

Benefits Enrollment Guide

2022-2023



You make extraordinary possible.

uhealth

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UCHealth strives to offer exceptional health, welfare and retirement benefits that exceed the employer average as part of your total compensation.

We encourage you to review this guide and ask questions to ensure you're making the right decisions for you and your family. The benefits you choose will be effective through June 30, 2023, unless you have a qualified life event.

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The information in this guide is intended to provide a summary of benefit programs available for FY23. This guide is available to you as a University of Colorado Hospital Authority (UCHealth) employee. A comprehensive description of benefits or plan document is available on [The Source](#). In order to be eligible to participate in a benefit option, you and your dependents must meet the eligibility and participation requirements of the plan. If any provisions in this guide are inconsistent with the terms of the plans' document, the language in the plan document will govern.

How to Enroll

Check us out!

While reviewing the benefits within this guide, click the checkbox next to each benefit you intend to elect to add it to the [interactive checklist](#). You can then print out the checklist and use it as a reference while enrolling in your benefits online.

Online enrollment

Follow the steps below to elect your benefits online using Employee Space.

1. Log on to [Employee Space](#). Your username and password are the same as those you use to access the system daily.
2. Click on the Pay and Benefits tab. If you are enrolling in the Network medical plan, select Primary Care Physician (PCP) from the drop down menu and select the UCHealth Network Plan Provider option, then click Update. This initial step is required in order to enroll in this coverage.
3. Also under the Pay and Benefits tab, select New Hire/Newly Eligible from the drop down menu.
4. Once you are in the enrollment system, you will be required to confirm your tobacco status and add legal dependents (spouse, common law spouse, civil partner and/or children). You will need to enter Social Security numbers and dates of birth for all dependents so be sure to have this information available. Adding your legal dependents' information under the dependent section does not automatically enroll them in any benefit. Note: All dependents are subject to eligibility verification if added to coverage
5. Proceed through all enrollment screens by selecting a plan option on each page until you get to the end. Once you review and submit, a confirmation statement will be emailed to your UCHealth.org email account which will signify that you have completed the enrollment process successfully. **This statement must be reviewed for accuracy and retained for your records.**
6. If you would like to enroll in supplemental life insurance, retirement or other benefit programs that are not offered within the enrollment process, visit the Benefits page on [The Source](#) for further enrollment instructions.
7. Click Log Out.

Once you've enrolled and received your confirmation statement at your UCHealth.org email account, your benefit elections will be effective through June 30, 2023, unless you experience a qualified life event.

Active Enrollment

All benefit-eligible employees should actively participate in the enrollment process and submit a response through Employee Space, regardless of if you are enrolling in or waiving coverage. If you don't submit a response by the enrollment deadline, you will be automatically enrolled in the Employee Only HD/HSA medical plan **with the tobacco-user premium**. This is considered default coverage. All other benefits will be waived.

Legal notices

The following legal notices are available for review on [The Source](#):

- Medicare Part D Creditable Coverage Notice
- COBRA Initial Notice
- HIPAA Special Enrollment Rights Notice
- Children's Health Insurance Program Reauthorization Act of 2009 Notice
- Expanded Women's Preventive Care Services Notice
- Women's Health and Cancer Rights Act Notice
- Newborns' and Mothers' Health Protection Act of 1996 Notice
- Notice of Privacy Practices

If you would like a printed copy of these notices or any plan materials, please contact the HR Service Center at [855.MyHR.UCH \(855.694.7824\)](tel:855.694.7824).

Retirement and life insurance beneficiary designation

Don't forget to designate a beneficiary for your retirement and life insurance policies. A beneficiary is the person or entity you choose to receive your benefit in the event of your death. It is important to choose a beneficiary, so you can ensure the benefit is paid out according to your wishes.

For retirement, log on to your Fidelity account at netbenefits.com/UCHealth or call Fidelity at 800.343.0860 for assistance. For life insurance, log on to your Securian account at lifebenefits.com or call Securian at 866.293.6047 for assistance. Visit [The Source](#) for more details.

If you have been enrolled in default coverage, the only way to change this coverage is if you experience a qualified life event or during annual open enrollment.

In the event you have been enrolled in default coverage and you are tobacco-free, you can reduce your premium the first of the following month in which you turn in a completed tobacco attestation form to the HR Service Center.

Coverage and Eligibility

Ask a [Human Resources representative](#) if you're not sure about your eligibility or employee status.

Eligibility for benefits

Employee eligibility

Benefit eligibility is based on your full-time equivalent (FTE) status. An FTE of 1.0 is equivalent to 80 hours per pay period. Ask a Human Resources representative if you're not sure about your FTE status.

Employees with a status of 0.5-1.0 FTE are:

- Eligible for all health and welfare benefits. Full-time medical premium rates begin at 0.8 FTE
- Eligible for the Employee Assistance Program (EAP), paid time off (PTO), Education assistance and Employee Discount Program
- Eligible for retirement plans: Basic Pension, 401(a), 403(b) and 457(b)

Employees with a status of 0.1-0.49 FTE are:

- Not eligible for health and welfare benefits
- Eligible for the Employee Assistance Program (EAP), paid time off (PTO) and Employee Discount Program
- Eligible for retirement plans: Basic Pension, 401(a), 403(b) and 457(b)

Relief, flex/on-call or per diem employees (0 FTE) are:

- Not eligible for health and welfare or PTO benefits
- Eligible for Employee Assistance Program (EAP) and Employee Discount Program
- Eligible for retirement plans: Basic Pension, 401(a) and 403(b)

Eligible dependents

If you cover yourself, you may enroll your eligible dependents in certain benefits as described in this guide, as long as the eligible dependents are not also UCHHealth employees who have enrolled in their own coverage through UCHHealth (with the exception of life and accidental death and dismemberment insurance). Eligible dependents include:

- Your spouse, common-law spouse* or partner in a civil union.*
- Your children; your spouse's children; or your children from a civil union up to age 27, including legally adopted children, those placed for adoption, stepchildren, children for whom you must provide health plan coverage under the terms of a Qualified Medical

Child Support Order, and your older children who are mentally or physically unable to support themselves.**

- All newly added dependents are subject to dependent verification to be eligible for coverage. Materials will be sent following enrollment and dependents will then be removed prospectively if verification is not completed timely.
- If you or your dependent chooses to have health care coverage under two programs, please consult the [Coordination of Benefits flyer](#) located on The Source.

* Contact a Human Resources representative for details on required documentation for covering a common-law spouse or partner in a civil union.

** Reimbursements for dependents ages 19-27 are NOT allowed under the Flexible Spending Accounts for Health Care or Health Savings Accounts unless they are eligible dependents as defined by Internal Revenue Code regulations.

Note: Dependent children can only be covered on voluntary accident and critical illness insurance through the end of the year in which they turn 26.

When your benefit coverage begins

Benefit coverage begins the first day of the following month in which you become eligible, unless your eligibility date is the first of the month, in which case your coverage will begin that day.

Premium payments for benefit coverage

Premiums deducted from paychecks each month pay for the benefit coverage in that month. For example, premiums taken from July paychecks pay for July benefit coverage.

Benefit premium deductions will be taken out of the first and second paycheck each month for a total of up to 24 deductions during the plan year.

When enrollments are processed after the first paycheck of the month, we will adjust your next paycheck for any missed benefit premium(s). This may require additional deductions from your paycheck to "catch up" on premiums owed.

Employees who do not receive a paycheck (e.g., employees on leave without pay) will have to pay back any missed benefit premiums owed.

When your benefit coverage ends

All benefit coverage ends the last day of the month in which your employment ends or you change to an ineligible employment status. If your employment termination date is the last day of the month, your benefit coverage ends on that date.

Benefit coverage for dependents who no longer meet eligibility requirements ends on the last day of the month in which they lose eligibility. You are responsible for notifying Human Resources of a dependent's loss of eligibility within 31 days of the date it occurs. Failure to remove an ineligible dependent timely is considered fraud and may result in penalties.

Medical Benefits

Which plan is best for you and your family?

UCHealth offers three medical plan options: Network Plan, HD/HSA Plan and Kaiser. Carefully consider your choices when deciding which option best meets your (and your eligible dependents') needs. Compare the amount you pay for medical coverage through payroll deductions and other plan features, such as:

- What doctors and hospitals you can use
- What prescriptions are covered
- The cost of copays, coinsurance and/or deductibles

Tools are available on [The Source](#) to help you with these decisions.

Virtual care

Medical plan participants may participate in virtual care visits, where patients may be seen by a provider for a variety of common ailments from the comfort of their home.

No drive time, no waiting room, no need to get out of your pajamas (if you don't want to). [Click here](#) to see what types of illnesses are treated in a virtual care visit.

How to select a primary care physician (PCP)

The Network Plan requires you to choose an in-network primary care physician (PCP) by [contacting Anthem](#). Regardless of which medical plan you select, it is recommended that you establish a relationship with a PCP to help you meet your health care goals and coordinate any needs.

You can choose any PCP who is available to accept you or your dependents. For children, you may designate a pediatrician as their PCP.

Network Plan

The Network Plan medical option through Anthem Blue Cross Blue Shield is an in-network only plan that offers access to providers and hospitals affiliated with UCHealth. All members must choose a PCP from the Network Plan Provider Directory. (See above, How to Select a Primary Care Physician (PCP), for more information.) You must access specialty care through your PCP referral except in cases of emergency, obstetrics, gynecology, mental health or certain other services. Please see our guide on [When and Where to Get Care](#).

The following copays and deductibles may apply:

- Wellness office visits are 100% covered. No copay required.
- Non-wellness office visits, urgent care and prescriptions are subject to copays only. They are not subject to the deductible.

- \$250 deductible per person (max. \$750 for family) will apply for these services:
 - Inpatient hospital (including for mental health/substance abuse)
 - Outpatient/ambulatory surgery
 - Lab and X-ray
 - Ambulance
 - Inpatient therapy
 - Durable medical equipment
 - Home health care
 - Skilled nursing

Once your deductible is met, a copay may apply for some of these services. Review plan design on [page 7](#).

Important details under the Network Plan medical option include the following:

- Each family member may choose his or her own PCP from any Network Plan provider in the network.
- If you have a dependent child who lives outside of Colorado, they might be able to obtain coverage through Anthem's [Guest Network](#). If the state they live in does not have guest coverage, your dependent will only have access to urgent and emergent care and prescription coverage in the state in which they reside.
- There is a closed-prescription drug formulary, meaning physicians can only prescribe drugs from a specific list of medications. Log in to your Navitus prescription benefit [member portal](#) to view the formulary.
- The plan provides coverage for an eye exam once a year and offers limited materials coverage.

To compare medical plan options and review plan design, see [page 7](#).

Medical Benefits

Medical Benefits (Continued)

Learn how the Health Savings Account (HSA) can be used in conjunction with this plan on [page 15](#).

HD/HSA Plan

The HD/HSA Plan medical option through Anthem Blue Cross Blue Shield is a Health Savings Account (HSA)-qualified PPO plan that provides:

- National and international coverage
- Benefits for both in- and out-of-network care
- No requirement to select a primary care physician (PCP)
- In-network wellness visits covered at 100% with no deductible
- A closed-prescription drug formulary, meaning physicians can only prescribe drugs from a specific list of medications. Log in to your Navitus prescription benefit [member portal](#) to view the formulary.

Important details under the HD/HSA Plan medical option include the following:

- If you enroll for anything other than Employee Only coverage, the family deductible will apply.
- If you go to an out-of-network provider, coverage will only apply to allowable benefit charges.
- The provider may bill you for charges above the allowed amount.
- The in-network deductible and out-of-pocket maximum do not apply toward the out-of-network deductible and out-of-pocket maximum, and vice versa.
- No coverage for routine eye exam or materials.

Here's how the HD/HSA Plan works in three easy steps:

Step 1

Meet the annual deductible. You pay 100% of covered expenses (including prescriptions), either out-of-pocket or from your Health Savings Account or Flexible Spending Account for Health Care, until you meet your deductible—except for in-network wellness visits paid 100% by the plan.

Step 2

You and the plan share the cost of covered expenses until you meet the out-of-pocket maximum. You pay for your share of the cost for covered expenses, either out-of-pocket or from your Health Savings Account or Flexible Spending Account for Health Care.

Step 3

If you meet the out-of-pocket maximum, the HD/HSA Plan option pays 100% of your covered medical and prescription drug costs for the rest of the plan year.

Kaiser (may not be available to some employees depending on location)

Important details under the Kaiser medical option include the following:

- Members pay a copay for covered services provided by Kaiser Permanente in-network doctors.
- Only in-network coverage is available, except in cases of emergency.
- Members choose a PCP, but this information is not needed to complete enrollment when first eligible. Visit [Kaiser](#) for a list of available Kaiser PCPs.
- You can change PCPs during the plan year.
- Kaiser facilities are located only in a limited area.
- There is a closed-prescription **drug formulary**, meaning physicians can only prescribe drugs from a specific list of medications.
- The plan provides coverage for an eye exam once a year, but does not cover materials.

Medical Benefits (Continued)



Important reminder

The contacts on [Page 31](#) list each administrator's website where you can find a summary of benefits, limitations, exclusions, prescription drug formularies and a directory of providers.

Medical Benefits

Benefits Summary	Network Plan <input type="checkbox"/>	HD/HSA Plan ² <input type="checkbox"/>		Kaiser** <input type="checkbox"/>	
	In-Network only*	In-Network		Out-of-Network	
	HMO	Members seen at UCHealth facilities and providers and Children's Hospital	Members seen at any other Anthem PPO facility and provider	Out-of-Network	
Plan Year Deductible Individual/Family	\$250/\$750	\$1,500/\$3,000		\$3,000/\$6,000	None
Plan Year Out-of-Pocket Maximum*** Individual/Family	\$4,000/\$8,000	\$3,000/\$6,000		\$6,000/\$12,000	\$7,900/\$15,800
Doctor/Specialist Visit	\$30/\$40 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$30/\$40 copay
Prenatal Care	\$15 copay for first prenatal care office visit	15% coinsurance	25% coinsurance	50% coinsurance	\$0 copay
Well Visit	Plan pays 100%	Plan pays 100%		50% coinsurance	Plan pays 100%
Hospital Care					
Virtual Visit	\$15 copay for UCHealth Virtual Care	15% coinsurance for UCHealth Virtual Care	Not covered	Not covered	Plan pays 100%
Urgent Care	\$30 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$30 copay
Emergency Room	\$250 copay, waived if admitted to hospital, then inpatient copay applies	15% coinsurance			\$250 copay, waived if admitted to hospital, then inpatient copay applies - Special procedures such as MRI/CT/PET/Nuclear Medicine will be additional \$100 copay per scan
Inpatient Services	\$300 copay per admission ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$500/day \$2,000 per admission max
Outpatient Services	\$100 copay ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$500/visit
Ambulatory Surgery Center	\$100 copay ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$250/visit
Mental Health Virtual Visit	\$15 copay for LiveHealth Online	15% coinsurance	15% coinsurance for LiveHealth Online	Not covered	Plan pays 100%
Mental Health Outpatient	\$30 copay	15% coinsurance		50% coinsurance	\$30 copay
Mental Health Inpatient	\$300 copay ¹	15% coinsurance		50% coinsurance	\$500/day \$2,000 per admission max
X-ray	Plan pays 100% ²	15% coinsurance	25% coinsurance	50% coinsurance	Diagnostic 100% paid/ Therapeutic \$40 copay
Labs		15% coinsurance	25% coinsurance	50% coinsurance	Plan pays 100%
CT, MRI, PET Scan	\$75 copay ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$100 per procedure

* This option offers in-network coverage only except in cases of an emergency.
 ** May not be available to some employees depending on location.
 *** Includes deductibles, copayments, coinsurance and Rx payments.

¹ For inpatient, outpatient surgery and CT, MRI and PET scan services, deductible applies if not previously met.

² All coinsurance applies after deductible.

Prescription Drug Benefits

Prescription Drug Benefits

Type of Rx	Network Plan		HD/HSA Plan ¹			Kaiser**	
	UCHealth Retail or UCH Mail Order*	Navitus Retail	UCHealth Retail or UCH Mail Order	Navitus Retail	Out-of-Network	Kaiser Retail	Kaiser Mail Order
Tier 1 Generic Medications							
Up to a 30-day Supply	\$10 copay	\$20 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$20 copay	\$20 copay
Up to a 90-day Supply	\$20 copay	N/A		Not covered	Not covered	N/A	\$40 copay
Tier 2 Preferred Brand Medications							
Up to a 30-day Supply	\$40 copay	\$50 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$50 copay	\$50 copay
Up to a 90-day Supply	\$80 copay	N/A		Not covered	Not covered	N/A	\$100 copay
Tier 3 Non-Preferred Brand Medications							
Up to a 30-day Supply	\$50 copay	\$70 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$70 copay	\$70 copay
Up to a 90-day Supply	\$100 copay	N/A		Not covered	Not covered	N/A	\$140 copay
Tier 4 Specialty Orals and Injectable Medications							
Up to a 30-day Supply Only	\$150 copay	Not covered	15% coinsurance	Not covered	Not covered	20% up to \$250 max	20% up to \$250 max

¹ All coinsurance applies after deductible.

* After a maximum of one fill, maintenance medications and Tier 4 medications must be filled through the UCH Mail Order Prescription Service or any of the UCHealth Retail Pharmacies.

All Tier 4 medications must be filled by UCHealth Mail Order Prescription Service or UCHealth Retail Pharmacies.

** This option may not be available to some employees depending on location.

NOTE: When the cost of the medication is less than the copay amount, you only pay the lesser amount.

About Tier 4 specialty medications

- Tier 4 Specialty Medications are covered up to a 30-day supply at a time.
- Network Plan members are required to use the UCHealth Retail or UCH Mail Order for maintenance and Tier 4 specialty medications after the first fill.
- HD/HSA Plan Tier 4 specialty medications must be filled through UCHealth Retail Pharmacies or UCHealth Mail Order to be covered. The HD/HSA Plan covers up to a 30-day supply of a Tier 4 specialty medication per fill.

Members of the HD/HSA plan and Kaiser plan may continue to receive maintenance medications via retail. However, if an HD/HSA Plan member wants to use mail order or fill a 90-day supply, it must be filled through UCH Mail Order or UCHealth Retail Pharmacies. Kaiser members must use Kaiser Mail Order.

Potential savings

You may have higher out-of-pocket costs if you or your provider request a brand name prescription. Discuss with your provider if a generic medication is available and compare the cost difference.

To further lower your costs, consider contacting **UCHealth pharmacy** for a price quote on your current medications or to research whether your medication manufacturer has a copay or discount card. These cards can help pay for some or all of your prescription costs. Obtaining a card is usually as easy as visiting the manufacturer's website, entering some basic information and printing out your card or asking your pharmacist.



Find a pharmacy

Visit [The Source](#) to learn more about pharmacy benefits and UCHealth pharmacies.

 Navitus Prescription Benefits: **844.268.9789**

Wellness Program

All employees

Programs and services

Employee Health and Wellness provides free or low-cost educational programming, immunizations, interactive web tools and health improvement services to help employees and their families.

Wellness events and challenges

Employee Health and Wellness offers many programs throughout the year including an annual weight loss challenge for cash, Bike to Work Day breakfast stations and the UHealth Run Club. Visit [The Source](#) to learn more.

Ergonomic assessments

Employees can request a free ergonomic assessment of their work space to prevent pain related to poor posture or repetitive movement. Visit [The Source](#) to submit an application.

Emotional wellbeing resources

UHealth is dedicated to supporting every aspect of wellbeing. To augment our robust medical and behavioral health benefits, UHealth offers evidence-based resiliency classes like HeartMath as well as peer support from our interdisciplinary teams during times of acute stress of critical incidents.

Fitness resources

All UHealth employees have access to various gym discounts across the Front Range, as well as Colorado Springs and Steamboat Springs. Gyms such as UHealth Medical Fitness Center, 24 Hour Fitness and Anytime Fitness are a few that offer discounts. You can find a list of fitness facilities that offer discounts to UHealth employees at [The Source](#) or by visiting our [wellness page](#).

Wellness education

Wellness education focusing on work-life balance, financial wellness, physical health and emotional wellbeing is available through a variety of platforms. Employee Health and Wellness teams up with our many UHealth partners to bring up-to-date guidelines and information.

Flu shot campaign

Employee Health and Wellness provides worksite flu shot clinics each year at no cost to employees. The flu shot campaign is typically held October through December. Dates and times for clinics can be found on [The Source](#).

Wellness campaign

In support of the UHealth mission of improving lives, employees can take advantage of tips to support their personal wellbeing by completing the Wellness Benefit Training.



Wellness Program

Tobacco and smoking cessation

The Colorado Quitline is a free tobacco cessation service for Coloradans ages 15 or older, available online, by phone or both. Call 800.QUIT.NOW or visit [coquitline.org](#).

Anthem medical plan members only

Omada

Omada is a digitally based lifestyle intervention program that helps members reduce their risk for obesity-related chronic diseases. For those at the tipping point for these potentially debilitating conditions, the program provides tools, resources and smart technology for no out-of-pocket cost.

Information about these programs and more can be found on [The Source](#).



Voluntary Benefits

Accident Insurance and critical illness insurance are offered through **MetLife**. These plans are designed to pay a cash benefit to help you meet financial obligations resulting from a designated accident or critical illness. The money can be used for any purpose. Underwriting is guaranteed-issue—no health questions or physical exams required.

- You also can elect coverage for your eligible family members.
- Your policy is portable—you can take it with you if you leave UCHHealth or retire.

Select

Accident insurance

Accident insurance provides you and your eligible family members with payment for a covered accident. It also pays if you undergo testing, receive medical services or receive treatment or care for any one of more than 150 covered events as defined in your group certificate. This also includes

hospitalization resulting from an accident or accidental death or dismemberment.

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays, out-of-network treatments, your family's everyday living expenses or whatever else you need while recuperating from an accident.

Select

Critical illness insurance

Critical illness insurance pays a lump sum of \$15,000 or \$30,000* directly to you upon the first diagnosis of a covered condition, depending on the benefit amount you elect. If you elect coverage for your dependents, their benefit amount is 50% of your elected amount.

Designated conditions include heart attack, stroke, cancer, major organ transplant, kidney failure and coronary artery bypass surgery. The policy also

includes a health screening benefit if a covered health screening is performed (blood test, colonoscopy, mammogram, etc.). See [page 26](#) for premiums.

Voluntary Benefits

Elect accident and critical illness insurance



You may enroll for these voluntary benefits through **Employee Space** when you enroll for your other health benefits.

*Coverage must be in effect prior to injury or illness diagnosis.

Select

Auto and Home Insurance

You have access to the Choice Auto and Home Program that gives you the opportunity to save on your auto, home and renters insurance by comparison-shopping coverages, prices and discounts from up to four of the leading auto and home insurance companies in the nation: Farmers GroupSelectSM, Travelers, Liberty Mutual Insurance and Safeco Insurance.^{1,2}

With these options, you'll appreciate:

- Special employee discounts that are typically higher than anything you can find on your own.
- Additional discounts, based on the way you drive and vehicle safety features.

- Quick, multiple quotes - All from one phone call: 888.212.7204 or online at personal-plans.com/auto. Convenience of being able to switch right away and start saving sooner.
- Ease of paying premiums via payroll deduction.

¹ Home insurance may not be available from all carriers in all states and may not be offered in this program.

² Employee discounts are not available from all carriers and only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualifications and/or the insuring company's underwriting guidelines. Individual savings may vary and are not guaranteed..

Voluntary Benefits (Continued)

Select

Identity protection

Your identity is more than your Social Security number and credit score. Allstate Identity Protection Pro helps you look after all your online activity, from financial transactions to what you share on social media. If fraud occurs, our \$1 million identity theft insurance policy³ has you covered. [Click here](#) to learn more.

³ Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Product may be updated or modified prior to availability. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation. Terms and conditions apply.

Select

Legal services

Getting legal help shouldn't be difficult or unaffordable. **MetLife Legal Plans** provides professional legal counsel for everyday personal legal needs, at a fraction of a lawyer's standard rate. You'll have access to a network of attorneys with an average of 25 years of experience to help when you're buying a home, planning for your family's future, caring for aging parents and other key times in your life.

Voluntary Benefits

Select

Pet insurance

My Pet Protection[®] from Nationwide[®] helps you provide your pets with the best care possible by reimbursing you for eligible vet bills. You can get cash back for accidents, illnesses, hereditary conditions and more. We're also the first and only provider in the U.S. to cover birds and exotic pets. Choose 50% or 70% reimbursement for the level of coverage that fits your needs.⁴

You're free to use any vet and your coverage includes benefits for emergency boarding, lost pet advertising and more. Plus, our 24/7 vethelpline[®] is included as a service to all pet insurance members (\$150 value).

Learn more at petsnationwide.com.

⁴ Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.



Dental Benefits

Three dental plan options

Dental coverage is offered through Delta Dental of Colorado.

Essential Dental <ul style="list-style-type: none"> Provides preventive and diagnostic services at a lower monthly premium. Best for individuals/families who need little to no dental care outside of their routine oral exams and cleaning.
Enhanced Dental <ul style="list-style-type: none"> Provides a higher plan year maximum than Essential Dental, with greater coverage for basic and major services.
Premium Dental <ul style="list-style-type: none"> Provides the highest plan year maximum for individuals/families who use more dental services.

Dental Benefits

Right Start 4 Kids is included in all three plans. This program allows **enrolled dependent children** up to the age of 13 to be covered at 100% with no deductible for services provided by a Delta Dental PPO or Premier provider. Plan year maximums and limitations apply. Orthodontia is not included.

The chart below reviews the dental benefits provided through Delta Dental's PPO, Premier and Non-Participating network.

Benefits Summary	Essential Dental <small>Select</small>	Enhanced Dental <small>Select</small>	Premium Dental <small>Select</small>
Plan Year Deductible*	\$50 per person		
Prevention First	Not Included	Diagnostic and preventive services do not apply to plan year maximum	Diagnostic and preventive services do not apply to plan year maximum
Plan Year Maximum	\$1,000	\$1,750	\$2,500
Right Start 4 Kids	Included		
Diagnostic and Preventive Services			
Cleanings, Exams, X-Rays	Plan pays 100% up to plan year maximum		
Basic Services			
Fillings	Plan pays 50% after deductible	Plan pays 80% after deductible (PPO) or 70% after deductible (Premier or Non-Participating network)	Plan pays 80% after deductible
Endodontics, Periodontics and Oral Surgery	Plan pays 10% after deductible		
Major Services			
Crowns, Bridges, Dentures, Implants	Plan pays 10% after deductible	Plan pays 50% after deductible (PPO) or 40% after deductible (Premier or Non-Participating network)	Plan pays 50% after deductible
Orthodontia			
Orthodontic Lifetime Maximum (per person)	Not covered	\$1,750	\$2,500
Orthodontia for children and adults	Not covered	Plan pays 50% up to Orthodontic Lifetime Maximum	

* Applies to Basic and Major services.

PPO dentist - Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.

Premier dentist - Payment is based on the Premier Maximum Plan Allowance or the fee actually charged, whichever is less.

Non-participating dentist - Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Visit deltadentalco.com to find a provider.

Vision Benefits

A stand-alone vision plan through Vision Service Plan (VSP) is offered to complement the following vision benefits provided under our medical plans:

- **Network Plan:** Provides coverage for an eye exam once a year and offers limited materials coverage.
- **HD/HSA Plan:** No coverage for routine eye exam or materials.
- **Kaiser:** Provides coverage for an eye exam once a year, but does not cover materials.

KidsCare is included in the VSP vision plan. This program allows **enrolled dependent children** up to the age of 27 special benefits including one additional eye exam and one pair of glasses (including polycarbonate) every 12 months instead of every 24 months.

The chart below reviews the vision benefits provided through Vision Service Plan (VSP)–Choice Network: ^{Select}

Benefits Summary	Benefit	Copay
Well Vision Eye Exam	Every 12 months ¹	\$15
Prescription Glasses	See frame and lenses benefit in this chart	
Frames	\$205 allowance* 20% discount after allowance \$110 allowance at Costco Every 24 months ¹	Included in prescription glasses copay
Lenses	Single vision, lined bifocal, lined trifocal and standard progressives Includes UV Protection Every 12 months ¹	
Lens Enhancements	Average savings: 30%	N/A
Contact Lenses	\$180 allowance** Every 12 months	Up to \$60 for contact lens exam
Digital Retinal Imaging	Every 12 months	\$0

Vision Benefits

¹ See KidsCare program for special benefits.

* VSP members will get an extra \$20 to spend on featured frame brands such as Bebe, Calvin Klein, Flexon, Lacoste, Nine West and more.

** In lieu of prescription glasses.

Visit vsp.com to find a doctor and see the latest savings and discounts.

Considering LASIK surgery?

To see what discounts are available to you, call:

- UCHHealth Eye Center: Anschutz, Lone Tree, Cherry Creek, LoDo and Boulder **720.848.2020**
- Eye Center of Northern Colorado **970.221.2222**



Flexible Spending Accounts

About Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account administered through UCHealth Plan Administrators that allows you to set aside money on a pre-tax basis to pay for qualified health care or dependent day care expenses throughout the plan year. FSAs have two components: an FSA for Health Care and an FSA for Dependent Day Care.

FSA for Health Care ^{Select}

The FSA for Health Care allows you to use pre-tax dollars to pay for eligible expenses not covered by your health care, dental or vision plans, such as copays, deductibles and other expenses.

Here's how it works:

- Estimate the amount of money you and your dependents expect to spend on eligible out-of-pocket health care expenses from July 1, 2022, through June 30, 2023.
- Designate up to \$2,850 (or up to \$118.75 per pay period) in your FSA for Health Care account to pay for eligible expenses. The designated amount will be split into 24 equal repayments, deducted twice per month on a pre-tax basis and deposited into your FSA.
- When you incur an eligible expense, use your FSA debit card or submit documentation with a claim form to receive reimbursement. **Save your receipts!** Proof of purchases may be required at any time.

FSA for Dependent Day Care ^{Select}

The FSA for Dependent Day Care allows you to pay for eligible day care expenses (not health care expenses) with pre-tax dollars. You can use the account to pay childcare or dependent day care expenses, so you can work outside your home.

Here's how it works:

- Federal tax dependents include any qualifying child or relative who is under the age of 13, or any adult dependent who is mentally or physically incapable of self-care and who lives in your home at least half of the taxable year.
- You may set aside up to \$5,000 each plan year (or up to \$208.33 per pay period). If you are married and filing separately, and your spouse is also contributing to an FSA for Dependent Day Care, your contribution limit should be reduced to \$2,500. The designated amount will be split into 24 equal repayments, deducted twice per month on a pre-tax basis and deposited into your FSA. As your balance accrues, use your FSA debit card or submit documentation with a claim form to receive reimbursement.
- Qualifying providers may provide care in your home or outside your home (caregiver's Social Security number or Taxpayer ID number is required to receive reimbursement).

Plan carefully

IRS rules require that any balance remaining in your account after the deadline for submitting claims will be forfeited. Eligible expenses must be incurred between July 1, 2022–June 30, 2023. You have until Sept. 30, 2023, to submit reimbursement claims for these eligible expenses. After Sept. 30, 2023, any remaining balance will be forfeited.

Did you know?

Your FSAs are administered through UCHealth Plan Administrators.

Re-enrollment is required every year to participate.

ID cards can be used until the expiration date listed on the card so don't throw them away at the end of the year! Participants will receive two new debit cards in the mail when their cards expire.

For eligible expenses, balances, FAQs and other self-service options, sign up for portal access at tpa.uchealth.org using the Flexible Spending Account Members link.

Flexible Spending Accounts

What are the limits?

Internal Revenue Code 2022 annual contribution limits (based on the calendar year of the plan year start)	
Health Care FSA Contribution Limit	\$2,850 annually \$118.75 per paycheck
Dependent Day Care FSA Contribution Limit	\$5,000 annually \$208.33 per paycheck



Important reminder

For additional information regarding your Flexible Spending Accounts for Health Care and Dependent Day Care, contact UCHealth Plan Administrators at **866.644.7873** or at fsa@uchealth.org.

Health Savings Account

Available to HD/HSA medical plan enrollees only

Health Savings Account (HSA) Select

Whether you're paying a doctor's bill or filling a prescription, your Optum Bank Health Savings Account (HSA) makes paying for health care easy. Here's the best part: you don't pay taxes on the money you put in or spend from your HSA, allowing you to stretch your health care dollars even further. The money you contribute to your HSA is tax-deductible, and you can withdraw money free of income taxes if you use it to pay for qualified medical expenses—not only for yourself, but also for your spouse and tax dependents.

Much more than a Flexible Spending Account for health care, an HSA can also be an important part of your retirement planning. Your HSA is like an IRA for health care expenses. Your funds roll over year after year. You can use your funds anytime - now or 30 years from now—even if you invest them. [Learn more here.](#)

What expenses qualify for reimbursement from my HSA?

Under IRS rules, qualified medical expenses are costs for the diagnosis, cure, treatment and prevention of disease. When an expense is qualified, you can use your HSA to cover the costs without paying taxes on that money. See the list of qualified medical, dental and vision expenses on [The Source](#).

Limited Flexible Spending Account (LFSA) Select

You may elect a Limited Flexible Spending Account (LFSA) when you also elect to contribute to an HSA that is tied to our HD/HSA medical plan. The LFSA operates similarly to the FSA for health care (as seen on [page 14](#)), however you are only allowed to use this account to pay for dental and vision expenses for you and your family.

What are the limits?

Internal Revenue Code 2022 annual contribution limits (based on the calendar year of the plan year start)	
HSA Contribution Limit, single coverage	\$3,650 annually \$152.08 per paycheck
HSA Contribution Limit, family coverage	\$7,300 annually \$304.16 per paycheck
HSA, age 55 catch-up	\$1,000 annually Additional \$41.66 per paycheck
LFSA Contribution Limit	\$2,850 annually \$118.75 per paycheck

Health Savings Account



Important reminder

To enroll in an HSA, you must be enrolled in the HD/HSA medical plan. Also, you cannot be enrolled in Medicare and cannot be participating in a general purpose FSA or other disqualifying health plan.

For free webinars on HSAs, [click here.](#)



Life and AD&D Insurance

Life insurance

All benefit-eligible employees receive employer-provided Basic Employee Term Life Insurance of 1x annual base pay up to \$2 million through Securian*. In addition to the basic coverage provided by UCHealth, you may choose to purchase Supplemental Employee Term Life Insurance. This voluntary benefit increases your coverage in increments of your base salary up to the lesser of 5x annual base pay or \$1 million. As a new hire or newly eligible employee, the maximum guarantee issue for this coverage is \$500,000. Any request over and above this amount will require medical underwriting.

You may purchase supplemental spouse/common-law spouse/civil union partner coverage in \$10,000 increments up to the lesser of 100% of your employee supplemental life coverage amount or \$500,000. As a new hire or newly eligible employee, the guarantee issue for spouse/common-law spouse/civil union partner life insurance is \$50,000. Any request over and above this amount will require medical underwriting.

You can also purchase supplemental child life insurance coverage for \$10,000 per child. The cost of child coverage is the same, no matter how many children are insured.

AD&D insurance

If your death is the result of an accident, your designated beneficiary will be paid the amount of any AD&D (accidental death and dismemberment) coverage you have elected in addition to your term life insurance. You also will receive a partial payment if you sustain certain accidental dismembering injuries. All benefit-eligible employees receive employer-provided Basic Employee AD&D Insurance of 1x annual base pay up to \$2 million through Securian*.

In addition to the basic coverage, you may choose to purchase Supplemental Employee AD&D Insurance. This voluntary benefit increases your coverage in \$10,000 increments up to the lesser of 5x annual base pay or \$1 million.

You also may choose to purchase optional spouse/common-law spouse/civil union partner AD&D coverage in \$10,000 increments up to the lesser of 100% of your employee coverage amount or \$500,000.

*Directors and above receive 2x annual base pay up to \$2 million instead of 1x.

Need some guidance?

Utilize Securian's online benefits decision tool, Benefit Scout™, to help you and your family make your insurance elections with confidence. Visit [LifeBenefits.com](https://www.lifebenefits.com) to get started.



Supplemental options

1. Employee Supplemental Term Life Insurance Select
2. Employee Supplemental AD&D Insurance Select
3. Spouse/common-law spouse/civil union partner Supplemental Term Life Insurance Select
4. Spouse/common-law spouse/civil union partner Supplemental AD&D Insurance Select
5. Child Life Insurance Select

Rates for employee and spouse/common-law spouse/civil union partner Supplemental Term Life and AD&D insurance

Age	Cost per \$1,000 coverage per month *Paid on an after-tax basis	
	Life insurance	AD&D insurance
<30	\$0.024	\$0.02
30-34	\$0.031	
35-39	\$0.046	
40-44	\$0.070	
45-49	\$0.112	
50-54	\$0.183	
55-59	\$0.287	
60-64	\$0.382	
65-69	\$0.610	
70-74	\$1.070	
75+	\$1.926	

Life and AD&D Insurance

Special services

The following services are available, at no cost, as part of your employer-paid life and AD&D Insurance coverage:

- **Travel assistance**—Available 24/7 all year for personal or business travel when more than 100 miles away from your home. Go to [lifebenefits.com/travel](https://www.lifebenefits.com/travel) to learn about replacing lost or stolen luggage, medication or other critical items, trip planning and emergency services.
- **Legal, financial and grief services**—Assistance drafting legal documents including wills and health care directives, guidance from accredited financial consultants and caring confidential support with grief, anger or anxiety. [Learn more here.](#)
- **Legacy planning resources**—Access to a variety of resources to work through end-of-life issues. [Learn more here.](#)

Disability Benefits

Short-term disability (STD) coverage

STD coverage provides income protection in case of a short-term illness or injury. Benefits are generally payable after a seven-day elimination period up to 173 calendar days, except in the instance of overnight hospital admission, in which case the seven-day elimination period is waived.

You will automatically be enrolled in employer-provided Basic STD coverage. This basic coverage replaces 60% of weekly base pay, up to \$5,000 per week.

You may purchase Supplemental STD coverage to increase your benefits from 60% to 70% of your weekly base pay. You pay the entire cost for this additional coverage.

STD benefits are automatically supplemented with your accrued paid time off (PTO) to the extent necessary to replace 100% of your income. See [page 19](#) of this Guide for STD-PTO opt-out instructions.

STD benefits must be in effect prior to the disability date to be payable and will be paid out based on the level of coverage in effect at the onset of disability for the duration of the claim. STD benefits may be reduced by income you may receive from other sources. Please refer to the plan document for further details.

Rate for supplemental short-term disability (STD) coverage Select

Cost per \$100 monthly base pay per month. Paid on a pre-tax basis	
Supplemental coverage at 70%	\$0.33

Long-term disability (LTD) coverage

LTD coverage provides income protection in case of a long-term illness or injury. Benefits are payable after a 180-day elimination period. During the 180-day elimination, you may use your PTO and STD benefits (if applicable).

You will automatically be enrolled in employer-provided Basic LTD coverage. This basic coverage replaces 50% base pay, up to a monthly maximum of \$17,500.

You may purchase the Supplemental LTD coverage to increase your benefits from 50% to either 60% or 66 2/3% of your monthly base salary. You pay the entire cost for this additional coverage.

LTD benefits must be in effect prior to the disability date to be payable and will be paid out based on the level of coverage in effect at the onset of disability for the duration of the claim. LTD benefits may be reduced by income you may receive from other sources. Please refer to the plan document for further details.

Rates for supplemental long-term disability (LTD) coverage Select

Age	Cost per \$100 monthly base pay per month. *Paid on a pre-tax basis	
	60%	66 2/3%
<25	\$0.064	\$0.120
25-29	\$0.077	\$0.145
30-34	\$0.109	\$0.206
35-39	\$0.154	\$0.295
40-44	\$0.254	\$0.490
45-49	\$0.419	\$0.810
50-54	\$0.535	\$1.037
55-59	\$0.631	\$1.221
60-64	\$0.642	\$1.238
65+	\$0.617	\$1.204

Disability
Benefits

*Physicians are automatically enrolled in employer-provided basic LTD that replaces 60% of monthly base salary up to a monthly maximum of \$17,500. Due to this increased benefit, physicians cannot elect the supplemental LTD coverage.



Did you know?

For more information regarding leaves of absence, including FMLA and parental benefits, visit [The Source](#).

Welcome to the Family provides new UHealth parents with a welcome bundle. Choose from several different bundle combinations depending on your need.

Employee Assistance

Employee Assistance Program (EAP)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych Guidance Resources® provides support, resources and information for personal and work-life issues. UCHHealth sponsors this benefit, and you and your dependents can receive confidential assistance at no charge. Just call or log on for help.

The EAP provides the following services:

- **FamilySource®** –Work-life specialists will do the research for you, providing qualified referrals and customized resources for child and elder care, moving and relocating, making major purchases, college planning, pet care and home repair.
- **LegalConnect®** –Telephone access to licensed attorneys for information on legal concerns including divorce and family law, debt and bankruptcy, landlord/tenant issues, real estate transactions, civil and criminal actions, and contracts. Receive a free in-person, 30-minute consultation with an in-network attorney, plus a 25% reduction in customary legal fees thereafter.

- **Child care and remote learning support**– ComPsych Guidance Resources through the Employee Assistance Program can assist with locating a daycare solution that fits your needs. In addition, please visit [The Source](#) for a list of daycare and remote learning resources available in your community.
- **FinancialConnect®** –Telephone consultation with a certified public accountant or certified financial planner who can help you with issues including getting out of debt, credit card or loan problems, tax questions, retirement planning, estate planning and saving for college.
- **In-person emotional counseling**–UCHHealth will pay for the first five visits to a counselor to address: stress/anxiety, depression, family/marital relationships, substance abuse, difficulties at work, etc.

EAP Toll-Free Number	Web ID for GuidanceResources.com
844.597.8242	UCHHealth

We are here for you

Whether you are in need of immediate help, counseling or financial assistance, UCHHealth provides numerous resources to assist employees with whatever life throws your way. We are here for you.

Emotional well-being support

To simplify the first steps to receive emotional well-being support, all UCHHealth employees have a 24/7 resource for questions or issues related to their emotional well-being. This internal program is called UCHHealth First Call.

First Call will connect you to available resources, referrals or other behavioral health programs offered by UCHHealth or our partners. In addition, employees may receive free clinical counseling from a First Call provider depending on their need and program availability.

To initiate assistance, simply contact First Call at 833.701.0448, anytime day or night. Find out more about how First Call can benefit you on [The Source](#).

Crisis resources

For immediate crisis counseling for you, your family, a co-worker or a friend, contact the Real Help Hotline: 833.533.2428.

Hardship assistance

The Employee Hardship Relief Program (EHRP) provides short-term financial assistance when other sources of support are not available. The program assists with critical basic needs to eligible employees who are experiencing severe financial distress as a result of an unforeseen emergency or catastrophic event.

Compassionate Transfer of Paid Time Off (CPTO) allows employees to transfer their own accrued paid time off to a coworker in need due to an unforeseen medical emergency.

The Pantry, located at UCH, is available for employees experiencing hardship to confidentially access needed food resources for themselves and their family members. Please visit [The Source](#) or email UCH-ThePantry@uchealth.org for more information.

For longer-term assistance, [findhelp.org](https://www.findhelp.org) connects employees with free or discounted community resources in their area that can help find relief from financial or other hardships.

Visit [The Source](#) for more information regarding these programs.

Employee Assistance

Paid Time Off, Education Assistance and Employee Programs

Paid time off (PTO)*

The Paid Time Off (PTO) program includes vacation, sick time and holiday hours. You accrue PTO based on the following schedule:

Length of Service	PTO Hours / Hours Worked
0-12 months	.0731 hours
13-36 months	.1059 hours
37-60 months	.1135 hours
61-120 months	.1256 hours
121+ months	.1504 hours

- **Staff-level employees**:** If you are a new hire or will be accruing PTO for the first time, you will receive an initial PTO load with your first paycheck as an eligible employee. The load is based on your FTE status. Employees in an FTE status of 0.5 or more will receive a 24-hour load, and employees in an FTE status of 0.1-0.49 will receive a 12-hour load.
- After 12 months of employment, staff-level employees** will receive additional PTO: 24 hours for FTE status of 0.5 or more and 12 hours for FTE status of 0.1-0.49 FTE.
- Once you reach 420 hours of accumulated PTO time, accruals stop until some time is used and the accumulated amount falls below the 420 cap.
- Short Term Disability (STD) benefits will be supplemented with accrued PTO to the extent necessary to replace 100% of your income. If you wish to opt-out of using accrued PTO to supplement your STD benefits, you must contact leavesofabsence@uchealth.org. The supplement of PTO will be stopped on the first available paycheck after notification. Any notice after PTO has been used will not be reversed.

*Managers and directors accrue at a higher rate.

**Load is not available to managers and above.



Education assistance

UCHealth is proud to offer the **Ascend Career Program** through Guild Education. Employees with an FTE status of 0.5 and above are eligible to receive financial assistance up to \$5,250 per year for their qualifying expenses. In some cases, UCHealth will pay the school directly on behalf of the employee. For qualifying education pathways, employees may get 100% of their tuition expenses and fees paid for by UCHealth. Personalized coaching and support is also available.

- School term must begin after your hire date
- Expenses include tuition/fees/books
- Courses/class must be taken at institutions accredited by the US Department of Education .

Employee programs

Information about these valuable employee programs and more can be found on [The Source](#).

Welcome to the Family

We understand that the arrival of a new family member is a pivotal (and sometimes challenging) time in your life. That is why we created the Welcome to the Family program which provides consolidated resources for expecting and new parents. Find information related to maternity and parental leave benefits and be sure to order a free welcome bundle for your new addition to your family.

Military Leave Support Program

UCHealth is proud to employ many active duty military members. When they are called on to serve our country, we will be there to support and thank them when a deployment or extended leave occurs. We offer benefits concierge service, the reconnect benefit and a welcome home gift. The reconnect benefit is also available for eligible military spouse employees when their spouse returns from an extended military leave.

529 College Savings Plan

Enroll in a tax-free 529 College Savings Plan through Collegenest to easily save for higher education for yourself or your dependents through payroll deducted direct deposits. Money saved can be used to offset expenses including tuition, fees, required school supplies, and room and board. Visit [The Source](#) to review account options and enroll.

Employee discounts

Review assorted discounts and exclusive offers only for UCHealth employees including local attractions, gym memberships and more.

PTO,
Education
and Programs

Retirement Benefits

UCHealth helps you prepare financially for retirement by offering you a robust retirement program that is competitive, comprehensive and flexible.

Retirement program components

- **Basic Pension Plan:** UCHealth pays the full cost of your pension benefit, which is designed to provide you with a monthly income following retirement.
- **401(a) Investment Account¹:** You contribute 6.2% of pay through pre-tax payroll deductions in lieu of Social Security.
- **403(b) Matching Account²:** You may elect to grow your retirement savings through pre-tax payroll deductions. If eligible, you may receive dollar-for-dollar UCHealth matching contributions—up to 3% of pay—when you contribute to this account.
- **457(b) Deferred Compensation Plan:** If eligible, this plan allows you to save even more for retirement through pre-tax payroll deductions.

Review the Retirement Highlights Guide on [The Source](#) for detailed information about each program component.

All employee-funded accounts are managed by Fidelity Investments. You control the investment of the funds in your 401(a), 403(b) and 457(b), which includes your contributions, earnings and any UCHealth contributions. You may change how your contributions and account balances are invested at any time. If you do not actively direct your contributions in these accounts, you will be defaulted into a Fidelity Target Retirement Date investment that is appropriate for your age.

¹401(a) Fixed Contribution Investment Plan

²403(b) Matching Tax-Deferred Annuity Plan

Enrollment

On the first day of employment, all employees are automatically enrolled in the Basic Pension Plan and 401(a) Investment Account.

The 403(b) Matching Account and 457(b) Deferred Compensation Plan are available on the first day of employment, as well. You may voluntarily elect to contribute to these accounts through pre-tax payroll deductions, following completion of an online enrollment process with Fidelity. See the **To-do list** at the bottom of this page for further enrollment instructions.

Need help setting up your accounts?

UCHealth understands that planning for retirement can seem challenging. That is why all employees have access to free one-on-one retirement assistance sessions with a licensed Fidelity Investment Advisor. If you need help getting started, selecting an appropriate mix of investments or consolidating prior employer accounts, visit [The Source](#) to schedule an appointment.



To-do list

1. **Complete your online investment election to direct your 401(a) Investment Account contributions** with Fidelity Investments. If you don't complete your investment election for your 401(a) Investment Account, your contributions will be invested in an age-appropriate Fidelity Target Retirement Date default fund. You may change your investment elections at any time.
2. **Sign up for a 403(b) and/or 457(b) account.**
3. **Name a beneficiary and/or beneficiaries** to receive your Fidelity retirement benefits if you die. You can change your beneficiary at any time. You may name one or more primary beneficiaries online with Fidelity Investments. If you are married or in a civil union partnership and wish to designate someone other than your spouse or civil union partner as your beneficiary, your spouse or civil union partner must consent in writing and the consent must be notarized.

Retirement Benefits (Continued)

Basic Pension Plan

The UCHealth Basic Pension Plan is designed to provide you with a monthly income after you retire from employment.

This defined-benefit retirement plan uses a formula to determine what your pension benefit will be, and each year UCHealth contributes to a Trust the amount necessary to fund your pension and the pensions of all other eligible employees. You do not have an individual account with the Basic Pension Plan and are not allowed to make contributions to this plan yourself. UCHealth assumes all investment risk and responsibilities for the Basic Pension Plan and has partnered with WTW as the plan's administrator.

How the pension plan works

Your monthly pension benefit is calculated using a formula that includes annual pay and years of service.

Formula

$1.5\% \times \text{Average of Highest 5 Years of Pay} \times \text{Years of Credited Service Covered Under the Basic Pension Plan} = \text{Annual Pension Benefit}$

Example

Elaine works for 20 years under the Basic Pension Plan and retires. Her average pay during her five highest-paid years of service was \$40,000. Elaine's benefit would be calculated as:

$1.5\% \times \$40,000 \times 20 = \$12,000 \text{ Annual Pension Benefit}$

Remember, Elaine also will have a retirement benefit from the 401(a) and other possible benefits from the 403(b) and the 457(b) plans.

Pension benefit payments

Once your employment has ended, you will receive verification of your benefit eligibility and, if eligible at that time, a payment election form showing the amount of your pension benefit under all of the plan's payment options.

Review the Retirement Highlights Guide on [The Source](#) for more information.

Vesting

You vest in (or have ownership of) a percentage of your Basic Pension Plan benefit at a rate of 20% per year of service. You are 100% vested after five years of service or at age 65 while employed with UCHealth, whichever comes first.

Service

There are two types of service considered under the Basic Pension Plan:

- **Vesting service**, which may include years of service with another qualified employer (for example, with Memorial Health System or Poudre Valley Health System) in addition to your years of service while a participant in the UCHealth Basic Pension Plan, and
- **Credited service**, which only includes years of service while a participant in the UCHealth Basic Pension Plan.

When you can receive a benefit

- **Normal retirement** age is 65.
- **Early retirement** age is 55, with 10 years of vesting service. If you take early retirement, you will receive a reduced benefit.
- **Late retirement** is available if you continue working for UCHealth beyond age 65. You continue to earn benefits from the plan, and may postpone your benefits until you actually terminate employment.
- **Disability retirement** is available if you end employment due to becoming totally disabled.

Survivor benefits

The Basic Pension Plan may provide income protection for your surviving spouse or civil union partner if you are fully vested and die before benefits begin. The monthly benefit would be 50% of the monthly benefit you would have received if you had terminated employment on your date of death and may increase by an annual adjustment factor.

The Basic Pension Plan also would pay a monthly benefit to your eligible dependent children if you die while employed by UCHealth. The total benefit would be a monthly amount equal to 1/12 of 50% of your average annual salary. For example, if your average annual salary was \$48,000, your children's annual benefit would be \$24,000 paid \$2,000 a month. This benefit is subject to special rules. Contact the UCHealth Pension Service Center for more information.

Survivor benefits (prior to retirement) will not be provided under this plan if you are single or have no eligible dependent children at the time of death.



Retirement
Benefits

Retirement Benefits (Continued)

401(a) Investment Account

The 401(a) Investment Account helps you accumulate retirement income for a secure financial future using pre-tax dollars. It is a qualified retirement plan under Section 401(a) of the Internal Revenue Codes used in lieu of Social Security.

Contributions are invested in your own personal 401(a) account with Fidelity Investments. You direct the investment of your 401(a) Investment Account contributions.

Did you know?

Fidelity has a free mobile app called NetBenefits that allows you to conveniently manage your retirement accounts 24/7. Download the app to your smart phone today.

Contributions

You must make mandatory contributions equal to 6.2% of your earnings each pay period to the 401(a) Investment Account, up to the Social Security Taxable Wage limit—\$147,000 for 2022. Contributions are made on a pre-tax basis by automatic payroll deduction.

You do not pay taxes on contributions or on any earnings while they are invested. You will be responsible for paying taxes when you withdraw the money from your account.

If your FTE is 0.49 or less, or if you are a flex/relief employee, per diem employee or a Traveler, you will receive a UCHealth contribution of 1.3% of your earnings each pay period into your 401(a) Investment Account until you are 100% vested in the Basic Pension Plan.

Vesting

You are always 100% vested in the full value of your 401(a) Investment Account.

Withdrawals

Withdrawals are not available from your 401(a) Investment Account unless you terminate employment, become totally disabled or retire from employment. Mandatory Federal and State income taxes and penalties may apply to funds withdrawn. Consult the Retirement Highlights Guide that is located on The Source or contact Fidelity directly to discuss their withdrawal process and procedures.

How may UCHealth retirement benefits impact your Social Security?

As a UCHealth employee, you do not participate in Social Security, however if you have earned 40 “quarters” of credit toward Social Security (a total of 10 years) before being employed at UCHealth or if you eventually complete your 40-quarter requirement, you may still be eligible to receive a Social Security retirement benefit in addition to any UCHealth-provided retirement benefits that you may earn.

Your Social Security benefit (if you earn one) will be calculated using a special reduced formula. This reduction is applied because you also will be paid a retirement benefit through the 401(a) and Basic Pension Plan based on your service with UCHealth, which is not covered by Social Security. This reduction is complex, but it is capped so most employees will still receive a benefit from Social Security. For more information on Social Security benefits, visit ssa.gov.

Retirement
Benefits

Retirement Benefits (Continued)

403(b) Matching Account

The voluntary 403(b) Matching Account is a tax-deferred annuity plan that gives you the opportunity to contribute toward your long-term savings, while a portion of what you save may be matched by UCHealth.

All employees are eligible for 403(b) Matching Account participation. However, only participating employees with an FTE of 0.5 or greater are eligible to receive UCHealth matching contributions. If your FTE is 0.49 or less, you are not eligible for UCHealth matching contributions. However, if your FTE increases to 0.5 or greater, you may become eligible for matching contributions if participating.

Contributions

When you enroll, you choose the percentage of pre-tax pay you wish to contribute each pay period in 1% increments. You can change your contribution percentage at any time and have complete control over how your account is invested.

Under the 403(b) Matching Account, you may contribute up to the lesser of 70% of compensation per pay period or a maximum of \$20,500 in 2022. If you are age 50 or older, your 2022 maximum is increased by \$6,500 for a total maximum contribution of \$27,000 in 2022.

To further your retirement savings, each pay period UCHealth may match your contribution dollar-for-dollar up to an amount equal to 3% of compensation earned. You must be eligible and participating in order to receive the match, which is calculated based on your earnings (up to \$305,000 per IRS limit for 2022) and contribution percentage in effect for that pay period.

You do not pay taxes on contributions or on any earnings while they are invested. You will be responsible for paying taxes when you withdraw the money from your account.

Did you know?

All employee-funded retirement accounts are managed by Fidelity Investments.

Vesting

You are always 100% vested in the pre-tax contributions you make to the 403(b) Matching Account. You vest in the matching contributions made by UCHealth at a rate of 20% per year of service. You are 100% vested after five years of service or at age 65 while employed with UCHealth, whichever comes first.

Withdrawals

Generally, withdrawals are not available from your 403(b) Matching Account unless you terminate employment with UCHealth, become totally disabled or retire from employment.

However, in certain circumstances, you may withdraw a portion of your account if you qualify for a hardship withdrawal, loan, or after you reach age 59½ while employed by UCHealth. Mandatory Federal and State income taxes and penalties may apply to funds withdrawn. Consult the Retirement Highlights Guide that is located on The Source or contact Fidelity directly to discuss their withdrawal process and procedures.

How your 403(b) Matching Account savings can grow

The examples below show how your savings and the money you earn on your savings can add up over time.

Assume Marsha is a full-time employee who earns \$50,000 per year, contributes **3% to the 403(b) Matching Account** and is eligible to receive the 3% UCHealth matching contribution. Also assume Marsha's account earns an average of 5% in investment earnings, and she has 3% annual salary increases. Here's what Marsha's account balance would look like over time. Keep in mind, if your FTE is 0.49 or less, you are not eligible for UCHealth matching contributions.

Years in Plan	5 Years	10 years	15 Years	20 Years	25 Years
Marsha's Savings	\$ 8,000	\$ 17,000	\$ 28,000	\$ 40,000	\$ 55,000
UCHealth Matching Contributions	\$ 8,000	\$ 17,000	\$ 28,000	\$ 40,000	\$ 55,000
Investment Earnings	\$ 2,000	\$ 10,000	\$ 24,000	\$ 50,000	\$ 89,000
Total Account Balance	\$ 18,000	\$ 44,000	\$ 80,000	\$ 130,000	\$ 199,000

In this example, let's assume Marsha is a full-time employee who earns \$50,000 per year, contributes **10% to her 403(b) Matching Account** and receives the 3% UCHealth matching contribution. Again assume Marsha's account earns an average of 5% in investment earnings, and she has 3% annual salary increases. Here's what Marsha's account balance would look like over time.

Years in Plan	5 Years	10 years	15 Years	20 Years	25 Years
Marsha's Savings	\$ 27,000	\$ 57,000	\$ 93,000	\$ 134,000	\$ 182,000
UCHealth Matching Contributions	\$ 8,000	\$ 17,000	\$ 28,000	\$ 40,000	\$ 55,000
Investment Earnings	\$ 4,000	\$ 21,000	\$ 53,000	\$ 108,000	\$ 194,000
Total Account Balance	\$ 39,000	\$ 95,000	\$ 174,000	\$ 282,000	\$ 431,000

Retirement
Benefits

Retirement Benefits (Continued)

457(b) Deferred Compensation Plan

The 457(b) Deferred Compensation Plan gives you one more way to build your retirement nest egg. It is a voluntary tax-deferred plan available to all employees with an FTE of 0.1 or greater, excluding flex/relief employees, per diem employees and Travelers.

Because the 457(b) Deferred Compensation Plan is separate from the 403(b) Matching Account, you can contribute to both plans to optimize your retirement savings.

Did you know?

You may manage your 401(a), 403(b) and 457(b) accounts 24/7 by visiting netbenefits.com/uhealth.

Contributions

When you enroll, you decide how much pret-tax dollars you wish to save in the plan each pay period. You can change your contribution amount at any time and have complete control over how your account is invested. The 457(b) Deferred Compensation Plan contribution maximum for 2022 is:

- \$20,500 if you are under age 50
- \$27,000 if you are age 50 or older

Under the 457(b) Deferred Compensation Plan, instead of contributing a percentage of pay, you contribute a flat dollar amount per pay period. Contributions are tax-free and can grow tax-free until the money is withdrawn.

Vesting

You are always 100% vested in the full value of your 457(b) Deferred Compensation Plan.

Withdrawals

Generally, withdrawals are not available from your 457(b) Deferred Compensation Plan unless you terminate employment with UHealth, become totally disabled or retire from employment.

However, under certain circumstances, you may withdraw a portion of your account if you qualify for a loan or after you reach age 59½ while employed by UHealth. Mandatory Federal and State income taxes and penalties may apply to funds withdrawn. Consult the Retirement Highlights Guide that is located on The Source or contact Fidelity directly to discuss their withdrawal process and procedures.

Consolidate your accounts

If you have a qualified 401(k), 403(b) or governmental 457(b) defined contribution account balance from a former employer, you may be able to either:

- Cash it out (taxes and penalties may apply for early withdrawal), or
- Roll it into a UHealth defined contribution plan—403(b) or 457(b)—or an IRA

Account balances from non-governmental 457(b) Deferred Compensation Savings Plans that limit participation to a select group of management or highly compensated employees (also known as “top hat” plans) are not eligible for rollover to a UHealth plan.



Retirement Benefits (Continued)

Benefits Summary	Basic Pension Plan	401(a) Investment Account	403(b) Matching Account <input type="checkbox"/> <small>Select</small>	457(b) Deferred Compensation Plan <input type="checkbox"/> <small>Select</small>
Eligibility	All employees of UCHealth			All employees of UCHealth with an FTE of 0.1 or greater, excluding flex/relief employees, per diem employees and Travelers.
Contributions	UCHealth pays the full cost of contributions	<ul style="list-style-type: none"> You must contribute 6.2% of pay through pre-tax payroll deductions until you reach the Social Security Taxable Wage Limit. This is in lieu of Social Security. If FTE is 0.49 or less, or are a flex/relief employee, per diem employee or as a Traveler, UCHealth contributes 1.3% of your pay until you are 100% vested in the Basic Pension Plan. 	<ul style="list-style-type: none"> You may contribute through pre-tax payroll deductions. UCHealth matches your contributions dollar-for-dollar up to 3% of your pay, if you have an FTE of 0.5 or greater. 	You may contribute through pre-tax payroll deductions.
Responsibility for Investing	UCHealth	Employee		
Changing Your Investments	N/A	<ul style="list-style-type: none"> You can choose how your contributions and any UCHealth contributions are invested. You can change how your funds are invested at any time. 		
Vesting	20% per year of service; 100% vested after 5 years of service (or age 65 while employed)	100%	<ul style="list-style-type: none"> Your contributions: 100%. UCHealth matching contributions: 20% per year of service; 100% vested after 5 years of service (or age 65 while employed). 	100%
Your Benefit Amount	Monthly benefit based on the Basic Pension Formula (partial and lump sum options may be available at time of termination or retirement)	<ul style="list-style-type: none"> Each quarter you will receive an electronic statement from your plan administrator that displays account balance and all account activity. To receive a paper statement via U.S. Postal Service, you must contact your plan administrator. Separate accounts with your contributions are held in your name. Your accounts are regularly updated to reflect investment earnings or losses and contributions. There are no guarantees that the funds held in your account will produce favorable earnings. Due to the nature of the investments, your account may sometimes experience losses. 		

Have questions about 401(a), 403(b) or 457(b)?

Contact Fidelity at **800.343.0860** or go to netbenefits.com/uchealth.

Need help planning your retirement future?

Schedule a free one-on-one assistance session with a Fidelity Investment Advisor. Visit [The Source](#) to make an appointment.

Have questions about pension?

Contact the UCHealth Pension Service Center for all pension-related questions. Call 855.808.3518 Monday to Friday from 7 a.m. to 5 p.m.

Want to project what your pension benefit may be?

Review the Retirement Section of your Total Compensation Statement that is provided by UCHealth annually, or access the easy-to-use Pension Estimator Tool by logging on to eepoint.towerswatson.com/sites/UCH/ESS.



Retirement
Benefits

Employee Premiums

Tobacco-free rate:

If you attest to being tobacco-free during open enrollment, you can save an extra \$25 per pay period on your medical plan premiums.

The following charts provide an overview of premium cost for coverage. Premiums will be deducted from the first and second paycheck each month for a total of 24 deductions during the plan year (July 1, 2022–June 30, 2023).

To be eligible to receive the wellness medical premium discount, employees must complete the Wellness Benefit Training through ULearn.

Medical Rates Per Pay Period	Employee Wellness Tobacco-Free		Employee Non-Wellness Tobacco-Free		Employee Wellness Tobacco User		Employee Non-Wellness Tobacco User	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Network Plan								
Employee	\$66.33	\$236.20	\$76.33	\$246.20	\$91.33	\$261.20	\$101.33	\$271.20
Employee plus Child(ren)	\$144.19	\$454.92	\$154.19	\$464.92	\$169.19	\$479.92	\$179.19	\$489.92
Employee plus Spouse	\$157.93	\$483.43	\$167.93	\$493.43	\$182.93	\$508.43	\$192.93	\$518.43
Employee plus Family	\$214.19	\$675.77	\$224.19	\$685.77	\$239.19	\$700.77	\$249.19	\$710.77
HD/HSA Plan								
Employee	\$0.00	\$52.50	\$10.00	\$62.50	\$25.00	\$77.50	\$35.00	\$87.50
Employee plus Child(ren)		\$240.17		\$250.17		\$265.17		\$275.17
Employee plus Spouse		\$240.49		\$250.49		\$265.49		\$275.49
Employee plus Family		\$343.57		\$353.57		\$368.57		\$378.57
Kaiser								
Employee	\$154.60	\$335.78	\$164.60	\$345.78	\$179.60	\$360.78	\$189.60	\$370.78
Employee plus Child(ren)	\$331.63	\$644.76	\$341.63	\$654.76	\$356.63	\$669.76	\$366.63	\$679.76
Employee plus Spouse	\$365.81	\$685.04	\$375.81	\$695.04	\$390.81	\$710.04	\$400.81	\$720.04
Employee plus Family	\$491.91	\$957.08	\$501.91	\$967.08	\$516.91	\$982.08	\$526.91	\$992.08

Dental Rates Per Pay Period	Essential Dental	Enhanced Dental	Premium Dental
Employee	\$7.75	\$15.07	\$23.27
Employee plus Child(ren)	\$15.01	\$30.59	\$44.68
Employee plus Spouse	\$15.09	\$25.98	\$40.64
Employee plus Family	\$25.43	\$43.87	\$67.67

Vision Rates Per Pay Period	
Employee	\$3.50
Employee plus 1	\$6.37
Employee plus Family	\$9.69

Employee Premiums

Employee Premiums (Continued)

Accident Insurance Rates Per Pay Period	
Employee	\$2.28
Employee plus Child(ren)	\$5.37
Employee plus Spouse	\$4.57
Employee plus Family	\$6.55

Legal Insurance Rates Per Pay Period	
Employee	\$8.00

Identity Protection Rates Per Pay Period	
Employee	\$4.98
Family	\$8.98

Critical Illness Rates Per Pay Period	Age	\$15,000	\$30,000
Employee	<25	\$1.87	\$3.75
	25-29	\$1.95	\$3.90
	30-34	\$2.70	\$5.40
	35-39	\$3.37	\$6.75
	40-44	\$4.80	\$9.60
	45-49	\$7.05	\$14.10
	50-54	\$9.97	\$19.95
	55-59	\$13.50	\$27.00
	60-64	\$19.27	\$38.55
	65-69	\$28.87	\$57.75
70+	\$44.77	\$89.55	
Employee plus Child(ren)	<25	\$3.45	\$6.90
	25-29	\$3.52	\$7.05
	30-34	\$4.27	\$8.55
	35-39	\$4.95	\$9.90
	40-44	\$6.30	\$12.60
	45-49	\$8.55	\$17.10
	50-54	\$11.40	\$22.80
	55-59	\$14.92	\$29.85
	60-64	\$20.77	\$41.55
	65-69	\$30.30	\$60.60
70+	\$46.27	\$92.55	
Employee plus Spouse	<25	\$3.30	\$6.60
	25-29	\$3.52	\$7.05
	30-34	\$4.65	\$9.30
	35-39	\$6.00	\$12.00
	40-44	\$8.17	\$16.35
	45-49	\$12.07	\$24.15
	50-54	\$17.10	\$34.20
	55-59	\$23.70	\$47.40
	60-64	\$34.27	\$68.55
	65-69	\$51.07	\$102.15
70+	\$77.10	\$154.20	
Employee plus Family	<25	\$4.87	\$9.75
	25-29	\$5.17	\$10.35
	30-34	\$6.22	\$12.45
	35-39	\$7.50	\$15.00
	40-44	\$9.67	\$19.35
	45-49	\$13.50	\$27.00
	50-54	\$18.52	\$37.05
	55-59	\$25.20	\$50.40
	60-64	\$35.70	\$71.40
	65-69	\$52.57	\$105.15
70+	\$78.60	\$157.20	

Employee Premiums

My Benefits Selections

See [page 3](#) of the Enrollment Guide for instructions about how to use this worksheet.



Important reminder

Enrolling in benefits

To finalize your enrollment selections, log on to [Employee Space](#) and make your benefit elections. For instructions on accessing Employee Space from home, [click here](#). Remember to retain a copy of your benefit confirmation statement that will be emailed to your uhealth.org address once you've completed the enrollment process.

Life insurance

To enroll in life or AD&D insurance, call 866.293.6047 or go to lifevenefits.com.

Pet insurance

To enroll in pet insurance, call 888.212.7204 or go to petsnationwide.com.

Auto/home insurance

To enroll in auto/home insurance, call 888.212.7204 or go to personal-plans.com/auto.

Retirement plans

To enroll in or to manage your retirement plans, contact Fidelity at 800.343.0860 or go to netbenefits.com/uhealth.

Below are the selections you made in the 2022–2023 Benefits Enrollment Guide. To review any of the plan options selected, click on the header to view the benefit summaries. You can print this page and reference it when enrolling through [Employee Space](#).

Medical Benefits

Network Plan
HD/HSA Plan
Kaiser

Voluntary Benefits

Accident Insurance
Critical Illness Insurance
Identity Protection
Legal Services

Dental Benefits

Essential Dental
Enhanced Dental
Premium Dental

Vision Benefits

Vision Service Plan (VSP) – Choice Network

Flexible Spending Accounts (participation in an FSA for health care disqualifies participation in an HSA)

Flexible Spending Account for Health Care
Flexible Spending Account for Dependent Day Care

Health Savings Accounts (these options are only allowed with the HD/HSA Plan)

Health Savings Account (HSA)
Limited Flexible Spending Account (LFSA)

Disability

Short Term Disability Buy-Up coverage
Long Term Disability Buy-Up coverage

The following plans are managed outside of Employee Space. To review, enroll or make changes to these plans, please contact the carrier directly.

Life and AD&D Insurance

Employee Supplemental Term Life
Employee Supplemental AD&D
Spouse Supplemental Term Life
Spouse Supplemental AD&D
Child Life Insurance

Voluntary Benefits

Pet Insurance
Choice Auto and Home Insurance

Retirement Benefits

403(b) Matching Account
457(b) Deferred Compensation Savings Plan

**My Benefits
Selections**

Glossary of Terms

Authorize/authorization: When a health plan approves treatment for covered health care services. Members may have to pay for non-approved treatment. Note: Emergency services and out-of-area urgent care services usually do not require prior authorization. Your prescription vendor uses pre-approved criteria to provide authorizations for claims. For certain types of drugs, prior authorization is required.

Brand-name drug: Prescription drugs that are manufactured and marketed under a registered trade name or trademark. Your health plan's formulary provides access to brand name drugs, as well as generic drugs.

Claim: A request for payment of benefits.

Coinsurance: A cost-sharing feature in which the member pays a percentage of the cost of care (e.g., 15% coinsurance = member pays 15% of the cost).

Copayment (or copay): A cost-sharing feature where the member pays a set dollar amount for the cost of care (e.g., \$30 per physician office visit). For prescription drugs, you will pay whichever costs less—the copayment or the retail price charged.

Deductible: A cost-sharing feature in which the member pays a set dollar amount before becoming eligible for payment **by the plan** for some or all covered services. Example: If a member has a \$250 deductible, they pay up to \$250 for services before the plan begins paying.

Dependent: Person (e.g., a spouse or child) other than the subscriber (employee) who is covered in the subscriber's health care plan.

Diagnostic tests: Tests and procedures ordered by a doctor to determine if the patient has a certain condition or disease based upon specific signs or symptoms demonstrated by the patient. Such diagnostic tools include but are not limited to radiology, ultrasound, nuclear medicine, laboratory, pathology services or tests.

Flexible Spending Account (FSA)—for Health Care and Dependent Day Care: A Flexible Spending Account is another way to pay for eligible health care expenses as defined by the IRS on a pre-tax basis. This account differs from the Health Savings Account (HSA), as FSAs are subject to "use it or lose it" rules and do not roll over year-to-year.

Formulary: A list of preferred pharmaceutical products and medicines developed in consultation with physicians and pharmacists.

Drug Tier 1 (lowest copayment): Prescription drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Drug Tier 2: Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are preferred within their therapeutic classes based on clinical effectiveness and value.

Drug Tier 3: These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents available in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Drug Tier 4 (highest copayment): These are usually specialty brand-name drugs that require a higher level of monitoring and authorization than drugs in the lower tiers. These drugs often have a high cost associated with them.

Exclusions: Specific conditions or circumstances including medical, surgical, hospital or other treatments for which the program offers no coverage. It is very important to consult the health benefit plan to understand what services are not covered services.

Explanation of benefits (EOB): A form that may be sent to the member after a claim has been processed by the health plan. The form explains the action taken on that claim. This explanation usually includes the amount paid, the benefits available, reasons for denying payment or the claims appeal process.

Generic drug: Generic drugs are medication equivalents that have the same active ingredients and provide the same clinical benefits as their brand-name counterparts. Generic equivalents become available when a brand-name drug patent expires. They may look different than their counterpart brand-name drugs in size, shape or color, but they meet the same U.S. Food and Drug Administration standards for safety, purity and potency.

Health Savings Account (HSA): A Health Savings Account is another way to defer taxable income to pay for eligible health care expenses as defined by the IRS. To participate in the HSA, employees must be enrolled in the HD/HSA Plan. HSA funds roll over from year-to-year. These funds remain yours even if you change jobs or health plans.

High Deductible Plan (HD/HSA Plan): A type of plan where the member pays out of pocket for services until a deductible is reached. Unlike a PPO, this plan offers no copayment options. The UCHealth HD/HSA plan is a qualified high-deductible health plan for health savings accounts and other tax-advantaged programs.

In-network: Refers to the use of doctors or facilities who participate in the health benefit plan's provider network. The Network Plan requires members to use participating (in-network) doctors and facilities only to receive benefits.

Inpatient: When a person receives medical treatment in a hospital or other health care facility with an overnight stay.

Maintenance drug: Medications that are prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance drugs are high blood pressure, high cholesterol, epilepsy and diabetes.

Glossary of Terms (Continued)

Mental health services: Rehabilitative services that include medication support services, intensive day treatment, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services and psychiatric health facility services such as: psychiatric inpatient hospital services; targeted case management; psychiatric services; psychologist services; early, periodic, screening, diagnosis and treatment (EPSDT); supplemental specialty mental health services.

Network: The doctors, clinics, hospitals and other medical providers with whom the health plan contracts to provide health care to its members. Members may be limited to network providers for full benefits.

Network provider: A doctor, hospital, pharmacy, laboratory or other appropriately licensed facility or provider of health care services or supplies, who has contracted with a health plan to participate in the network and has agreed to certain contracted fees.

Non-formulary drug: A drug that is not listed on the health plan's formulary and requires authorization from the health plan in order to be covered.

Non-network provider: A doctor or facility who has not contracted with a health plan to participate in the network. It is also known as a non-participating provider or out-of-network provider.

Out-of-network: The use of non-network doctors or facilities. Members using out-of-network doctors and facilities may pay additional costs because non-network doctors and facilities have not contracted with the health plan for reduced fees.

Out-of-pocket maximum: The maximum amount that a member will generally have to pay in a fiscal year for covered services under the health benefit plan. Once this limit is reached, the health plan pays for all services up to a maximum level of coverage.

Outpatient: When a person receives medical treatment in a hospital or other health care facility without an overnight stay.

Outpatient surgery: Surgical procedures performed that do not require an inpatient (or overnight) admission. Such surgery can be performed in a hospital, or an ambulatory/freestanding surgery center.

Over-the-counter (OTC) drugs: Drugs which may be purchased without a prescription and are not covered by the Rx benefit.

Pre-authorization: A formal process or procedure used to review and assess the medical necessity and appropriateness of elective hospital admissions and non-emergency care before the services are provided. Prior authorization is required for many services; however, for emergency or out-of-area urgent care service, prior authorization is not required.

Preferred Provider Organization (PPO): A type of health benefit plan designed to give members incentives to use health care doctors and facilities designated as network providers.

Primary care physician (PCP): A doctor or clinic in the network selected by the member to be the first physician contacted for any non-emergency care medical problem. The physician acts as the patient's regular physician and coordinates any other care the patient needs, such as a visit to a specialist or hospitalization.

Prior authorization (medications): The process required to dispense certain drugs when the use of those drugs is defined or limited by conditions of the subscribers' coverage or health plan.

Certain prescription drugs (or the prescribed quantity of a particular drug) may require prior authorization of benefits. Prior authorization helps promote appropriate usage and enforcement of guidelines for prescription drug benefit coverage. At the time the subscriber fills a prescription, the network pharmacist is informed of the prior authorization

requirement through the pharmacy's computer system and the pharmacist is instructed to contact the prescription vendor for the subscriber's health plan.

The health plan's prescription vendor uses pre-approved criteria to complete prior authorizations. The prescription vendor communicates the pre-approved criteria to the pharmacist. If additional information is needed regarding the prior authorization criteria, the prescription vendor or the pharmacist may contact the subscriber's prescribing physician. This is also called pre-certification.

Provider: A health care facility, program, agency, physician or health professional that delivers health care services or supplies. Examples include: doctors, clinics, hospitals, skilled nursing facilities, home health agencies, pharmacies, laboratories, X-ray facilities, durable medical equipment suppliers.

Retail chain pharmacies: A group of pharmacy stores under the same management or ownership. Examples include UHealth retail pharmacy, CVS, Walgreens, King Soopers, Target and Wal-Mart. The Rx Retail Pharmacy Network includes most national chain pharmacies, along with many locally owned independent pharmacies.

Specialist: A doctor or other health professional who has advanced education and training in a clinical area of practice and is accredited, certified or recognized by a board of physicians or like peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that clinical area of practice.

Tobacco use: Tobacco use is defined by UHealth as including, but not limited to, the regular use of cigarettes, electronic cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip and loose tobacco smoked via pipe or hookah. To be tobacco-free, you must attest that you have not used tobacco in any of the above ways for the last 60 days.

Who to Contact

Contact	Website or Email	Phone
Human Resources	hrservicecenter@uchealth.org	855.MyHR.UCH (855.694.7824) 7:30 a.m.-4 p.m. M-F
Anthem Blue Cross and Blue Shield <ul style="list-style-type: none"> • Network Plan • HD/HSA Plan 	anthem.com/uchealth	844.971.0122
Choice Auto and Home	personal-plans.com/auto	888.212.7204
ComPsych (Employee Assistance Program (EAP))	guidanceresources.com Web ID: UCHealth	844.597.8242
Delta Dental: <ul style="list-style-type: none"> • Essential Dental • Enhanced Dental • Premium Dental 	deltadentalco.com Customer Service email: customer_service@ddpco.com	800.610.0201
Employee Discounts	uchealth.benefithub.com Referral Code: J4737A	866.664.4621
Fidelity Investments (401(a), 403(b) and 457(b))	netbenefits.com/UCHealth	800.343.0860
Allstate Identity Protection	myaip.com	888.212.7204 open 7 a.m.-5 p.m. M-F
Kaiser (May not be available to some employees depending on location) Group # 47075	kp.org	303.338.3800 or 800.632.9700
MetLife Voluntary Plans <ul style="list-style-type: none"> • MetLife Legal • Accident Insurance • Critical Illness Insurance 	mybenefits.metlife.com	888.212.7204 open 7 a.m.-5 p.m. M-F
Nationwide® Pet Insurance	petsnationwide.com	888.212.7204 open 7 a.m.-5 p.m. M-F
Navitus Prescription Benefits (for Anthem participants)	navitus.com/members	844.268.9789
New York Life (Short Term Disability, Long Term Disability)	mycigna.com	888.842.4462
Optum Bank Health Savings Account	optumbank.com	844.326.7967
Securian (Minnesota Life) Life and AD&D Insurance	lifebenefits.com	866.293.6047
UCH Mail Order Prescription Service Aurora		877.398.0598
UCHealth Pension Service Center	eepoint.towerswatson.com/sites/UCH/ESS/ (Pension Plan Estimator Tool)	855.808.3518
UCHealth Plan Administrators <ul style="list-style-type: none"> • Flexible Spending Account for Health Care • Flexible Spending Account for Dependent Day Care • COBRA Administration 	tpa.uchealth.org	Flexible Spending Accounts: 866.644.7873 Fax (for claims): 970.224.3722 COBRA: 800.207.1018
Vision Services Plan (VSP) - Choice Network	vsp.com	800.877.7195