



## 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 9.02% 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.

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### **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.

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](https://www.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.

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 <https://www.coloradocollege.edu/offices/humanresources/benefits/> or contact Gina Lujan (719-389-6104) or Cameron Martin (719-389-6194).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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.

1. Employer name: The Colorado College
  2. Employer Identification Number (EIN): 84-0402510
  3. Employer address: 14 E. Cache La Poudre Street
  4. Employer phone number: 719-389-7660
  5. City: Colorado Springs
  6. State: Colorado
  7. Zip: 80903-3294
  8. Whom can we contact about employee health coverage at this job? Gina Lujan / Cameron Martin
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9. Phone number: 719-389-6104 / 719-389-6194
  10. Email address: [elujan@coloradocollege.edu](mailto:elujan@coloradocollege.edu) / [cmartin2024@coloradocollege.edu](mailto:cmartin2024@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.

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**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).

[REDACTED] 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](mailto:elujan@coloradocollege.edu)

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**Colorado College Notice of Privacy Practices**  
**Effective Date of this Notice: May 1, 2026**

**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:

<https://www.coloradocollege.edu/offices/humanresources/benefits/> 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.
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- **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. If the lawsuit or proceeding is in regard to reproductive health, however, no information will be disclosed.
  - **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.
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- **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,
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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: <https://www.coloradocollege.edu/offices/humanresources/benefits/>.
- **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:

<https://www.coloradocollege.edu/offices/humanresources/benefits/>.

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

## **MEDICARE PART D COVERAGE DISCLOSURE NOTICE**

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.

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**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 15<sup>th</sup> through December 7<sup>th</sup>.

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.

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### **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](http://www.medicare.gov). You may also be contacted directly by Medicare drug plans.

## NEWBORNS' ACT DISCLOSURE NOTICE

For  
about

prescription drug coverage:

- Visit [www.medicare.gov](http://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.

more information  
Medicare

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](http://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, 2026
Name of Entity/Sender:	The Colorado College
Contact--Position/Office:	Cameron Martin
Address:	14 East Cache La Poudre Street Colorado Springs, CO 80903
Phone Number:	(719) 389-6194

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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).

NEWBORNS' ACT DISCLOSURE NOTICE

## 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:

## Notice Regarding The Rights Of Pregnant Workers

- All stages of reconstruction

of the breast on which the mastectomy was performed;

- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications 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: <https://www.coloradocollege.edu/offices/humanresources/benefits/>

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

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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) 389-7659.

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## CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://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, 2026. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>

<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center:  1-800-221-3943/State Relay 711  CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/State Relay 711  Health Insurance Buy-In Program  (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html">https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
<p><b>GEORGIA – Medicaid</b></p>	<p><b>INDIANA – Medicaid</b></p>
<p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p>	<p><b>KANSAS – Medicaid</b></p>
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<p><b>KENTUCKY – Medicaid</b></p>	<p><b>LOUISIANA – Medicaid</b></p>

<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Louisiana Medicaid Website:  <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a>  Medicaid Customer Service Line: 1-888-342-6207  Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a>  Louisiana Health Insurance Premium Program (LaHIPP) Website:  <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a>  LaHIPP phone: 1-877-697-6703  LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a>  LaHIPP fax: 1-888-716-9787  LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
<p><b>MAINE – Medicaid</b></p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/mashealth/pa">https://www.mass.gov/mashealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<p><b>MINNESOTA – Medicaid</b></p>	<p><b>MISSOURI – Medicaid</b></p>
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>

<p><b>MONTANA – Medicaid</b></p>	<p><b>NEBRASKA – Medicaid</b></p>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p><b>NEVADA – Medicaid</b></p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p>

<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website:  <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
<p>Website:  <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-692-7462  CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct Rlte Share Line)</p>
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>

TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p>Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>  Phone: 1-888-222-2542  Adult Expansion Website:  <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website:  <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p>Website:  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>   <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p>Website:  <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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 [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.  
OMB Control Number 1210-0137 (expires 4/30/2026)

## 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 (<https://www.coloradocollege.edu/offices/humanresources/benefits/>) 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 <https://www.coloradocollege.edu/offices/humanresources/benefits/> 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 <https://www.coloradocollege.edu/offices/humanresources/benefits/> 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
2025	\$23,500	\$7,500	\$3,000*
2026	\$24,500	\$8,000	\$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 \$23,500 (\$31,000 if age 50 or older) for 2025, 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: <https://www.coloradocollege.edu/offices/humanresources/benefits/>. 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.

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## **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: <https://www.coloradocollege.edu/offices/humanresources/benefits/> 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](mailto:elujan@coloradocollege.edu) / [cmartin2024@coloradocollege.edu](mailto:cmartin2024@coloradocollege.edu)

Telephone: 719-389-6104 / 719-389-6194

## **TIAA**

Tel: 1-800-842-2252

Web: [www.TIAA.org/ColoradoCollege](http://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://www.coloradocollege.edu/offices/humanresources/benefits/> 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.

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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-employees' 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

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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](http://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](http://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](http://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](mailto: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 Colorado College Medical and Dental Plan, EIN 84-0402510, Plan No. 501, for period 07/01/2024 through 06/30/2025. 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 06/30/2025 were \$47,564.

### 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 Poudre Street, Colorado Springs, CO, 80903 or by telephone at 719-389-6194.

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 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 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 03/31/2026)

**SUMMARY ANNUAL REPORT**  
**For THE COLORADO COLLEGE LONG TERM DISABILITY PLAN**

This is a summary of the annual report of The Colorado College Long Term Disability Plan, EIN 84-0402510, Plan No. 502, for period 07/01/2024 through 06/30/2025. 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 Hartford Life and Accident to pay Long-term Disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2025 were \$139,224.

**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 Poudre Street, Colorado Springs, CO, 80903 or by telephone at 719-389-6194. 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 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 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](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2027)

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

This is a summary of the annual report of The Colorado College Basic Life, ADD and Optional Life and Dependent Life Plan, EIN 84-0402510, Plan No. 506, for period 07/01/2024 through 06/30/2025. 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 and Hartford Life and Accident 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 06/30/2025 were \$316,063.

**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 Poudre Street, Colorado Springs, CO, 80903 or by telephone at 719-389-6194.

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 03/31/2026)

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## **SUMMARY ANNUAL REPORT For THE COLORADO COLLEGE VISION PLAN**

This is a summary of the annual report of The Colorado College Vision Plan, EIN 84-0402510, Plan No. 509, for period 07/01/2024 through 06/30/2025. 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 06/30/2025 were \$109,572.

### **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 719-389-6194.

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 03/31/2026)

# RETIREMENT BENEFIT PLAN SUMMARY ANNUAL REPORT

## For Colorado College Retirement Benefit Plan

### For Colorado College Retirement Benefit Plan

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for Colorado College Retirement Benefit Plan, EIN 84-0402510, Plan No. 001, for period January 1, 2024 through December 31, 2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single-employer defined contribution plan.

### Basic Financial Statement

Benefits under the plan are provided by insurance and a trust fund. Plan expenses were \$25,358,309. These expenses included \$276,719 in administrative expenses, \$25,080,932 in benefits paid to participants and beneficiaries, and \$658 in other expenses. A total of 1,897 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 \$381,542,052 as of December 31, 2024, compared to \$352,507,200 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$29,034,852. 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 \$54,393,161, including employer contributions of \$6,006,457, employee contributions of \$5,526,466, other contributions of \$1,800,073, earnings from investments of \$40,608,074, and other income of \$452,091.

### 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 Seager who is Plan Administrator at 14 E. Cache La Poudre Street, Colorado Springs, CO 80903, or by telephone at (719) 389-6194. 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**

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](mailto: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 Form 5500-SF Annual Return/Report of Small Employee Benefit Plan for Colorado Springs Fine Arts Center 403(b) Savings Plan, EIN 84-0406947, Plan No. 001, for period January 1, 2025 through December 31, 2025. The Form 5500-SF annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single-employer defined contribution plan.

#### **Basic Financial Statement**

Plan expenses were \$80,122. These expenses included \$265 in administrative expenses and \$79,857 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.

The value of plan assets, after subtracting liabilities, was \$688,135 as of December 31, 2025, compared to \$704,407 as of January 1, 2025. During the plan year, the plan experienced a decrease in its net assets of \$16,272. The plan had total income of \$63,850, including earnings from investments.

#### **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.

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#### **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

704,407

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)

## **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 01/01/2024 through 12/31/2024. 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 12/31/2024 were \$256,693.

### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$12,638,587 as of the end of plan year, compared to \$11,559,465 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$1,079,122. 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 \$1,891,686 including employer contributions of \$386,139, employee contributions of \$265,268, gains/(losses) of \$0 from the sale of assets, and earnings from investments of \$1,240,279. Plan expenses were \$812,564. These expenses included \$88,495 in administrative expenses, \$724,069 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 POU DRE 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 POU DRE 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. The annual report is also available online at the Department of Labor website [www.efast.dol.gov](http://www.efast.dol.gov).

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**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 Sun Life.

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: 996298**

Step 3: Make the call or file online

With your information handy, call Sunlife at 1-800-3247-6875 or file online at [Sunlife.com/pfml](http://Sunlife.com/pfml). 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.