



**COLORADO
COLLEGE**

**New Employee
Guide to Benefits**

2024 - 2025



Additional Information

To access additional benefit information including plan documents and forms, please visit: <https://www.mybensite.com/coloradocollege/>

To enroll in benefits, go to:

<https://www.coloradocollege.edu/ebenefits>.

Please use the same username and password you use to log-into any CC account.

Eligibility Timing

- Employees and their dependents are eligible for coverage on:
 - The first working day of the month if that is their hire date (example: Wednesday, May 1 is hire date and also date any benefits elected begin)
 - The first of the following month if hired after the first working day of the month (example: Monday May 6 is hire date, any benefits begin June 1)
- Employees have until end of eligibility month to elect benefits
- If Employee experiences a qualified event (birth, adoption, death, marriage, etc.) they have a special enrollment period that begins on the date of the qualified event and extends for 30 days (example: new baby born April 9, employee has until May 9 to add new baby to coverage)
- Open Enrollment, if held, occurs once each year (generally the month of May) for any benefits changes. Changes go in effect July 1st.

Cost-Share Timing

- Benefit elections are entered into the payroll system as soon as administratively convenient after paperwork is received in HR.
- If benefit elections are received too late to be entered before a payroll and employee deductions are required for the benefits elected, the employee's cost share will be accumulated to the next pay period (example: Employee is eligible for benefits July 1; submits election forms Jul 12, too late for the Jul 15 payroll. Employee will have double-deductions from Jul 31 payroll to 'catch up' for the missed contributions on Jul 15)

HUMAN RESOURCES BENEFITS CONTACTS AT COLORADO COLLEGE

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YOU HAVE THE ELIGIBILITY MONTH TO SIGN UP FOR COVERAGE AS A NEW HIRE

Welcome to Colorado College! We are excited that you have accepted a position here and hope you will find Colorado College an enjoyable and rewarding place to work.

Colorado College is committed to maintaining a comprehensive and competitive benefits program to help you protect your health, your finances, your future, and your family. This booklet provides a summary of the College sponsored benefit plans and packages available and covers plan options, plan coverage and enrollment.

Benefit Website

The benefits section of the Human Resources website provides more information about the benefits offered by Colorado College. To access the benefits information, go to <https://mybensite.com/coloradocollege/>.

Benefits Enrollment Website

To enroll in benefits, go to: www.coloradocollege.edu/ebenefits.

Please use the same username and password you use to log-into any CC account.

On the Web

- Colorado College Human Resources: <http://www.coloradocollege.edu/offices/humanresources/>
- Colorado College benefits: <https://mybensite.com/coloradocollege/>
- Cigna: (medical insurance administrator) www.myCigna.com
- Delta Dental of Colorado: (dental insurance administrator) www.deltadentalco.com
- Emeriti Health Solutions: (retiree health insurance program) www.emeritihealth.org
- EyeMed: (vision insurance provider) www.eyemedvisioncare.com
- MetLife Legal Plans, Inc.: (pre-paid legal service provider) www.info.legalplans.com, Password: METLAW
- Guidance Resources: (employee assistance program) www.guidanceresources.com, Access: COM589
- The Hartford Life Insurance www.thehartford.com/employee-benefits/employees
- TIAA: (retirement fund administrator) www.tiaa.org/coloradocollege,
Access code for enrollment: C00062
- Rocky Mountain Reserve: (flexible spending account administrator) www.rockymountainreserve.com

Human Resources Benefits Contacts at Colorado College

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If you (and/or dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 36 through 37 for more details.

BENEFITS YOU MAY ELECT AS A NEW EMPLOYEE

Medical Insurance



Medical insurance is administered through Cigna

Cigna Medical Benefits	Open Access Plus	
	Employee Pays - In-network benefits	Employee Pays - Out-of-network benefits
Lifetime Maximum	Unlimited	
Calendar Year Annual Deductible (individual/family)	\$750 \$1,500	\$1,500 \$3,000
Coinsurance (member pays)	15%	30%
Calendar Year Annual out-of-pocket maximum (individual/family) (includes deductible)	\$3,250 \$6,500	\$6,500 \$13,000
Telemedicine Visit	\$10 copay	N/A
Office visit at Primary Care Doctor	\$25 copay	30% (after deductible)
Office visit at Specialist Doctor	\$40 copay	30% (after deductible)
Office visit at Chiropractor (20 days annual calendar year maximum combined in and out of network)	\$40 copay	30% (after deductible)
Outpatient mental health (includes Substance Abuse Services)	\$40 copay + 15% (deductible waived)	30% (after deductible)
Inpatient mental health (includes Substance Abuse Services)	15% (after deductible)	30% (after deductible)
Inpatient hospital services	15% (after deductible)	30% (after deductible)
Outpatient Surgery	15% (after deductible)	30% (after deductible)
Fertility Benefit	\$25,000 lifetime benefit	
Emergency Room visit	\$150 copay *	
Urgent Care Services	\$50 copay *	
Hearing Aids **	100% up to \$3,000 maximum (every 2 years)	
Vision Exams	Not covered	Not covered
Preventive Care Services	0%	30% (after deductible)

* Waived if admitted.

** No benefit maximum for eligible expenses for hearing aids for children up to age 18.

Prescription Drugs	Generic	Preferred Brand	Non-preferred Brand
Retail copay	\$10	\$35	\$60
Mail order copay	\$20	\$70	\$120

The Cigna website offers access to provider listings (Open Access Plus network), explanation of

claims payments, identification cards, plan benefits information, useful health information and more. The website may be accessed at www.mycigna.com. The Colorado College Group Number is **3336952**, and the Customer Service Number is 1-800-244-6224.

Dispatch Health is healthcare provided to you in your home for issues like ear, sinus, or urinary tract infections, rashes, lesions, lacerations, and more. To learn about Dispatch Health, visit the website at: www.dispatchhealth.com and download their app.

Telemedicine is a way to access a medical provider via telephone/videochat 24-hours a day for immediate help with a non-emergency health issue. Telemedicine providers can direct care and provide access to antibiotics, prescription salves, etc., as appropriate. They CANNOT prescribe narcotics.

Telemedicine is through MDLIVE. Access MDLIVE by logging into myCigna.com and clicking on 'Talk to a doctor' OR, call MDLIVE at 888-726-3171 (be sure to tell them you are in the Cigna health plan). **The telemedicine co-pay is \$10.**

If you are electing coverage for the first time, Cigna will send you an insurance card. For those currently with Cigna, you will use the same blue and white Cigna insurance card you have now. If you are a current Cigna member and have misplaced your insurance card, you can order a new one via the website: www.mycigna.com (you will need to register and create a username/password if using the website for the first time).

You may also access mycigna.com via your mobile device. For more information on the app, go to: www.mybensite.com/coloradocollege and look under the medical tab for "Your Health Has Met It's App."

If you would like to enroll in medical insurance you must enroll online at: <https://www.coloradocollege.edu/ebenefits>. Use the same username and password you use to log-into any CC account.

Please note that the plan year is July 1 through June 30. However, the deductibles and other accumulators run on a calendar year basis. Please check the plan document for more details (available on the benefits website [www.mybensite.com/coloradocollege] under the 'Medical' tab).

The rates are found on page 17.



Dental Insurance

Dental insurance is administered through Delta Dental. The college pays 100% of the employee premium for benefits-eligible employees.

Delta Dental PPO	Employee Pays - PPO Provider (In-network benefits) *	Employee Pays - Premier Network and Out-of-network benefits**
Calendar Year annual maximum benefit per individual	\$1,500 Combination of in-network and out-of-network \$1,600 Orthodontic <u>lifetime</u> maximum, combination of in-network and out-of-network (limited to children under age 19)	
Calendar Year deductibles individual / family	\$25 / \$75	\$50 / \$150
Diagnostic, preventive, and adjunctive: oral evaluation, bitewing x-rays, full mouth x-rays or panoramic, routine cleaning, fluoride treatments, space maintainers, sealants	0% with no deductible	20% after deductible
Basic Services: amalgam fillings, composite resin, oral surgery (extractions), general anesthesia, surgical periodontal (gums), root canal therapy	20% (after deductible)	50% (after deductible)
Major Services: crowns, dentures, partials, bridges, bridge/denture repair, denture rebase/reline	50% (after deductible)	50% (after deductible)
Orthodontia: complete orthodontic evaluation to age 19	50% with no deductible	50% with no deductible

Late Enrollment Benefit Restriction: If you do not elect Delta Dental coverage within the first 31 days of eligibility at Colorado College, you will be considered a late enrollee if you enroll later (like at open enrollment). Late enrollees are covered for diagnostic and preventive care only for the first 12 months of coverage. After the initial 12 months, full-plan coverage becomes effective.

The Delta Dental website includes dental provider listings (PPO), claims payment, identification cards, and benefits; their website may be accessed at www.deltadentalco.com. The Colorado College Group Number is **0284**, and the Customer Service Number is 1-800-610-0201.

*Delta Dental PPO dentists are considered in-network providers. The PPO percentage of benefits is based on the PPO schedule of allowance. Delta Dental Premier Dentists and dentists not part of the Delta Dental network are considered out-of-network.

**The Premier percentage of benefits is limited to the Premier Maximum Plan allowance. The Non-Participating percentage of benefits is limited to the non-participating Maximum Plan Allowance.

Members will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the dental provider.

Insurance cards are not issued for the dental plan but may be downloaded from the www.deltadentalco.com website (you will need to register and create a username/password if using the website for the first time).

If you would like to enroll in dental insurance you must enroll online at: <https://www.coloradocollege.edu/ebenefits>. Use the same username and password you use to log-into any CC account.

Please note that the plan year is July 1 through June 30. However, the deductibles and other accumulators run on a calendar year basis.

The rates are found on page 17.



Vision Insurance

Vision insurance is provided by EyeMed Vision Care.

EyeMed Vision Care	In-Network Member Cost	Out-of-Network Reimbursement
Routine eye exam	\$0 copay	Up to \$35
Frames (when purchased w/new lenses)	\$0 copay, \$135 allowance	\$68 allowance
Lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal 	\$25 copay Covered in full after copay Covered in full after copay Covered in full after copay	Up to \$25 Up to \$40 Up to \$60
Contacts <ul style="list-style-type: none"> • Fittings • Medically necessary • Elective 	Up to \$55 Covered in full, no copay \$135 allowance	Not covered \$200 Up to \$108

The vision plan provides for routine eye examination, lenses or contact lenses, and frames once per 12-month period. In-network enhancements this year include \$0 copay for a routine eye exam, \$135 allowance for frames and frames every 12 months (formerly \$10 copay, \$125 allowance, and frames every 24 months).

Download vision coverage cards from the EyeMed website, which also includes a list of providers: www.eyemed.com. You will need to register and create a username/password if using the website for the first time). The Colorado College Group Number is **9817230** and the Customer Service Number is 1-866-939-3633.

If you would like to enroll in vision coverage, you must enroll online at: <https://cas.coloradocollege.edu/cas/idp/profile/SAML2/Unsolicited/SSO?providerId=EBenefits>. Use the same username and password you use to log-into any CC account.

The rates are found on page 17.



Flexible Spending Account (FSA) Plans

Rocky Mountain Reserve administers the accounts for Colorado College. The FSA Plan Year runs July 1 – June 30. You are eligible to set aside money from your paycheck on a pre-tax basis for health care and dependent care expenses. See definition of dependents at www.rockymountainreserve.com (employees link, eligible dependents link – please note that domestic partner expenses are not eligible per IRS). Two types of FSA plans are available:

Health Care FSA: Health care expenses include out-of-pocket medical, dental, and vision related expenses incurred by you AND your eligible dependents. “Out-of-pocket” is the portion of the expense NOT covered by your insurance plans. The entire amount you elect to put into this plan is available to you on the first day of your eligibility.

While the plan runs July 1 - June 30 each year for the health flexible spending account, eligible expenses may be incurred to September 15 (grace period). If you terminate employment during the plan year, you may file any claims incurred up to the date of termination. Any unused funds after the date of termination are forfeited. Terminated employees may elect to continue making contributions and use remaining funds via COBRA.

You may pay your provider using your debit card (*if they accept it*) or you may pay from personal funds and be reimbursed by Rocky Mountain Reserve (by check or direct deposit) for eligible expenses. The quickest way is to use your FSA debit card when paying for an eligible out-of-pocket expense. Please keep your receipt as you may be required to provide that (upload to the Rocky Mountain Reserve site) to document that your expenditure was a qualified medical expense.

You may also pay for the health expense with your own funds and submit your claim online or include your receipt along with a claim form via fax or mail to Rocky Mountain Reserve for reimbursement. Your reimbursement will be mailed to your home as a check or directly deposited into your bank account (depending on which you elect).

For reimbursements register on the website (www.rockymountainreserve.com), call Customer Service at 1-888-722-1223 for assistance, or download a reimbursement form from www.rockymountainreserve.com.

Dependent Care FSA: Dependent care costs include daycare expenses that allow you and your spouse to work, seek work, or attend school (full-time). This applies to children under age 13 or other dependents requiring care such as elderly parents. Unlike the Health Care FSA, the Dependent Care is NOT pre-funded. Claims are paid as contributions are made and there is no grace period.

	Maximum Annual Amount Allowed
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000 if married and filing jointly or single head of household; or \$2,500 if married and filing separately

You may access your account information beginning in July 2024 by going to the website at www.rockymountainreserve.com (last four of your SSN and DOB are required for first time account access) or calling **1-888-722-1223** for assistance with your account access and/or site navigation.

If you would like to enroll in the flexible spending account plan, you must enroll online at: <https://cas.coloradocollege.edu/cas/idp/profile/SAML2/Unsolicited/SSO?providerId=EBenefits>. Use the same username and password you use to log-into any CC account.



MetLife Legal Plans, Inc.

The college offers a pre-paid legal service plan through MetLife at 100% employee cost. The plan includes personal legal services for you, your spouse/domestic partner and dependent children and provides unlimited telephone advice and office consultations on virtually any personal legal matter (excludes business and employment-related matters) with a plan attorney of your choice from a national network of over 14,000 attorneys. Some covered services are preparation of wills, codicils, living wills and living trusts, preparation of powers of attorney, deeds, demand letters, promissory notes and mortgages, review of personal legal documents, name change, immigration issues, etc.

Call MetLife Legal Plans' Client Service Center at 1-800-821-6400 for more information. Customer Service Representatives can answer your questions, provide a complete plan description, and help you find attorneys. Brochures are available on the benefits website: www.mybensite.com/coloradocollege (Additional Benefits tab). Members can visit www.members.legalplans.com.

The rates are found on page 17.

Defined Contribution (DC) Plan – Mandatory Retirement Plan



The college offers a 403(b) Defined Contribution (DC) Plan through TIAA.

Participation is mandatory for full- and part-time benefits-eligible employees, and enrollment is automatic for employees age 29 and older after one year of service. Upon participation, an eligible employee contributes **5%** of pay and the college contributes **10%** of pay, for a combined 15% contribution. Contributions to the DC plan are pre-tax by default and are not included in the IRS elective deferral limits on retirement contributions. Employees are always 100% vested in contributions to their accounts.

Employees under age 29, with one year of service, may elect to contribute 5% to the DC plan and receive the college's 10% contribution. Contact HR for the form if you are under 29, have one year of service, and would like to make a 5% contribution election and receive the college's 10% contribution to your retirement account.

Plan participants are immediately 100% vested in their accounts and responsible for making investment decisions. Information on investment options is available through individual counseling sessions, calling TIAA at 1-800-842-2252 at www.tiaa.org/coloradocollege. You can see the investment array on the CC Human Resources webpage under Benefits & Wellness/Retirement Plan Committee. Personal counselors also visit the CC campus frequently throughout the year for personal sessions (watch the digest for dates and sign-up for an appointment).

For secure access to your personal account information using the website, visit www.tiaa.org/coloradocollege. You will need to create a user ID and password the first time you access the site. TIAA will ask you to provide personal information to create your secure login.



Long-Term Disability (LTD) Insurance

The college offers an LTD plan through The Standard. Participation is mandatory after one year of service and employee premiums are paid on an after-tax basis. The benefits of the LTD plan include a tax-free monthly income benefit of 60% of your monthly base salary to a maximum of \$10,250. Acceptance to the LTD benefit is based on an employee's inability to work for 180 days due to a disability, then application and acceptance for the benefit.

Participation is mandatory for employees up to age 65 and enrollment is automatic when eligible. After reaching age 65 (by July 1) an employee may opt out of the benefit during open enrollment. If you opt out, you will not be able to re-enroll in this benefit at a later date.

Rates are found on page 17.



Emeriti® Retirement Health Solutions

The college participates in the Emeriti® Retirement Health Solutions program which combines tax-advantaged savings with access to affordable, group retiree health insurance to help you and your dependents prepare for the high costs of healthcare when you retire.

The college will make a monthly contribution for benefits-eligible employees age 40 and older. College contributions are pre-tax in and non-taxable out when used for qualified medical expenses. Funds can be accessed after termination or retirement.

Employees age 21 and older may make voluntary contributions to their Emeriti account in a dollar amount of their choice. Employee voluntary contributions are post-tax in and non-taxable out when used for qualified medical expenses. To make a voluntary employee contribution to Emeriti (post-tax) just complete the Emeriti Salary Deduction form. Voluntary employee contributions may be started, stopped, or changed at any time.

The Emeriti accounts are held at TIAA. Employees may see their balance and manage their investments online at www.tiaa.org/coloradocollege or by calling the Emeriti Service Center at 1-866-363-7484. The website allows you to view your account balance, transfer funds among investments, and access your statements and general information. The Emeriti plan document is available on the benefits website: www.mybensite.com/coloradocollege (Retirement Tab).

Contribution information is found on page 17.

OTHER COLLEGE SPONSORED BENEFITS



Basic Life Insurance - The Hartford

The college purchases basic term life insurance and accidental death & dismemberment (AD&D) insurance through The Hartford for all benefits-eligible employees. The basic coverage is equal to one and one-half of your base annual salary up to a maximum of \$500,000. Basic life insurance at 1.5x salary is automatically provided by the college for all benefits-eligible employees. There is no need to elect basic life.

An additional product under this program includes Travel Assistance benefits for you and your family when traveling more than 100 miles from home (or in a foreign country) and while traveling for 90 consecutive days or less. This is a program of information, referral, assistance, transportation, and evacuation services to help during your travels. If you need travel assistance contact International Medical Group (IMG) toll free at 800-243-6108 or outside of the U.S. at 202-828-5885 or assist@imglobal.com. See the flyer on the benefits website: www.mybensite.com/coloradocollege (Additional Benefits tab/Life & Disability).

The Hartford offers free access to EstateGuidance Will Services at www.estateguidance.com, Code: WILLHLF. For additional information see the flyer on the benefits website at: www.mybensite.com/coloradocollege (Additional Benefits tab/Life & Disability). The Hartford also provides Beneficiary Assist Counseling Services, Ability Assist Counseling Services and Funeral Concierge Services. See the flyer on the benefits website: www.mybensite.com/coloradocollege (Additional Benefits tab/Life & Disability).

Many of these benefits are also available through our EAP.

Employee Assistance Program (EAP)



Employees and their dependents are eligible for up to six confidential counseling sessions each year at no employee cost. EAP through Guidance Resources is a work-sponsored program designed to help you and your immediate family members with the identification and resolution of problems associated with personal and/or professional issues. Feeling stressed? Need help/advice dealing with a colleague? Dealing with divorce? A death? Adoption?

Work-life services are also a benefit with our EAP vendor. Need help with elder care? Help finding a daycare? Planning a birthday party? Talking to a student on a trip abroad? Call Guidance Resources for these issues and more.

The benefit also includes a legal and financial counseling benefit and discount and a variety of webinars addressing personal and professional issues. All services, even the fact that you have contacted EAP, are confidential and individual information is never shared with Colorado College. Access EAP anywhere you may be in the world. Contact Guidance Resources at 1-800-272-7255 for all EAP requests. You can also access their website at www.guidanceresources.com. Colorado College's Web ID is COM589.



Business Travel Accident Insurance - Associated Colleges of the Midwest (ACM)

Domestic and foreign business travel accident insurance is provided through the Associated Colleges of the Midwest (ACM) at no cost to you. The plan provides accident protection against most types of accidental injury or accidental death while you are traveling on business for a member college or university of the Associated Colleges of the Midwest.

Coverage begins when you leave your residence or place of regular employment, whichever is last, for the purpose of a business trip and continues until you return to your residence or place of regular employment, whichever is first. Coverage stops following a business trip if you undertake a personal deviation exceeding three days.

Employees traveling over 100 miles from their homes or in a foreign country on business for the College, have the additional benefit of Assist America Global Emergency Services. Please refer to your Assist America brochure/ID card for more details (available on the benefits website at: www.mybensite.com/coloradocollege).

ACM Business Travel Accident Insurance	Benefits
Accidental Death and Dismemberment	Two times basic annual earnings; subject to a minimum of \$100,000 and a maximum of \$300,000

This benefit is automatically provided by the college for all benefits-eligible employees. There is no need to elect this benefit.

International Business Travel Accident Insurance – Everest



International business travel accident insurance is provided through Everest. This plan provides coverages for claims not covered by Workers Compensation. These can include dismemberment/death benefits, transportation of remains, and transportation costs for political repatriation.

International Business Travel Accident Insurance	Benefits
Accidental Death and Dismemberment	\$100,000 per person
Emergency Accident and Sickness Medical Expense	\$25,000 per person
Medical Repatriation	\$1,000,000 per person
Political Repatriation	\$50,000 per person

This benefit is automatically provided by the college for all benefits-eligible employees. There is no need to elect this benefit.

It is very important that faculty and staff traveling outside the USA on college business ALSO register their trip via the Summit website to ensure additional primary coverage for robust travel medical/emergency evacuation/repatriation costs under the college's SOS and UHP Plan. Just go to Summit, Center for Global Education and Field Study, log in with your CC credentials then choose Travel Abroad SOS Registration. Contact the Center for Global Education and Field Study for more information.

BENEFITS YOU MAY ELECT AT ANY TIME



Optional Life & Dependent Life Insurance - The Standard

Optional term life and dependent term life insurance are available through The Hartford. Optional life may be purchased in increments of one to five times your annual salary with a maximum of \$500,000; the cost per \$1,000 of coverage is based on an age-rated chart.

Dependent term life policies may be purchased to cover eligible dependents. Plan I provides \$5,000 coverage for spouse and up to \$2,000 for children. Plan II provides \$10,000 coverage for spouse and up to \$4,000 for children.

Adding or increasing coverage for optional term life requires completion of an online Medical History Statement and approval by The Hartford. Premium increases for optional life occur when you move into a new age band and/or your pay increases.

If you are newly electing or increasing coverage you must enroll online at: <https://www.coloradocollege.edu/ebenefits>. Use the same username and password you use to log-into any CC account and complete the online Medical History Statement. HR will deduct the life insurance from your payroll after receiving approval from The Hartford.

Rates are found on page 18.

Voluntary Personal Accidental Death and Dismemberment (AD&D) (ACM)



This is a voluntary program that allows you to purchase AD&D insurance for yourself and your family through the Associated Colleges of the Midwest. Benefits can be purchased up to \$750,000 in increments of \$10,000 to provide accident protection against most types of accidents, 24 hours a day, anywhere in the world, whether you are at work or home. Benefit amounts over \$350,000 may not exceed ten times your Base Annual Earnings. Your enrolled dependents' principal sum will be a percentage of your principal sum, subject to a \$100,000 maximum.

Any time employees and their covered dependents travel over 100 miles from their homes or in a foreign country they have the additional benefit of Assist America Global Emergency Services. Assist America arranges and pays in full all covered services (medical evacuation, repatriation, hospital admission guarantee, etc.) See full plan details and refer to your Assist America brochure/ID card for more details (available on the benefits website at: www.mybensite.com/coloradocollege under the 'Life & Disability' tab and 'Optional').

Rates are found on page 18.



Tax Deferred Annuity (TDA) Plan – Voluntary Retirement Plan

You may enhance your financial retirement security by contributing to the TDA Plan with TIAA, which is the voluntary part of our 403(b) Defined Contribution Retirement Plan. All active employees (except student employees), regardless of status, are eligible to participate. Contributions under this plan are made pre-tax or post-tax (Roth) and are subject to the IRS annual limits. The limit for 2023 is \$22,500, with an additional \$7,500 catch-up provision for employees age 50 or older.

Individual counseling sessions are available to assess your financial situation and retirement planning. Call TIAA at 1-800-842-2252, visit their website at www.tiaa.org/coloradocollege, or watch the digest for dates individual counselors will be available. For secure access to your personal account information, you will need to create a user ID and password and TIAA will ask for personal information to create your secure log-in.

Group Home, Auto and Renter's Insurance



The Farmers Insurance Group (formerly MetLife) is a voluntary group auto and home benefit program that provides you with access to insurance coverage for your personal insurance needs. Policies available include auto, home, condominium, RV, renters, motorcycle, boat, and personal excess liability policies.

The program gives you access to **special group discounts**. You can choose to have your premiums automatically deducted from your paychecks or bank account. With these options, insurance premiums are spread throughout the policy term with no down payments, interest charges or service fees (a down payment is required in some instances). Other payment options are available.

Since everyone's insurance policies renew at different times during the year, you may apply for group home, auto and renter's insurance at any time by contacting Customer Service at 1-800-438-6381.



Nationwide Pet Insurance

The college offers pet insurance through Nationwide at 100% employee cost. Find information on plans available for your pet and a price quote by calling Nationwide at 877-738-7874 or visiting their website at www.petinsurance.com/coloradocollege.

If you accept the quote and sign-up for the insurance Nationwide will advise the college and we will deduct premiums from your payroll check, then send the payment to Nationwide.

Please note that the premium is quoted per payroll (24 payrolls per year). If you are receiving your pay in less than 24 payrolls, the premium will be adjusted to capture the full annual amount in fewer premiums.

This benefit can be elected at open enrollment or any time during the year.

2024 - 2025 RATE SCHEDULE OF MONTHLY CONTRIBUTIONS



Medical Insurance Rates	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
Full Time & Part Time	Employee Monthly Cost		College Monthly Cost	
	12 Month *	9 Month **	12 Month	9 Month
Employee Only	\$155.35	\$207.13	\$621.40	\$828.52
Employee + Spouse/DP^	\$318.47	\$424.62	\$1,273.87	\$1,698.46
Employee + Child(ren)	\$287.40	\$383.20	\$1,149.60	\$1,532.79
Family	\$442.73	\$590.32	\$1,770.93	\$2,361.26

Dental Insurance Rates	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
Full Time & Part Time	Employee Monthly Cost		College Monthly Cost	
	12 Month *	9 Month **	12 Month	9 Month
Employee Only	\$ 0.00	\$ 0.00	\$40.27	\$53.68
Employee + Spouse/DP^	\$26.24	\$35.00	\$40.27	\$53.68
Employee + Child(ren)	\$24.51	\$32.69	\$40.27	\$53.68
Family	\$40.27	\$53.68	\$40.27	\$53.68

Vision Insurance Rates	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
Full Time & Part Time	Employee Monthly Cost			
	12 Month *	9 Month **		
Employee Only	\$ 8.04	\$10.72		
Employee + One	\$15.22	\$20.30		
Family	\$22.34	\$29.80		

Emeriti Retirement Health Solutions	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
	Employee Monthly Cost		College Monthly Cost	
	12 Month*	9 Month**	12 Month	9 Month
	None Required	None Required	\$58.28	\$77.71

Long-Term Disability Rates	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
	Employee Cost			
	0.26% of insured earnings per month			

Defined Contribution Retirement Plan (Mandatory)	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
	Employee Cost		College Cost	
	5% of base salary		10% of base salary	

Pre-Paid Legal Rates	<i>(monthly deduction taken 1/2 from each of two monthly payrolls)</i>			
	Employee Monthly Cost			
	12 Month*	9 Month**		
	\$17.00	\$22.68		

Optional Life Insurance Rates		<i>(monthly deduction taken ½ from each of two monthly payrolls)</i>	
Age Band	Rates per \$1,000 of coverage	Age Band	Rates per \$1,000 of coverage
Under 30	\$0.060	55 – 59	\$0.536
30 – 34	\$0.080	60 – 64	\$0.771
35 – 39	\$0.090	65 – 69	\$1.400
40 – 44	\$0.110	70 – 74	\$2.060
45 – 49	\$0.202	75 – older	\$4.640
50 – 54	\$0.330		

Please note that premiums for optional life insurance increase as you age into a higher band.

Dependent Life Insurance Rates		<i>(monthly deduction from only one of two monthly payrolls)</i>	
Plan	Employee Monthly Cost		
I	\$1.68		
II	\$3.30		

Personal Accidental Death and Dismemberment Rates		<i>(monthly deduction from only one of two monthly payrolls)</i>	
Employee Monthly Cost (Rates per \$1,000 of coverage)			
Employee Only	\$0.012		
Family	\$0.023		

Identity Guard Identity Theft Insurance		<i>(monthly payment via personal credit card)</i>	
Employee Monthly Cost			
Employee Only	Depends on option chosen		
Employee/Spouse	Depends on option chosen		
Family	Depends on option chosen		

Visit website for options/costs: Benefits.identityguard.com/coloradocollege

Nationwide Pet Insurance		<i>(monthly deduction taken ½ from each of two monthly payrolls)</i>	
Employee Monthly Cost			
Individualized Rates			
<ul style="list-style-type: none"> • Call or visit website for quote: 877-738-7874 / www.petinsurance.com/coloradocollege • If you currently have Nationwide pet coverage, call the number, and ask if you qualify for an additional discount by moving to payroll deduction 			

* **12-Month premiums** are collected during the month of coverage, i.e., premiums deducted from your paycheck in September are for September insurance coverage. Coverage ends May 31st for one-year visitors, paraprofessionals, and others whose positions end in May. If you are not scheduled to work over the summer and you do not return per your appointment letter, your coverage will end retroactively to May 31st.

** **9-Month premiums** are collected from September – May. The premiums are higher to “pre-pay” for the summer months.

^ **Domestic Partner** premiums covering domestic partners/children are deducted post-tax, unless you have filed paperwork with the Office of Human Resources confirming that your domestic partner is your tax dependent.

TUITION ASSISTANCE PROGRAMS

Tuition Remission at Colorado College

Colorado College recognizes that an important benefit available to some of our employees is the opportunity to attend Colorado College. Once you have completed the eligibility waiting times below, have applied to and been accepted by the Colorado College Admissions Office, your tuition remission benefits will be as follows:

Eligibility	Waiting Times	Tuition	Books, Fees, Room & Board
You	1 year of full-time service	100 percent by the college	Paid in full by you
Your spouse or domestic partner	1 year of full-time service	100 percent by the college	Paid in full by you
Your eligible dependents	5 years of full-time service	90 percent by the college 10 percent paid by you	Paid in full by you

In all cases, your eligible dependents must follow the same application requirements as any other prospective student.

ACM Tuition Remission Exchange Program

The College recognizes that dependent children of our employees may opt to attend a college other than Colorado College and participate in the ACM Tuition Remission Exchange Program (TREP). Dependent children of Colorado College employees who are accepted at participating ACM schools will receive tuition remission based on the TREP agreement.

Eligibility	Waiting Times	Tuition	Books, Fees, Room & Board
Your eligible dependents	5 years of full-time service	90 percent paid by the ACM School and Colorado College 10 percent paid by you	Paid in full by you

Partial Tuition Assistance

Some dependent children may opt to attend a school other than Colorado College or an ACM participating school. Partial Tuition Assistance is available.

Eligibility	Waiting Times	Tuition	Books, Fees, Room & Board
Your eligible dependents	5 years of full-time service	Up to 10 percent of the prevailing Colorado College tuition rate paid by Colorado College	Paid in full by you

Staff Tuition Assistance

The College encourages you to continue professional development through education and may reimburse you when eligible for courses taken at a business or technical school, or an accredited college or university. The maximum reimbursement will be the actual cost for tuition, not to exceed the current in-state rate for comparable courses at the University of Colorado – Colorado Springs*. Tuition assistance is limited to four courses in a fiscal year.

Eligibility	Waiting Times	Tuition	Books & Fees
You	1 year of full-time service	Paid in full by the college*	Paid in full by you

*University of Colorado-Colorado Springs

WORKERS' COMPENSATION BENEFITS

Workers' Compensation Benefits

Workers' Compensation Insurance covers on-the-job injuries and illnesses. All benefits are determined by the state legislature; the amount of payments and when and how they are paid are governed by state law. The premiums for workers' compensation coverage are paid for entirely by the College and our insurance company is Pinnacle. Any injury or illness you may incur while on the job is covered under this benefit. Workers' Compensation benefits include:

- ◆ **Medical Benefits** - Necessary and reasonable medical care and prescriptions will be provided to you by the College's designated medical provider and will be paid for by our Workers' Compensation Insurance Company. Medical benefits are unlimited as long as the medical care is administered by the designated medical provider.
- ◆ **Wage Loss Benefits** - If you lose more than three days of work because of a job-related injury or illness, you are entitled to compensation equal to two-thirds (66 2/3 percent) of your average weekly wage subject to the maximum allowed by law. Wage loss benefits are paid directly to you by the insurance carrier until you have been released to return to work by the College's designated physician or until you have reached maximum medical improvement. The college offers modified duty for return to work with work restrictions when appropriate.
- ◆ **Disability Benefits** - In the event you are physically unable to return to the type of work performed prior to the injury or illness, you may be eligible for permanent disability benefits as established by the Workers' Compensation Act. In some cases, vocational rehabilitation may also be offered.

Workers' Compensation Procedure

You should follow the general procedures below if you have a workplace incident:

1. Report any job-related injury or illness to your supervisor and Human Resources immediately, but no later than two days from the date of injury or onset of illness. This includes accidents that do not require medical treatment. Failure to report an injury or illness may, by law, result in a loss of benefits.
2. When you notify Human Resources, you will be asked to complete an accident report outlining details of your injury or illness.
3. If you require medical attention, Human Resources will refer you to the College's designated medical provider for treatment. The College may be able to assist you with transportation to the doctor if needed. In the case of an emergency, you will be transported to the nearest medical facility.
4. You will receive a medical evaluation and treatment for your injury or illness. The physician who treats you will be responsible for coordinating all your medical treatments; and if necessary, includes referral to a specialist. **If you choose to go to a medical facility or physician other than a designated provider, you will be responsible for all medical services incurred!**
5. At the end of each medical appointment, you will receive a Physician's Statement which will contain the following information and you should provide a copy to HR:
 - a) the diagnosis of your injury or illness
 - b) the date you may return to work
 - c) the date you should return for follow-up care
 - d) any restrictions for performing job duties (i.e., restrictions on lifting, climbing stairs)
6. The first three days of time off for a work-related injury or illness are not covered under workers' compensation and may be charged to your accrued sick leave or vacation leave or taken as leave without pay. All time lost after the initial three days will be compensated under the College's Workers' Compensation policy and will be paid to you directly by the insurance carrier. If you take time off due to a work-related injury/illness

without approval by the designated medical provider, the time will be applied to sick leave or vacation leave or charged as leave without pay.

7. The college supports a modified duty program so that you may come back to your own position with work restrictions or a different position that allows you to work with restrictions, if such a position is available.
8. If you return to work after treatment and/or time off and continue to have problems as a result of your illness or injury, notify your supervisor and Human Resources immediately so further medical evaluation and treatment may be provided.
9. If your injury or illness occurs or if medical treatment is required outside of regular office hours (Monday - Friday, 8:30 am to 5:00 pm) go to Memorial Urgent Care, Penrose Urgent Care, Penrose Emergency Room, or Memorial Emergency Room. Call campus safety to coordinate transportation. Inform the treating facility it is a work-related injury and ask them to send all reports and bills to the attention of Human Resources. Please do not provide your personal medical insurance information at time of service. Notify your supervisor and Human Resources of the injury or illness immediately the next business day.
10. If immediate care is not required, please call Human Resources to assist you with setting up an appointment with one of our designated providers.
11. If your injury or illness occurs outside of the Colorado Springs area (i.e., BACA, CC Cabin, while working in the field, etc.), go to the nearest medical facility for treatment, and then contact Human Resources as soon as possible. Notify the medical facility that the treatment you are receiving is for a work-related injury or illness and ask them to forward all billings, physician reports, or any other correspondence to:

Colorado College
 Human Resources
 14 E. Cache La Poudre St., Colorado Springs, CO 80903
 (719) 389-6104, Fax (719) 389-6926

Designated Providers
Concentra Medical Center - Bijou
402 W. Bijou
(719) 302-6942
Concentra Medical Care – Rockrimmon
5320 Mark Dabling Blvd., Suite 100
(719) 592-1584
UCHealth Occupational Medicine Clinic - Powers
4323 Integrity Center Point
(719) 591-2558
Concentra Medical Center
6011 E. Woodman Rd., Suite 100
(719) 571-8888

KEY BENEFIT TERMS

Beneficiary

A beneficiary should be named for the Basic Life and Accidental Death and Dismemberment Insurance, as well as for any Optional Life Insurance coverage. You may change your designated beneficiary at any time by completing a new life insurance form. Once your new beneficiary form is processed, all previous designations are invalid. Changes in your family situation (e.g., marriage, divorce, birth of a child) do not automatically alter or revoke your previous designations. **Prior designations remain valid until you complete a new life insurance form.**

Benefits Eligibility

Most benefits are effective on the first calendar day of the month once applicable waiting periods have been satisfied. If you were hired on the first calendar day or first business day of the month, you will be eligible for coverage as of the first calendar day or business day of that month. However, if you were hired on any other day of the month, you will be eligible for coverage on the first calendar day of the following month.

Coinsurance

The percent of covered expenses paid by you versus the percent paid by the benefit plan. For example, if your plan pays 85 percent coinsurance for hospital expenses, you would pay 15 percent coinsurance, usually up to an out-of-pocket limit. After that, the plan pays 100 percent of covered services. The coinsurance is applied toward your out-of-pocket maximum.

Co-pay

An amount due from you for a health care service provided. The co-pay is not applied toward the out-of-pocket maximum or deductible. For example, co-pays are charged for doctor's office visits.

Deductible

The amount of eligible health care expenses during a calendar year that you are responsible for paying before the plan begins to pay benefits. For our medical plan, benefits that are subject to the deductible are only those that have coinsurance.

Eligible Dependents

Eligible dependents include your legal spouse or as defined below, your domestic partner, and a child (married or unmarried), as defined below. Parents are not eligible dependents.

"Domestic partner" means the person, regardless of gender, named in the Affidavit of Domestic partnership that you have submitted to and that has been approved by the employer.

"Child" means your natural child, your stepchild, your adopted child (this includes a child placed with you for adoption; "placed for adoption" means the assumption and retention of a legal obligation for the total or partial support of a child in anticipation of the adoption of such child. The child's placement is considered terminated upon the termination of such legal obligation), a child who is recognized under a medical child support order as having a right to enrollment under the plan, a foster child, and a child of your domestic partner. The child may be covered to the end of the month in which he/she reaches age 26 and may not be eligible for coverage under his/her own employer's health insurance plan.

Note: The spouse of your eligible married dependent child is not eligible for coverage. Your dependents must live in the United States to be eligible for coverage. A spouse or domestic partner or child who is covered under this plan as an employee may not be covered as a dependent.

Enrollment

Enrollment in some plans is optional and in order to be covered you must enroll yourself and your eligible family members in Colorado College sponsored plans when you first become eligible; most plans have an enrollment deadline. Be sure to complete your enrollment or benefit change transactions within the specified time to ensure eligibility.

Evidence of Insurability (EOI)

A requirement by the insurance carrier that proves evidence of good health. Insurance carriers that require evidence of insurability are voluntary benefit carriers, such as life insurance and long-term care.

Other Enrollment Opportunities

- ❖ Open Enrollment: Colorado College holds a month-long enrollment period in the spring to enable you to enroll in, apply for, or change medical, dental, vision, flexible spending accounts and pre-paid legal for the new plan year, which runs from July 1 through June 30.
- ❖ Qualifying Life Events: During the plan year, when you have a qualifying life event (QLE) – such as marriage, divorce, and a birth of a child – you may be able to make changes for insurance coverage within 30 days of the event.
- ❖ Year-Round Enrollment: All year long, you are able to enroll in or apply for Tax-Deferred Annuity, Long-Term Care Insurance, Optional Life and Dependent Life Insurance, Optional Personal Accident Insurance, and Group Home, Auto, and Renters Insurance.

Out-of-pocket Maximum

The annual (calendar year) maximum amount of coinsurance that you pay for health care expenses, after which the plan pays 100 percent in coinsurance of the covered charges. Co-pays are not included in out-of-pocket maximum expenses.

Prevailing Document

This booklet describes the benefit plans and policies available to you as an eligible employee of Colorado College. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This booklet is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Description (SPD) (as required by ERISA).

If there is ever a question about one of these plans or policies, or if there is a conflict between the information in this booklet and the formal language of the plan or policy documents, the formal language in the plan or policy documents will govern.

Summary Plan Document (SPD)

The summary plan document explains what benefits are covered, what services are excluded from coverage, eligibility rules, and how much the plan pays on a claim for each service. SPDs are available on the benefits website: www.mybensite.com/coloradocollege.

HUMAN RESOURCES STAFF

Pam Butler, Compensation Manager pbutler@coloradocollege.edu	(719) 389-6222
Matthew Cherry, Assistant Director, Talent Mgmt & HR Technology mcherry@coloradocollege.edu	(719) 227-8344
Courtney Gibson, HR Coordinator, Recruitment & Performance Excellence cougibson@coloradocollege.edu	(719) 389-7421
Missy Liu, Talent Acquisition Specialist mliu@coloradocollege.edu	(719) 389-6331
Gina Lujan, Benefits Manager elujan@coloradocollege.edu	(719) 389-6104
Cameron A. Martin, Director of Total Rewards cmartin2024@coloradocollege.edu	(719) 389-6422
Laurie Mozingo, Associate Vice President, People Operations lmozingo@coloradocollege.edu	(719) 389-6422
Kaelibeth Rose, Administrative Assistant kröse@coloradocollege.edu	(719) 389-6732
Sara San Souci, Performance Excellence Specialist ssansouci@coloradocollege.edu	(719) 389-6323
Ryan Simmons, Vice President for People & Workplace Culture rsimmons@coloradocollege.edu	(719) 389-6202



LEGAL NOTICES REGARDING THE BENEFIT PROGRAM

HEALTHCARE REFORM DISCLOSURE: GRANDFATHERED STATUS

Grandfathered Status

Colorado College believes the Open Access medical plan is a “grandfathered health plan” **under the Patient Protection and Affordable Care Act (the Affordable Care Act)**. As permitted by the Affordable Care Act a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was entered.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

MARKETPLACE EXCHANGE NOTICE



Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution-as well as your employee contribution to employment-based coverage-is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will

not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description at www.mybensite.com/coloradocollege (under Medical tab) or contact Gina Lujan (719-389-6104) or Laurie Mozingo (719-389-6422).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: The Colorado College
4. Employer Identification Number (EIN): 84-0402510
5. Employer address: 14 E. Cache La Poudre Street
6. Employer phone number: 719-389-7660
7. City: Colorado Springs
8. State: Colorado
9. Zip: 80903-3294
10. Whom can we contact about employee health coverage at this job? Gina Lujan / Laurie Mozingo
11. Phone number (if different from above): 719-389-6104 / 719-389-6422
12. Email address: elujan@coloradocollege.edu / lmozingo@coloradocollege.edu

Here is some basic information about health coverage offered by this employer:

●As your employer, we offer a health plan to:

✓ Some employees. Eligible employees include regular employees who work at least 1,000 hours per year

●With respect to dependents:

✓ We do offer coverage. Eligible dependents are spouses, domestic partners, dependent children/stepchildren/adopted children

✓ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Gina Lujan
Benefits Manager
Tel: 719-389-6104
Email: elujan@coloradocollege.edu

NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH

Colorado College Notice of Privacy Practices Effective Date of this Notice: May 1, 2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Colorado College offers healthcare benefits to its employees and retirees, and their eligible family members. These benefits include a self-funded group health plan with Colorado College directly paying the claims and a separate self-funded plan that provides dental benefits. This notice describes the privacy practices established by Colorado College for its self-funded benefits (referred to as "We," "Us" or "The Plan"). The Plan is managed for Colorado College by business associates, which are third party administrators that interact with the healthcare providers and handle members' claims.

Colorado College also offers fully insured group vision insurance with an insurer assuming the financial risk of paying for covered vision benefits. The notice of privacy practices for vision insurance is available directly from the insurance carrier. Please go to: www.mybensite.com/coloradocollege for a current list of benefits.

Colorado College is committed to protecting the privacy of your PHI

Colorado College is committed to protecting the privacy of your protected health information or "PHI." PHI refers to health information that we create or receive that relates to your physical or mental health, your healthcare, or payment for your healthcare. In most cases, the business associate that serves as the third-party administrator for the Plan maintains your PHI, but Colorado College may also hold health-related information. Generally, Colorado College-held information is limited to enrollment data, but in limited instances, it may include information you provide to designated Colorado College staff to help with coordination of benefits or resolving complaints.

The privacy protections described in this notice reflect the requirements of federal regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires us to:

- Comply with HIPAA privacy rules and other federal laws;
- Take steps to protect your PHI;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

How we will use and disclose your Protected Health Information

The following sections describe different ways that we might use and disclose your PHI. Not every use or disclosure will be listed. All of the ways that we are permitted to use and disclose PHI, however, will fall within one of the categories. Use and disclosure of some PHI, such as certain drug and alcohol information, HIV information and mental health information, is further restricted.

- **Treatment.** We may use and disclose your PHI to doctors, nurses, technicians, and other personnel who are involved in providing you with medical treatment or services. For instance, a doctor or health care facility involved in your care may request your personal health information in our possession to assist in your care.

- **Payment.** We may use and disclose your PHI in the course of activities that involve reimbursement for healthcare, such as determination of eligibility for coverage, claims processing, billing, obtaining and payment of premium, utilization review, medical necessity determinations and pre-certifications.
- **Healthcare operations.** We may use and disclose your PHI to carry out business operations. For example, we may disclose your PHI to a business associate who handles claims processing or administration, data analysis, utilization review, quality assurance benefit management, practice management, or referrals to specialists, or provides legal, actuarial, accounting, consulting, data aggregation, management, or financial services.
- **Plan sponsor.** The Plan may disclose summary health information (that is, claims data that is stripped of most individual identifiers) to Colorado College in its role as plan sponsor in order to obtain bids for health insurance coverage or to facilitate modifying, amending, or terminating benefits. The Plan may also provide Colorado College enrollment or disenrollment information. In addition, if you request help from Colorado College to coordinate your benefits or to resolve a complaint, the Plan may disclose your PHI to designated Colorado College staff, but no PHI may be disclosed to facilitate employment-related actions or decisions or for matters involving other benefits or benefit plans. Colorado College may not further disclose any PHI that is disclosed to it in these limited instances, except as you authorize.
- **As required by law.** We will disclose your PHI if required to do so by federal, state, or local law or regulation.
- **To avert a serious threat to health or safety.** We may disclose your PHI when necessary, to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are or were in the military forces, we may release your PHI to military officials as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.
- **Research.** In limited circumstances, we may use and disclose PHI for research purposes, subject to the confidentiality provisions of state and federal law. Your PHI may be important to further research efforts and the development of new knowledge. All research projects conducted by Colorado College must be approved through a special review process to protect member safety, welfare, and confidentiality.
- **Workers' Compensation.** We may release PHI for workers' compensation or similar programs as permitted or required by law. These programs provide benefits for work-related injuries or illness.
- **Health oversight activities.** We may disclose PHI to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.
- **Legal proceedings.** We may disclose PHI to courts, attorneys, and court employees in the course of conservatorship and certain other judicial or administrative proceedings.
- **Lawsuits and disputes.** If you are involved in a lawsuit or other legal proceeding, we may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process.
- **Law enforcement.** If authorized or required by law, we may disclose your PHI under limited circumstances to a law enforcement official in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime.

- **National security and intelligence activities.** If authorized or required by law, we may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities.
- **Protective services for the United States President and others.** We may disclose your PHI to authorized federal and state officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations, as authorized or required by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, as authorized or required by law. This release would be necessary for the institution to provide you with healthcare; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Required Disclosures

We may be required to disclose your PHI to the Department of Health and Human Service if the Secretary is conducting a compliance audit.

Your Rights

You have the following rights regarding the PHI that we maintain about you:

- **Right to inspect and copy.** With certain exceptions, you have the right to inspect and obtain a copy of your PHI that is maintained by or for The Plan. To inspect and obtain a copy of The PHI, you must submit your request in writing to Colorado College, Office of Human Resources, 14 E Cache La Poudre Street, Colorado Springs, CO, 80903, attention: HIPAA Privacy Officer. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or obtain a copy in certain limited circumstances. For example, HIPAA does not permit you to access or obtain copies of psychotherapy notes. If your request is denied, you will be informed in writing, and you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. The Plan will comply with the outcome of the review.
- **Right to request an amendment.** If you believe that the PHI that we maintain is incorrect or incomplete, you may request that The Plan amend the information. You have the right to request an amendment for as long as the information is kept by or for The Plan. A request for an amendment should be made in writing and submitted to Colorado College, Office of Human Resources, 14 E Cache La Poudre Street, Colorado Springs, CO 80903 attention: HIPAA Privacy Officer. In addition, you must provide the reasons that support your request.
- We may deny your request for an amendment if it is not in writing or does not include any reason to support the request. In addition, The Plan may deny your request if you ask to amend information that was not created by the plan; is not part of the PHI maintained by or for The Plan; is not part of the information that you would be permitted to inspect and copy under the law; or if the information is accurate and complete. If the request is granted, the plan will forward your request to other entities that you identify that you want to receive the corrected information. For example, if your PHI has been disclosed to our staff so that it may help to coordinate benefits or resolve a complaint, you may direct The Plan to share the correction with the designated staff members.
- **Right to an accounting of disclosures.** You have the right to receive an "accounting of disclosures," which is a list of disclosures such as those that were made of PHI about you, with the exception of certain documents including those relating to treatment, payment,

and healthcare operations and disclosures made to you or consistent with your authorization. To request an accounting of disclosures, you must submit your request in writing to Colorado College, Office of Human Resources, 14 E Cache La Poudre Street, Colorado Springs, CO 80903 attention: HIPAA Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. You will be notified of any costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to request restrictions.** You have the right to request a restriction or limitation on the use and disclosure of your PHI for treatment, payment, or healthcare operations, or to request a restriction on the PHI that the plan may disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we agree to your request, we will comply with the requested restriction unless the information is needed to provide you emergency treatment or to assist in disaster relief efforts. To request a restriction, you must submit your request in writing to Colorado College, Office of Human Resources, 14 E. Cache La Poudre Street, Colorado Springs, CO 80903 attention: HIPAA Privacy Officer. Your request should state the information you want to limit; whether you want to limit the plan's use, disclosure, or both; and to whom you want the limits to apply, for example, disclosures to your spouse.
 - **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a specific address. To request confidential communications, you must submit your request in writing to Colorado College, Office of Human Resources, 14 E. Cache La Poudre Street, Colorado Springs, CO 80903, attention: HIPAA Privacy Officer. The Plan will accommodate all reasonable requests and will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.
 - **Right to a Paper Copy of this notice.** You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Colorado College, Office of Human Resources, 14 E. Cache La Poudre Street, Colorado Springs, CO, 80903 attention: HIPAA Privacy Officer. A copy is also available on the benefits website: www.mybensite.com/coloradocollege (under 'Home' tab).
 - **Other uses of medical information.** Other uses and disclosures of PHI not covered by this notice will be made only with your written permission. This includes most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and uses and disclosures of PHI that constitute a sale of PHI. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, The Plan will no longer use or disclose your PHI for the reasons stated in your written authorization. Please understand that The Plan cannot take back any disclosures already made with your permission.
 - **Breach.** You have the right to be notified of the discovery of a breach of unsecured PHI.
 - **Genetic information is Protected Health Information.** In accordance with the Genetic Information Nondiscrimination Act (GINA), we will not use or disclose genetic information for underwriting purposes, which includes eligibility determinations, premium computations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.
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Changes to this Notice

We reserve the right to change this notice and to make the revised or changed notice effective for PHI your plan already maintains on you as well as any information the plan receives or creates in the future. A copy of the current notice will be posted at the Colorado College website at: www.mybensite.com/coloradocollege/ (under the 'Home' tab).

The notice will contain the effective date on the first page, in the top right-hand corner. In addition, a copy of the notice that is currently in effect will be given to new health plan members and thereafter available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Colorado College Office of Human Resources or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Colorado College, Office of Human Resources, 14 E. Cache La Poudre Street, Colorado Springs, CO 80903, attention: HIPAA Privacy Officer. Email will not be accepted; all complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Questions

If you have questions or for further information regarding this privacy notice, contact Colorado College, Office of Human Resources at 719-389-6104.

MEDICARE PART D COVERAGE DISCLOSURE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Colorado College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. Please share this information with any other family member who is covered under the plan and who may be eligible for Medicare Part D.

There are two important things you should know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Colorado College has determined that the prescription drug coverage offered by The Colorado College health plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Colorado College coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

The benefit plan options that affect Part D eligible individuals (or their dependents) that are related to Part D and their benefit plan may include:

- that individuals can retain their existing coverage and choose not to enroll in a Part D plan; or
- that individuals can enroll in a Part D plan as a supplement to, or in lieu of, the other coverage.

If you decide to join a Medicare drug plan and drop your Colorado College prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) to Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with The Colorado College and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the base Medicare beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage, contact the Office of Human Resources.

NOTE: You will get this notice each year. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You may receive a copy of the handbook in the mail from Medicare and it is available at www.medicare.gov. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	May 1, 2024
Name of Entity/Sender:	The Colorado College
Contact--Position/Office:	Laurie Mozingo
Address:	14 East Cache La Poudre Street Colorado Springs, CO 80903
Phone Number:	(719) 389-6422

NEWBORNS' ACT DISCLOSURE NOTICE

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 or 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. See information on deductibles and coinsurance at: www.mybensite/coloradocollege (under Medical tab).

If you would like more information on WHCRA benefits, call your benefits manager at 719-389-6104.

Notice Regarding The Rights Of Pregnant Workers

Effective August 10, 2016, pursuant to C.R.S. §24-34-402.3, et seq., all employees, and applicants for employment in the State of Colorado have the right to be free from discriminatory or unfair employment practices because of pregnancy, a health condition related to pregnancy, or the physical recovery from childbirth. In addition, all employers shall:

Provide reasonable accommodations to perform the essential functions of the job to an applicant for employment or an employee for health conditions related to pregnancy or the physical recovery from childbirth, if the applicant or employee requests the reasonable accommodations, unless the accommodation would impose an undue hardship on the employer's business;

Not take adverse action against an employee who requests or uses a reasonable accommodation related to pregnancy, physical recovery from childbirth, or a related condition;

Not deny employment opportunities to an applicant or employee based on the need to make a reasonable accommodation related to the applicant's or employee's pregnancy, physical recovery from childbirth, or a related condition;

Not require an applicant or employee affected by pregnancy, physical recovery from childbirth, or a related condition to accept an accommodation that the applicant or employee has not requested or an accommodation that is unnecessary for the applicant or employee to perform the essential functions of the job; and

Not require an employee to take leave if the employer can provide another reasonable accommodation for the employee's pregnancy, physical recovery from childbirth, or related condition.

An employer may require an employee or applicant to provide a note stating the necessity of a reasonable accommodation from a licensed health care provider before providing such accommodation.

If an applicant or employee requests an accommodation, the employer and applicant or employee shall engage in a timely, good faith, and interactive process to determine effective, reasonable accommodations for the applicant or employee for conditions related to pregnancy, physical recovery from childbirth, or a related condition.

If you need an accommodation, please contact Human Resources at (719) 389-6422.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION

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, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not 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 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, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: 1-800-221-3943/State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidtplrecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone: 1-800-403-0864

IOWA – Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website:
<http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website:
<http://www.maine.gov/dhhs/ofi/publicassistance/index.html>
Phone: 1-800-442-6003
TTY Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website:
<http://www.mass.gov/departments/mashealth/>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <https://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website:
<http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website:
http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website:
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:
<http://www.dhs.pa.gov/provider/medicalassistance/healthisurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov>
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website:
Medicaid: <https://medicaid.utah.gov/>
CHIP: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:
http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website:
http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website:
<http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website:
<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2020)

403(B) UNIVERSAL AVAILABILITY NOTICE

The Colorado College Retirement & Investment Plans

Required Notice, Information Only

The Colorado College sponsors the Colorado College Retirement Benefit Plan (the "Plan"). See plan document and summary plan document (www.mybensite.com/coloradocollege) or request a copy from the CC Office of Human Resources (contact information at bottom of notice). The Plan includes a mandatory benefit and a voluntary benefit.

Eligibility

You are not eligible to participate in the Plan if you are:

- A person providing services as an independent contractor;
- A person providing services as a leased employee; or
- A student employee.

In addition, you are not required to make Mandatory Contributions to your Plan account, and therefore will not be eligible to receive Employer Contributions if you are:

- An employee hired after March 31, 2005 and classified by the College as a paraprofessional; except that beginning 7/1/16 any employee classified as a "paraprofessional" will be an eligible employee for purposes of the plan;
- An employee who is not benefit eligible pursuant to personnel policies established by the College; or,
- An employee whose employment with the College is governed by the terms of a collective bargaining agreement.

Voluntary Benefit: Generally, all common law employees of the College are eligible to contribute a portion of compensation to the Plan as voluntary elective contributions. Elective contributions will be invested in the funding vehicles selected by the employee. If the employee does not select a funding vehicle, contributions will be invested in the Qualified Default Investment Alternative (QDIA). See www.mybensite.com/coloradocollege (under Retirement tab) for a copy of the QDIA notice or request a paper copy from the Office of Human Resources.

Mandatory Benefit: Except for those employees noted above as ineligible for the mandatory benefit under the Plan, all eligible employees will participate when they reach age 29 and have a year of service to the College or a year of service immediately preceding their employment with the College at a tax-exempt 501(c)(3) organization or a public entity. The employee is required as a condition of employment to contribute 5% of pay to their own retirement account and receives a contribution from the college to their retirement account (currently 10%).

Eligible employees under age 29 with a year of service may make a 5% voluntary contribution election to the mandatory plan and receive the College's contribution.

See plan documents at www.mybensite.com/coloradocollege (under Retirement tab) for full details on eligibility and other plan details.

Contributions

An employee can elect to voluntarily defer a portion of his or her compensation to the Plan on a pre-tax and/or post-tax (Roth) basis.

Pre-tax Contributions: Pre-tax contributions are taken out of your pay before your income is taxed. Pre-tax contributions and their earnings will grow tax-free while they are held in your Funding Vehicles and will be taxed when they are withdrawn. In addition, penalties may apply if withdrawn prior to age 59-1/2.

Post-tax (Roth) Contributions - Roth contributions are taken out of your pay after your income is taxed. Like pre-tax contributions, Roth contributions and their earnings grow tax-free while they are held in your Funding Vehicles. However, distributions of Roth contributions are not subject to tax if they are withdrawn after you have reached age 59 ½ (or after your death or disability) so long as you have had a designated Roth account in the Plan for at least 5 years. If you elect to make after-tax Roth Elective Contributions to your Funding Vehicles, you cannot later re-characterize those contributions as pre-tax Elective Contributions. Likewise, you generally cannot re-characterize pre-tax Elective Contributions as after-tax Roth Elective Contributions.

Employee contributions to the Plan can be allocated among the investment options offered through TIAA. Employees are 100% vested in their accounts under the Plan at all times. The investment options are available from TIAA, on the Human Resources website under Benefits & Wellness/Retirement Plan Committee, or from the Human Resources office.

Contribution Limits

Annual contributions to the Plan are limited per IRS regulations. The contribution limits for the 2023 and 2024 calendar years are listed below.

Year	Basic Elective Contribution Limit	Age 50+ Catch-up Contribution	15 Years of Service Catch-up Contribution
2023	\$22,500	\$7,500	\$3,000*
2024	\$23,000	\$7,500	\$3,000*

* The 15 years of service catch-up contribution applies before the age 50+ catch-up and is based on a formula that considers all past contributions to the Plan and the employee's total years of service to the College. The maximum 15 years of service catch-up available is \$3,000 per year up to a \$15,000 lifetime benefit, but an employee's actual catch-up may be lower than this maximum. If you wish to defer more than \$23,000 (\$30,500 if age 50 or older) for 2024, please contact TIAA to determine if you are eligible for the 15 years of service catch-up.

To Enroll in the Voluntary Benefit

Eligible employees may begin participating in the voluntary portion of the Plan at any time, may change their elections at any time, and may stop contributions at any time. The change will take effect as soon as administratively convenient after receipt of an updated Voluntary Salary Reduction Agreement Form (SRA). To enroll in the Plan, an employee must complete an SRA and turn it into the Office of Human Resources. The form may be found on the benefits website: www.mybensite.com/coloradocollege (under the Retirement tab). Contributions may be designated as a percent of salary or as a flat dollar amount. The SRA will apply only to amounts earned after enrolling in the Plan, and an employee's election under the SRA will continue until the SRA is modified or revoked by the employee.

To Modify a Voluntary Deferral Election

Employees may increase, decrease, or stop their voluntary contributions to the Plan at any time. Employees may also change the investment direction of their contributions at any time by calling TIAA or accessing the TIAA portal (see bottom of page for contact details).

To Enroll in the Mandatory Benefit

After one year of service and attainment of age 29, eligible Colorado College employees are automatically enrolled in the mandatory plan. Both the employee's contribution and the College's contribution will be funded to a TIAA account in the employee's name and the employee will have the right to direct the investments. The default for mandatory employee contributions is pre-tax. The funds are 100% vested to the employee when applied. If the employee does not make investment directions, the funds will be applied to the Qualified Default Investment Alternative (QDIA). Employees who are eligible due to covered service at a 501(c) (3) or public entity immediately prior to their CC employment should contact the Office of Human Resources to enroll when hired.

Employees who have a year of service but are under age 29 may participate in the mandatory portion of the plan by making a voluntary election. This entitles the employee to the College's contribution. Contact the Office of Human Resources for the special election form if you are an eligible employee, under age 29, and interested in participating.

Approved Vendor

The current approved vendor under the Plan is TIAA. TIAA offers a wide range of fixed and variable annuities and mutual funds as Plan investment options. If a participant does not select investment options, the funds will be invested in the Qualified Default Investment Alternative (QDIA). See QDIA notice and the current array of investments available on the benefits website: www.mybensite.com/coloradocollege (under Retirement tab) or request a paper copy from the Office of Human Resources.

More Information

Contact the College's Human Resources office or TIAA directly with questions or for help enrolling in the Plan. A paper copy of this notice is also available from the Office of Human Resources.

Colorado College Office of Human Resources

Email: elujan@coloradocollege.edu / lmozingo@coloradocollege.edu

Telephone: 719-389-6104 / 719-389-6422

TIAA

Tel: 1-800-842-2252

Web: www.TIAA.org/ColoradoCollege

This notice is provided as a source of information and does not constitute legal, tax, or other professional advice. If legal advice, tax advice, or other professional assistance is required, the services of a professional advisor should be sought. Every effort has been made to make this notice as thorough and accurate as possible. However, there are other legal documents, laws, and regulations that govern the operation of the Plan. It is understood that in the event of any conflict, the terms of the Plan document, applicable laws, and regulations will govern.

GENERAL NOTICE OF COBRA CONTINUATION

This notice contains important information about your right to COBRA continuation coverage. It generally explains how COBRA continuation coverage works, when it may become available to you and your family, and what you and they need to do to protect the right to receive it.

Introduction

You are receiving this notice because you recently enrolled in, or may enroll in, group health plan coverage as an employee of Colorado College. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Summary Plan Descriptions or contact the Plan Administrator. The Summary Plan Descriptions may be found at the Benefits website: <https://mybensite.com/coloradocollege/> or by contacting the Office of Human Resources.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of group Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced so that you are no longer eligible for coverage, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse or domestic partner (DP) dies; Your spouse's/DP's hours of employment are reduced so that she/he/they (and thus you) are no longer eligible for coverage under the plan;
- Your spouse's/DP's employment ends for any reason other than his or her gross misconduct;
- Your spouse/DP becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse/DP.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced so that she/he/they (and thus dependent child) is no longer eligible for coverage under the plan;
- The parent-employee's employment ends for any reason other than his/her/their gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."
- Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Colorado College, and that bankruptcy results in the loss of coverage of any retired employee covered under the plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, DP and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the college; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Colorado College, Human Resources - Attn: Benefits Manager, 14 E. Cache La Poudre Street, Colorado Springs, CO 80903-3294, Tel: 719-389-6104.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses/DPs, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a

maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse/DP and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse/DP and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse/DP or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's/DP's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If you have questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Gina Lujan, Benefits Manager
Human Resources
Colorado College
14 E. Cache La Poudre Street
Colorado Springs, CO 80903-3294
Tel: 719-389-6104
Email: elujan@coloradocollege.edu

HEALTH PLAN SUMMARY ANNUAL REPORT

For THE COLORADO COLLEGE MEDICAL AND DENTAL PLAN

This is a summary of the annual report of the THE COLORADO COLLEGE MEDICAL AND DENTAL PLAN, EIN 84-0402510, Plan No. 501, for period 07/01/2022 through 06/30/2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

THE COLORADO COLLEGE has committed itself to pay certain self-insured Medical and Dental claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with METLIFE LEGAL PLANS and COMPSYCH CORPORATION to pay Employee Assistance Program, and Legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2023 were \$43,110.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of THE COLORADO COLLEGE at 14 EAST CACHE LA POUDDRE STREET, COLORADO SPRINGS, CO, 80903 or by telephone at 719-389-6422.

You also have the legally protected right to examine the annual report at the main office of the plan (THE COLORADO COLLEGE, 14 EAST CACHE LA POUDDRE STREET, COLORADO SPRINGS, CO, 80903) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)

SUMMARY ANNUAL REPORT
For THE COLORADO COLLEGE LONG TERM DISABILITY PLAN

This is a summary of the annual report of the THE COLORADO COLLEGE LONG TERM DISABILITY PLAN, EIN 84-0402510, Plan No. 502, for period 07/01/2022 through 06/30/2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with STANDARD INSURANCE COMPANY to pay Long-term Disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2023 were \$175,539.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 06/30/2023, the premiums paid under such "experience-rated" contracts were \$175,539 and the total of all benefit claims paid under these contracts during the plan year was \$296,934.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of THE COLORADO COLLEGE at 14 EAST CACHE LA POUDDRE STREET, COLORADO SPRINGS, CO, 80903 or by telephone at 719-389-6422.

You also have the legally protected right to examine the annual report at the main office of the plan (THE COLORADO COLLEGE, 14 EAST CACHE LA POUDDRE STREET, COLORADO SPRINGS, CO, 80903) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)

**For THE COLORADO COLLEGE BASIC LIFE, ADD, OPTIONAL LIFE
AND DEPENDENT LIFE PLAN**

This is a summary of the annual report of the THE COLORADO COLLEGE BASIC LIFE, ADD, OPTIONAL LIFE AND DEPENDENT LIFE PLAN, EIN 84-0402510, Plan No. 506, for period 07/01/2022 through 06/30/2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with STANDARD INSURANCE COMPANY to pay Life Insurance and Accidental Death and Dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2023 were \$357,212.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 06/30/2023, the premiums paid under such "experience-rated" contracts were \$357,212 and the total of all benefit claims paid under these contracts during the plan year was \$-26,176.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of THE COLORADO COLLEGE at 14 EAST CACHE LA POUDE STREET, COLORADO SPRINGS, CO, 80903 or by telephone at 719-389-6422.

You also have the legally protected right to examine the annual report at the main office of the plan (THE COLORADO COLLEGE, 14 EAST CACHE LA POUDE STREET, COLORADO SPRINGS, CO, 80903) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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OMB Control Number 1210-0040 (expires 07/31/2023)

SUMMARY ANNUAL REPORT For THE COLORADO COLLEGE VISION PLAN

This is a summary of the annual report of the THE COLORADO COLLEGE VISION PLAN, EIN 84-0402510, Plan No. 509, for period 07/01/2022 through 06/30/2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with EYEMED VISION CARE ON BEHALF OF FIDELITY SECURITY LIFE INSURANCE CO. to pay Vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2023 were \$104,689.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of THE COLORADO COLLEGE at 14 EAST CACHE LA POUDE STREET, COLORADO SPRINGS, CO, 80903 or by telephone at 719-389-6422.

You also have the legally protected right to examine the annual report at the main office of the plan (THE COLORADO COLLEGE, 14 EAST CACHE LA POUDE STREET, COLORADO SPRINGS, CO, 80903) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

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OMB Control Number 1210-0040 (expires 07/31/2023)

RETIREMENT BENEFIT PLAN SUMMARY ANNUAL REPORT

For Colorado College Retirement Benefit Plan

This is a summary of the annual report for Colorado College Retirement Benefit Plan, EIN 84-0402510, Plan No. 001, for period January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance and a trust fund. Plan expenses were \$18,322,291. These expenses included \$259,279 in administrative expenses, \$18,062,414 in benefits paid to participants and beneficiaries, and \$598 in other expenses. A total of 1,861 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$318,847,964 as of December 31, 2022, compared to \$370,546,990 as of January 1, 2022. During the plan year the plan experienced a decrease in its net assets of \$51,699,026. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of (\$33,376,735), including employer contributions of \$5,316,158, employee contributions of \$4,941,000, other contributions of \$831,451, earnings from investments of (\$44,726,393), and other income of \$261,049.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- An Accountant's Report;
- Financial Information;
- Information On Payments To Service Providers;
- Assets Held For Investment;
- Insurance Information, Including Sales Commissions Paid By Insurance Carriers;
- Information Regarding Any Common Or Collective Trusts, Pooled Separate Accounts, Master Trusts Or 103-12 Investment Entities In Which The Plan Participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Colorado College in care of Lori D. Seager who is Plan Administrator at 14 E. Cache LA Poudre Street, Colorado Springs, CO 80903, or by telephone at (719) 389-6422. The charge to cover copying costs will be \$0.25 per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Colorado College, 14 E. Cache La Poudre Street, Colorado Springs, CO 80903) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

COLORADO SPRINGS FINE ARTS CENTER 403(B) SAVINGS PLAN

For Colorado Springs Fine Arts Center 403(b) Savings Plan

Please Note that this is a frozen retirement plan formerly offered to employees of the Colorado Springs Fine Arts Center.

This is a summary of the annual report for Colorado Springs Fine Arts Center 403(b) Savings Plan, EIN 84-0406947, Plan No. 001, for period January 1, 2023 through December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Plan expenses were \$64,809. These expenses included \$288 in administrative expenses, and \$64,521 in benefits paid to participants and beneficiaries. A total of 20 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$459,557 as of December 31, 2023, compared to \$454,821 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$4,736. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$69,545, including earnings from investments of \$69,545.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- financial information;
- assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Colorado Springs Fine Arts Center in care of Lori Seager who is Plan Administrator at 14 E. Cache La Poudre Street, Colorado Springs, CO 80903, or by telephone at (719) 634-5581. The charge to cover copying costs will be \$3.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Colorado Springs Fine Arts Center, 14 E. Cache La Poudre Street, Colorado Springs, CO 80903) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Small Plan Audit Waiver

The plan has met the requirements to waive the annual examination and report of an independent qualified public accountant. As of the end of the plan year, the following regulated financial institution(s) held or issued plan assets that qualified under the waiver:

Equitable	459,557
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You have the right, upon request of the Plan Administrator and without charge, to examine or receive copies of statements from the regulated financial institutions describing the qualifying plan assets. If you are unable to examine or obtain these documents, contact the Employee Benefits Security Administration (EBSA) Regional Office for assistance. Information about contacting EBSA regional offices can be found on the Internet at <http://www.dol.gov/ebsa>.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

EMERITI PLAN SUMMARY ANNUAL REPORT

SUMMARY ANNUAL REPORT FOR EMERITI RETIREE HEALTH PLAN FOR THE COLORADO COLLEGE

This is a summary of the annual report of the Emeriti Retiree Health Plan for The Colorado College, a health and dental plan (Employer Identification Number 84-0402510, Plan Number 510), for the plan year 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with Aetna Life Insurance Company to pay all Dental, Prescription drug, PPO contract claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$302,134.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$10,211,771 as of the end of plan year, compared to \$11,982,650 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of -\$1,770,879. This change includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of -\$1,054,115 including employer contributions of \$395,451, employee contributions of \$262,608, gains/(losses) of \$0 from the sale of assets, and earnings from investments of -\$1,712,174. Plan expenses were \$716,764. These expenses included \$84,777 in administrative expenses, \$631,987 in benefits paid to participants and beneficiaries, and \$0 in other expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 14 East Cache La Poudre Street, Colorado Springs, CO 80903 and phone number, 719-389-6422.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 14 East Cache La Poudre Street, Colorado Springs, CO 80903, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

COLORADO FAMILY AND MEDICAL LEAVE INSURANCE

COLORADO FAMILY AND MEDICAL LEAVE INSURANCE

Beginning 1/1/2024, The Colorado Family and Medical Leave Plan became effective.

Beginning 1/1/24, most Colorado workers within the state will be eligible to take paid family and medical leave during covered circumstances:

- To care for a new child, including adopted and fostered children
- To care for themselves if they have a serious health condition
- To make arrangements for a family member's military deployment
- To address the immediate safety needs and impact of domestic violence and/or sexual assault

Most workers are eligible to receive up to 12 weeks of paid family and medical leave. Those who experience pregnancy or childbirth complications may receive an additional four weeks.

The college meets its obligation to provide Colorado Family and Medical Leave through a private plan administered through The Hartford.

The Hartford makes it easy to file a claim or request leave.

Step 1: Know when it's time to file a claim or request a leave

If you're absent from work, we can advise you on when to file a claim or request a leave. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready

- Name, address and other key identification information
- Name of your department and last full day of active work
- The nature of your claim or leave request
- Your treating physician's name, address, phone and fax numbers
- Your manager's name and phone number
- **The Colorado College Policy Number: 715338**

Step 3: Make the call or file online

With your information handy, call The Hartford at 1-888-301-5615 or file online at abilityadvantage.thehartford.com. You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim or process your leave request.