2020 Employee Benefits Guide
January 1, 2020 - December 31, 2020
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. If the date of hire is the first day of the month, benefits begin immediately.

For further questions, contact:

**Human Resources**
970.248.1820

Amy Grimes | Benefits Manager
aegrimes@coloradomesa.edu
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Eligible employees have four Medical Insurance Plans available, all provided by Rocky Mountain Health Plans (RMHP). Employees may enroll effective the first day of the month following their date of hire. Dependents are eligible for coverage up to age 26 regardless of student or marital status.

### National Coverage When You Need It
RMHP offers a national network of providers through UnitedHealthcare’s Options PPO national network. Review your Evidence of Coverage for more information about your access to the national network. To search for a provider in a particular state or city, visit [www.rmhp.org](http://www.rmhp.org) and follow these simple steps:

- Select Find a Provider located in the navigation/menu bar at the top of the home page.
- Select View Our Directories, located under Download Provider Directories.
- Choose the link Find a National Network Provider under National Provider Access.
- You can also call RMHP Customer Service at 800.346.4643 (TTY 711) for help finding a provider.

### Doctor On Demand
RMHP offers the convenience of telemedicine services through Doctor On Demand. Doctor on Demand provides access to a broad network of board certified physicians including Family Practice, Pediatricians, Internal Medicine, ER physicians, psychologists and psychiatrists. Access to care is available 24/7. There is no cost to use Doctor on Demand for Members who are enrolled on a Non-HSA health plan. RMHP will pay the cost of the telemedicine visit in full. Members enrolled in an HSA - eligible health plan will pay the cost of the visit until they have met their deductible. Get the immediate treatment you need from your home, at work, or while traveling via secure video chat. Visit the App Store and download Doctor On Demand or visit [www.doctorondemand.com/rmhp](http://www.doctorondemand.com/rmhp).

<table>
<thead>
<tr>
<th>Good Health PPO 350/90</th>
<th>Good Health HMO 1250/75</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>$350 individual / $600 family</td>
<td>$500 individual / $1,000 family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>$3,000 individual / $5,000 family (does not include annual deductible)</td>
<td>$4,000 individual / $6,000 family (does not include annual deductible)</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>Infertility: $2,000 combined in and out-of-network</td>
<td>No lifetime maximum</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td></td>
</tr>
<tr>
<td>PCP/Specialist</td>
<td></td>
</tr>
<tr>
<td>$30 copay</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Lab/X-Ray</strong></td>
<td></td>
</tr>
<tr>
<td>$15 copay</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Scans-MRI/CAT/PET</strong></td>
<td></td>
</tr>
<tr>
<td>$100 copay after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
</tr>
<tr>
<td>$150 copay, not subject to deductible, for emergency room (copay waived if admitted)</td>
<td>25% copayment after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td></td>
</tr>
<tr>
<td>$500 copay after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>$250 copay after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td></td>
</tr>
<tr>
<td>$30 copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Prescription Drugs Retail</strong> (31-day supply)</td>
<td></td>
</tr>
<tr>
<td>Tier 1: $15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 2: $30</td>
<td></td>
</tr>
<tr>
<td>Tier 3: $45</td>
<td></td>
</tr>
<tr>
<td>Tier 4: 20% up to $150</td>
<td></td>
</tr>
<tr>
<td>Tier 5: 30% up to $250</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs Mail Order</strong> (90-day supply)</td>
<td></td>
</tr>
<tr>
<td>2 times retail</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
Working Together with Monument Health

Included in all of your 2020 Medical Insurance Plan options, CMU is offering you an enhanced program through RMHP and Monument Health. Your co-payments, deductibles and maximum out-of-pocket costs will be the same regardless of which network provider you choose for care as outlined in the table below. Likewise, you will have access to Monument Health’s services to keep you healthy and ensure you have a good experience.

Monument Health will:
- Help you establish a medical home, leading to an ongoing, trusted relationship with a primary care provider in a practice that has been recognized for patient-centered care.
- Help provide guaranteed access to a primary care practice and wait times for appointments are generally shorter. In addition, many providers reserve same-day and next-day appointment slots for plan members’ more urgent needs.
- Work with providers to develop programs to improve clinical outcomes and enhance members’ experience.
- Provide personalized follow up after all emergency room visits and hospitalization to ensure any recommended next steps are in motion.

When making appointments, identify yourself as a Monument Health member and be prepared to show your RMHP ID card which will have the Monument Health designation.

<table>
<thead>
<tr>
<th>Good Health PPO HSA 3500B/100</th>
<th>Good Health HMO 5000/100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (individual/family)</strong></td>
<td>$3,500 individual / $6,500 family  (Deductibles shall be applied to satisfy the out-of-pocket maximum)</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td>$3,500 individual / $6,500 family</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>No lifetime maximum</td>
</tr>
<tr>
<td><strong>Office Visit (PCP/Specialist)</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Lab/X-Ray</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Scans-MRI/CAT/PET</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>100% covered after deductible, for emergency room</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs Retail (31-day supply)</strong></td>
<td>100% covered after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs Mail Order (90-day supply)</strong></td>
<td>Preventive Generic Drugs: Certain preventive generic drugs covered with a $10 copay, not subject to deductible.</td>
</tr>
</tbody>
</table>
ROCKY MOUNTAIN HEALTH PLAN UPDATES

Newborn Coverage Policy Change
As a state and federal requirement, carriers must provide a newborn with health coverage for the first 31 days of life. To align our coverage with industry standards, RMHP will make a change to our policy for continued coverage for newborns. Effective January 1, 2019, RMHP will require that a completed enrollment form be submitted prior to the expiration of the 31-day period to continue coverage beyond the first 31 days of life.

Newborn Premium Collection for Employer Sponsored Coverage
• When a newborn is enrolled on a group plan, RMHP will bill for the appropriate premium from the date of birth and continue coverage for the newborn.
• If a newborn is not enrolled on a group plan within the first 31 days of life, RMHP will stop coverage for the baby on the 32nd day. No premium will be due.

RMHP ONLINE SERVICES

Search for a Provider
With one of the largest provider networks in Colorado, our online provider directory makes it easy for you to find the doctors, hospitals, and other providers near you. The directory is simple and easy to use, and it includes smart search and easy filtering features to help you find the providers you need.
• Visit www.rmhp.org.
• Select Find a Provider located in the navigation/menu bar at the top of the home page.
• After entering your criteria, a listing of providers will be generated, along with any Member reviews for that provider or facility.

Access Your Member Profile
Our secure Member portal, MyRMHP, gives you the ability to access personalized benefit information, claims and authorization status, valuable health resources, and so much more. Take control of your health with MyRMHP.
• Visit www.rmhp.org and select MyRMHP in the bar at the top of the page. You can also access MyRMHP by selecting the MyRMHP – Member Portal button in the footer on every page.
• Log in, or create your account by following the simple steps.

Estimate Your Costs
Compare prices for medical treatments when using RMHP’s online Cost Estimator tool. Find the estimated average costs and learn how to save money on a medical procedure, whether a routine exam or extensive surgery.
• Log in to MyRMHP.
• Select the blue Estimate Treatment Cost Quick Link.
• Enter and confirm your email address.

Urgent Care/After Hours Providers
Do you or a family member have a condition that’s not an emergency but needs treatment right away? You should always contact your primary care physician first, however if your doctor is not available RMHP has contracts with several Urgent Care/After Hours providers throughout the state. These providers have extended evening and/or weekend hours to provide care without a costly trip to the Emergency Room. Go to rmhp.org, select Find a Provider located in the navigation/menu bar and type Urgent Care in the search box for a list of in-network providers.

Opt-in and Save a Tree with RMHP
When you opt-in, you will receive certain documents electronically through MyRMHP. When new documents are available, RMHP will send you a notification to review.
• Log in to MyRMHP.
• Select Sign Up Now under Paperless Options.

You can request paper documents at any time by contacting our Customer Service Team at 970-243-7050 or 800-346-4643.
## BENEFITS: THE BASICS

<table>
<thead>
<tr>
<th>Terms To Know</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premiums</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Copays</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Deductibles</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Coinsurance is a set percentage of service costs that you will be expected to pay once you’ve met your annual deductible.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Health Savings Account (HSA)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Flexible Spending Account (FSA)</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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](http://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](http://www.deltadentalco.com).

<table>
<thead>
<tr>
<th>Delta Dental PPO Plus Premier Plan - In-Network</th>
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</thead>
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<tr>
<td><strong>Calendar Year Maximum</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Lifetime Maximum</strong></td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
</tr>
<tr>
<td><strong>(Applies to Basic and Major Services)</strong></td>
</tr>
<tr>
<td><strong>Dependent Age For Dental Benefits</strong></td>
</tr>
</tbody>
</table>

**Diagnostic And Preventive Services**

| Oral Exams and Cleanings | Covered 100% |
| Sealants                | PPO Dentist, Premier Dentist, and Non-Participating Dentists* |
| Bitewing X-Rays         | Covered 80% |
| Full-Mouth X-Rays       | PPO Dentist, Premier Dentist, and Non-Participating Dentists* |
| Fluoride                | Covered 50% |
| Space Maintainers       | PPO Dentist, Premier Dentist, and Non-Participating Dentists* |

**Basic Services**

| Fillings               | Covered 80% |
| Simple Extractions     | PPO Dentist, Premier Dentist, and Non-Participating Dentists* |
| Oral Surgery           | Covered 50% |
| Endodontics/Periodontics | PPO Dentist, Premier Dentist, and Non-Participating Dentists* |

**Major Services**

| Crowns, Implants       | Covered 50% |
| Dentures/ Bridges      | PPO Dentist, Premier Dentist, and Non-Participating Dentists |

**Orthodontics - $1,500 lifetime maximum**

| Covered 50% |
| PPO Dentist, Premier Dentist, and Non-Participating Dentists |

*Please reference dentist explanation on page 9 for more details.
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](http://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](http://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](http://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](http://www.visioncaredirect.com).

### Exam Benefit (Not applicable on Materials Only Plans)

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spectacle Lenses</td>
<td>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)</td>
</tr>
</tbody>
</table>
| Progressive Lens Allowance Gold Plan                                        | Up to retail price of standard trifocal lens regardless of Rx.  
$180 benefit towards progressive lenses  
Not covered                                                                 |
| Cosmetic Upgrades and add-ons                                              | Up to $200 Medically Necessary Contacts: up to $250. Limitations apply.  
Contact Lens Fitting Fee: Member may elect to deduct from allowance. |

### 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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>Up to $40 after in-network exam fee.</td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $35</td>
</tr>
</tbody>
</table>
| 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                                                                 |
Colorado Mesa University wants to reward you for taking an active interest in your health by giving you the opportunity to earn a $50 wellness incentive off your monthly health insurance premium. 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 a $50/month ($25/paycheck) wellness incentive off your health insurance premium.

When does the program start and end?
The CMU wellness program is aligned with the benefit/calendar year, starting on January 1st and ending on December 31st, 2020.

How do I qualify for the $50/month ($25/paycheck) incentive?
**Step 1 – Sign-Up**
- You must be enrolled in one of CMU’s health plans and complete the Wellness Program Enrollment Form to participate in the incentive program.
- Current employees must sign-up during open enrollment and prior to January 1, 2020.
  - Employees with a qualifying event allowing for late enrollment in the 2020 health plan must sign-up within 30 days of the qualifying event.
- New employees must sign-up 30 days within the date of hire.

**Step 2 – Biometric Health Screening and Health Assessment**
After signing up, you must complete the biometric health screening and the health assessment (HA).
- Both the biometric screening and the health assessment must be completed either:
  - during open enrollment for current employees,
  - within the first 30 days of employment for new hires, or
  - within 30 days of enrollment for late enrollees to the health plan following a qualifying event.
- **Biometric Screening:** A health screening that includes a blood draw to measure cholesterol, triglycerides & 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 access Rally to complete the online health assessment.
  - Current employees: The Health Assessment will be available beginning January 1, 2020.
  - New Hires: Please complete the Health Assessment 30 days within the date of hire.

**Step 3 – Complete 100% Participation**
To qualify for the incentive, you must complete 100% participation:
- You can earn 100% through your biometric results and completing your health assessment, or
- You can earn partial progress from your biometric results and health assessment, then earn the remaining progress from self-reported wellness activities.

If this is not for you, it is okay. You will need to decline to participate on the Wellness Program Enrollment Form. If you decline to participate, you will not be eligible to receive any incentive dollars.
FLEXIBLE SPENDING ACCOUNT (FSA)

The Flexible Benefit Plan is provided by 24HourFlex and is made possible by Sections 105, 106, 125 and 129 of the Internal Revenue Code.

There are three separate and optional components under the Plan: Pre-Tax Insurance Premium Payments, Health Care Spending Account, and Dependent Care Spending Account.

These options provide you with the opportunity to pay some of your medical, dental, vision & daycare expenses with pre-tax dollars incurred during the plan year. You can also pay for expenses for your spouse and qualified tax dependents, even if they are covered under a different insurance plan.

Medical FSA
- Annual Maximum: $2,750*
- Funds available at the beginning of the plan year
- Funds can be used to pay for eligible medical, dental, and vision expenses
- 90-day extension to file claims after the end of the plan year
- Carryover: Up to $500 remaining at the end of the plan year will roll over to subsequent plan years

Employees enrolled in the Medical FSA may also utilize the FSA Store, the site stocked exclusively with FSA-Eligible products. To Access the FSA Store, visit www.24hourflex.com/fsastore.

Dependent Care FSA
- Annual Maximum: $5,000
- Funds available as deductions are taken
- Funds can be used to pay for eligible dependent care expenses
- 90-day extension to file claims after the end of the plan year

Limited Purpose FSA
- Annual Maximum: $2,750*
- Available if you are enrolled in a Health Savings Account (HSA)
- Limited for use on dental and vision expenses
- 90-day extension to file claims after the end of the plan year

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

Get Connected to your Flexible Spending Plan
The 24HourFlex mobile app is free to download for Android and Apple (iOS) devices. The app allows you to check balances and manage your account on the go, submit file claims, and submit receipts by taking a picture with your phone!

You can also visit the Online Consumer Portal at www.24hourflex.com to fully manage your account, file claims, set up direct deposit, order additional debit cards, and view/track expenses!
HEALTH SAVINGS ACCOUNT (HSA)

2020 HSA Plan limits are $3,550 for employee-only coverage and $7,100 for an employee with family coverage. HSA account holders age 55+ can add a catch-up contribution of $1,000.

CMU partners with HealthEquity (www.healthequity.com) and Home Loan State Bank (www.hlsb.com) for employees who are enrolled in the PPO HSA 3500 High Deductible Health Plan.

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 Home Loan & Health Equity. Once your account balance reaches $2,000 with Health Equity, you can invest any funds over that amount into mutual funds.

<table>
<thead>
<tr>
<th>Initial Account Set-Up Fee</th>
<th>Account Closing Fee</th>
<th>Debit Card Fee</th>
<th>Check Fee</th>
<th>Employee Monthly Admin Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Loan</td>
<td>$20.00 (employee paid)</td>
<td>$20 (employee paid)</td>
<td>Free 1st year then $5 annually</td>
<td>$10 off 1st box of checks</td>
</tr>
<tr>
<td>Health Equity</td>
<td>None</td>
<td>$25 (employee paid)</td>
<td>3 Free Debit Cards, $5 for replacement</td>
<td>Not available</td>
</tr>
</tbody>
</table>

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
  - Alternative care such as acupuncture and massage therapy
  - Medicare premiums for Part A & B
  - Dental care
  - Long-term care premiums
  - Premium for COBRA coverage

Please see IRS Publication 502 for a complete list of qualifying expenses, or visit www.rmhp.org for more information, or call 800.453.2981 to speak with a plan expert.
LIFE AND AD&D

**Basic Life and AD&D Insurance**
CMU provides group term life and accidental death and dismemberment to employees through OneAmerica 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 OneAmerica. 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.
DISABILITY

Long-Term Disability (LTD) Insurance
Long Term Disability benefits are provided to employees through OneAmerica. 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 66% 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 OneAmerica. 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 30th 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.
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 two voluntary supplemental insurance plans through Colonial Life 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 benefits for initial care and treatment, in addition to follow-up care you may need.

**Cancer Insurance**

This benefit offers the protection you need to concentrate on what is most important - your care. Features of Colonial’s Cancer Insurance include:

- Pays regardless of any other insurance you have with other insurance companies.
- Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
- Guaranteed renewable as long as premiums are paid when due.
- Benefits paid directly to you unless you specify otherwise.
- You can take your coverage with you even if you change jobs or leave your employment.
- Flexible coverage options for employees and their families.

For more information about Accident Insurance and Cancer Insurance you may contact the Human Resources Office to request a brochure or visit the Colonial Life Insurance web site at [http://www.coloniallife.com](http://www.coloniallife.com).
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 at 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 8.75 percent of your monthly salary to your PERA member contribution account. Colorado Mesa University contributes a base of 10.15 percent plus 10 percent to AED/SAED (Amortization Equalization Disbursement/Supplemental Amortization Equalization Disbursement).

**PERA Senate Bill 18-200**

In May 2019, Senate Bill 18-200 (SB 200) was passed by the Colorado General Assembly, and signed by Governor Hickenlooper in June 2019. This legislative package will restore PERA to full funding within 30 years. PERA members and working retiree's contribution rates will increase by an additional 2 percent of pay, totaling 10 percent, phased in beginning July 1, 2020. Member contributions will increase by an additional 0.75 percent July 1, 2020 (to a total of 8.75 percent) and again July 1, 2020 (to a total of 9.5 percent). The final member increase will be an additional 0.50 percent (to a total of 10 percent) effective July 1, 2021. The employer contribution rate will increase by an additional 0.25 percent, effective July 1, 2020. Additional information can be found at: [https://www.copera.org/news/legislation](https://www.copera.org/news/legislation).

**PERA Customer Service**

1.800.759.7372
www.copera.org

**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 plan is a voluntary plan, also serviced by TIAA, with 100 percent of contributions made by the employee. Employees may make pre-tax or after-tax (Roth) contributions to this account. The 2020 IRS limit for this plan is $19,500, employees age 50 or older may contribute an additional $6,500 for a total contribution of $25,500.

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
1.800.927.3059 | 970.986.4503 x 2 (office)  
Kevin.price@lpl.com | www.ifsgj.com  
Jason Stanfield, ChFC  
970.986.8053  
jason.stanfield@lpl.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](https://www.coloradomesa.edu/human-resources/faculty-staff/retirement.html).

**TIAA**

1.800.927.3059 | 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](http://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 2020 = $19,500 (an additional $6,500 may be contributed for employees age 50+).
OTHER BENEFITS

Colorado State Employee Assistance Program (C-SEAP)
The State of Colorado offers a comprehensive employee assistance program set up to support employees. For a complete list of available services, please see page 19.

ComPsych Guidance Resources Program, provided by OneAmerica
Personal issues, planning for life events or simply managing daily life can affect your work, health & family. Your Guidance Resources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents.

ComPsych can offer you the following resources:

- Confidential Counseling (3 session plan)
- Financial Information & Resources
- Legal Support & Resources
- Work-Life Solutions
- Free Online Will Preparation

Call 855.387.9727 or visit online at www.guidanceresources.com, company Web ID: ONEAMERICA3.

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.

On-Site Child Care
Little Mavericks Learning Center provides year round childcare to infants up to 5 years of age to CMU faculty and staff, on a first-come, first-serve basis. Summer, Friday & school district non-contract day programs are also available for children in Kindergarten up to 12 years of age. More information can be found on their website: http://www.coloradomesa.edu/little-mavs/index.html.

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/spouse, can receive a 50% tuition discount for up to 6 credit hours of undergraduate, for-credit coursework, at CMU.

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 2.16 days per month (26 days per year) with a maximum accrual/carryover of 48 days. 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 10 paid holidays each year.

Paid Sick Days
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/adoptive 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 STATE EMPLOYEE ASSISTANCE PROGRAM (CSEAP)

CSEAP 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.

CSEAP Provides Confidential Counseling
- Confidential, short-term counseling
- Resources
- Referral services
- Manager and supervisor consultation
- Work group facilitation
- Training and education
- Coaching
- Mediation
- Couples and relationships
- Managing emotions
- Family matters
- Workplace concerns
- Substance related issues
- Stress
- Crisis intervention services
- Psychological Fitness for Duty

Contact:
For more information or assistance, please contact CSEAP at 1-800-821-8154 or 303-866-4314, or visit www.Colorado.gov/CSEAP.
COLORADO STATE EMPLOYEE ASSISTANCE PROGRAM (C-SEAP) COUNSELING

6 Sessions. Confidential. No Cost

Short-Term
Six sessions of brief, solution-focused counseling for individuals, couples, families.

Family Members
Sessions may be used by family members (age 15 and older) including partner.

Rolling Year
Your EAP benefit begins on your intake date and restarts annually around that date.

Reasons to Seek Counseling:
• Relationship Concerns
  Partners, spouses, children, parents, coworkers

• Stress, Anxiety, Depression
  Feeling down, hopeless, overwhelmed, unstoppable worry

• Workplace Stressors
  Conflict, difficult people, burnout, bored or overwhelmed with workload

• Phase of Life
  Starting a family, divorce, leaving home, launching children, marriage, re-marriage, retirement

• Substance Abuse or Other Addiction Concerns
  Alcohol, marijuana, opioids, pornography, sex, devices, gaming, gambling

• Grief, Loss, Other Concerns
  Death of loved one, death of coworker, loss of relationship; Financial stress, health or medical stress, sexuality, trauma, referrals ...

Contact:
For questions or appointments, call 1-800-821-8154.
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
- Prostheses 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.

Individual Coverage Mandate
Effective January 1, 2014, federal law requires that you have Health Care coverage. You can enroll in CMU’s health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area. Please note that the plan provided by CMU meets the affordability and minimum value requirements for employee only coverage, and therefore you will not be eligible for a tax credit through the Marketplace for that tier of enrollment.

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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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, you can contact your State Medicaid or CHIP office to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact your local state Medicaid or CHIP office for more information.

**COLORADO-Medicaid**

Medicaid Website: [http://www.colorado.gov/](http://www.colorado.gov/)
Medicaid Phone: (800) 221-3943
For all other states: (877) 267-2323, Ext. 61565

**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.

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;
- 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.
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.