Health And Cancer Rights Act: CMU’s medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Continuation Of Coverage: If your coverage ends under the Plan, you may be entitled to elect continuation coverage (coverage that continues on in some form) in accordance with federal law. If you selected continuation coverage under a prior plan which was then replaced by coverage under this Plan, continuation coverage will end as scheduled under the prior plan or in accordance with the terminating events listed below, whichever is earlier.

When Coverage Ends: We may discontinue these Benefit plans and/or all similar benefit plans at any time. Your entitlement to Benefits automatically ends on the date that coverage ends, even if you are hospitalized or are otherwise receiving medical treatment on that date.

IMPORTANT NOTICES

Special Enrollment Rights: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in CMU's health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage.) However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage.) In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. For more information, contact Human Resources.

Medicare Part D - Notice of Prescription Drug Coverage: CMU provides a "Notice of Prescription Drug Coverage" to all participants. This notice states that under CMU's medical plan, you have prescription drug coverage that is not as generous as the standard Medicare prescription Drug Coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

For All States: (877) 267-2323, Ext. 61565

U.S. Department of Labor Employee Benefits Security Administration:

www.dol.gov/ebsa or 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services:

www.cms.hhs.gov or 1-877-267-2323, Ext. 61565

COLORADO-Medicaid

Medicaid Website: <http://www.colorado.gov/> | Medicaid Phone: (800) 221-3943

IMPORTANT NOTICES

Michelle's Law: When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier. For additional information, contact your plan administrator.

Mental Health Parity & Addiction Act: The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator.

Newborns' and Mothers' Health Protection Act: Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Pregnant Workers Fairness Act C.R.S. § 24-34-402.3: The Pregnant Workers Fairness Act makes it a discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth, or a related condition.

Requirements: Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee's job unless the accommodation would impose an undue hardship on the employer's business.

IMPORTANT NOTICES

The Act identifies reasonable accommodations as including, but not limited to:

- provision of more frequent or longer break periods;
- more frequent restroom, food, and water breaks;
- acquisition or modification of equipment or seating;
- limitations on lifting;
- temporary transfer to a less strenuous or hazardous position if available, with return to the current position after pregnancy;
- job restructuring;
- light duty, if available;
- assistance with manual labor; or modified work schedule.

The Act prohibits requiring an applicant or employee to accept an accommodation that the applicant or employee has not requested or an accommodation that is unnecessary for the applicant or the employee to perform the essential functions of the job.

Scope of accommodations required: An accommodation may not be deemed reasonable if the employer has to hire new employees that the employer would not have otherwise hired, discharge an employee, transfer another employee with more seniority, promote another employee who is not qualified to perform the new job, create a new position for the employee, or provide the employee paid leave beyond what is provided to similarly situated employees.

Under the Act, a reasonable accommodation must not pose an “undue hardship” on the employer. Undue hardship refers to an action requiring significant difficulty or expense to the employer. The following factors are considered in determining whether there is undue hardship to the employer:

- the nature and cost of accommodation;
- the overall financial resources of the employer;
- the overall size of the employer’s business;
- the accommodation’s effect on expenses and resources or its effect upon the operations of the employer;

If the employer has provided a similar accommodation to other classes of employees, the Act provides that there is a rebuttal presumption that the accommodation does not impose an undue hardship.

Adverse action prohibited: The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.



IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website
Medical	Cigna	800-997-1654	www.mycigna.com
Dental	Delta Dental	800-610-0201	www.deltadentalco.com
Vision	Vision Care Direct	877-488-8900	www.visioncaredirect.com
FSA	Cigna	800-853-2713	www.mycigna.com
HSA	Cigna Home Loan State Bank	800-997-1654 970-243-6600	www.mycigna.com www.hlsb.com
Life/Disability	Lincoln Financial Group	800-423-2765	www.Lincoln Financial Group.com
Accident/Critical Illness/ Hospital Indemnity	Lincoln Financial Group	800-423-2765	www.Lincoln Financial Group.com
Personal Accident	New York Life	1-800-238-2125	https://www.newyorklife.com
Retirement	PERA TIAA	800-759-7372 800-842-2252	www.copera.org www.tiaa.org



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This guide and the materials that accompany it are intended to provide only a general overview of the benefit programs for eligible CMU employees. This guide is not a summary plan description and does not provide, nor is it intended to provide, complete details of any of the benefit plans. The plans are governed by legal plan documents and insurance contracts. If this guide (and/or the materials that accompany it) and the plan documents or insurance contracts do not agree, the plan documents or the insurance contracts will rule. This guide is not intended as a promise of continued benefits or employment. CMU reserves the right to change or end the plans at any time and for any reason.