



# BENEFITS GUIDE

Calendar year,  
January 1–December 31, 2025

You make extraordinary possible.

uchealth

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## 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.

To save changes you've made to your Benefits Checklist, click the "Save" button at the bottom-right of the page and save over the current version.

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The information in this guide is intended to provide a summary of the benefit programs available for the plan year, January 1–December 31, 2025. This guide applies to all employed staff at UCHHealth facilities, whether employed by University of Colorado Hospital Authority or University of Colorado Health (UCHHealth). 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 must meet the eligibility and participation requirements of the plan. If any provisions in this guide are inconsistent with the terms of any plan document, the language in the plan document will always govern.



# How to Enroll

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 December 31, 2025, unless you experience a qualified life event.

## Online enrollment

All benefit-eligible employees have 31 days from their eligibility date to enroll in or waive UCHealth benefits. See [page 4](#) within this guide for eligibility and coverage information. Follow the steps below to complete your enrollment 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 "Benefits" in the menu on the left, then click the "Benefit Enrollment and Changes" tab in the middle of the screen. [Click here](#) to watch a step-by-step enrollment video.
3. Double click on the New Hire/Newly Eligible enrollment event.
4. List your 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. Entering your legal dependents' information under the list of available dependents for coverage section does not automatically enroll them in a benefit. That is done within the following enrollment screens. Note: All dependents are subject to eligibility verification if added to coverage.
5. Confirm your tobacco status, then proceed through all enrollment screens by selecting a benefit choice for each plan offered, adding your dependents to coverage as applicable until you get to the end. Once you review and submit, a confirmation summary will generate which will signify that you have completed the enrollment process successfully. **This statement must be reviewed for accuracy and retained for your records.** Once you've completed your enrollment action, your benefit elections will be effective through December 31, 2025, unless you experience a qualified life event.
6. Click Log Out.
7. If you would like to enroll in supplemental life insurance, retirement, pet or auto/home insurance, visit the Benefits page on [The Source](#) for further enrollment instructions.

## 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).**

## Retirement and life insurance

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.

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.

## Default coverage if you do not enroll

All benefit-eligible employees are required to 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**. All other benefits will be waived. This is considered default coverage.

Once enrolled in default coverage, changes can be made only if you experience a qualified life event or at the next annual open enrollment.

In the event you have been enrolled in default coverage and you are tobacco-free, you can reduce your medical premium the first of the following month in which you complete a Tobacco Status Change through Employee Space. Contact the HR Service Center if you need any assistance.

# Eligibility and Coverage

## Eligibility for benefits

### Employee eligibility

Benefit eligibility is based on your total full-time equivalent (FTE) status. An FTE of 1.0 is equivalent to 80 hours per pay period. If you're unsure of your FTE, log on to Employee Space and select Profile. Some benefit eligibility restrictions apply for internal Travelers.

### 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 the 403(b) retirement plan with employer match

### 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 the 403(b) retirement plan

### 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 the 403(b) retirement plan

### Eligible dependents

If you cover yourself, you may enroll your eligible dependents in certain benefits as described in this guide. If your eligible dependents are also UCHHealth employees enrolled in their own coverage through UCHHealth or already have coverage through another UCHHealth employee, you cannot enroll them on your plans (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.\*\*

Visit [The Source](#) to make changes to your benefits due to a Qualified Life Event (marriage, birth of a child, etc.) or contact the [HR Service Center](#) for eligibility questions.

- 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 the HR Service Center 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 Account for Health Care or Health Savings Account 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 benefit 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 year.

When enrollments are processed after the benefit coverage begin date, we will adjust your next available paycheck for any missed benefit premium(s). This additional deduction from your paycheck is required 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 status. If your termination date or status-change effective 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 could be 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. Each medical plan option has a network of doctors, prescription drug benefits and other key features. Carefully consider these components when deciding which medical plan is best for you and your family's needs. Compare:

- The premium amount you would pay to have the medical plan
- The additional cost of copays, coinsurance and/or deductibles
- What doctors, facilities and pharmacies you could use
- How prescriptions drugs would be covered

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)

While the **Network Plan** does require you to [contact Anthem](#) to select a primary care physician (PCP) for yourself and all covered dependents, other health plans do not.

You can choose any PCP who is available to accept you or your dependents, though services will be billed according to the network the provider belongs to and the facility you received care from. For children, you may designate a pediatrician as their PCP.

You can change PCPs anytime during the year by contacting the insurance carrier's Member Services (at the number listed on the [Who to Contact](#) page). If you need assistance finding an in-network PCP, visit the Benefits page on [The Source](#). It is recommended that you find a PCP regardless of the medical plan you elect to help you coordinate your health care needs.

## When and where to get care

UCHealth is committed to bringing care closer to home across the state of Colorado.

Find information about UCHealth primary care locations and providers, urgent care locations, emergency locations and our virtual visit offerings [here](#).

## Medical Benefits

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

## Network Plan

The Network Plan medical option through Anthem Blue Cross Blue Shield is an in-network only HMO 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 other specific services. If you seek services from providers or hospitals outside of the network or without a proper referral, it will not be covered by the plan.

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 may 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.

# Medical Benefits (Continued)

## Medical Benefits

### 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 office 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.

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

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 benefit 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 plan year 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 office 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 (available to some employees depending on work 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. 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

The contacts on [Page 26](#) 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 <div>Select</div>	HD/HSA Plan <sup>2</sup> <div>Select</div>			Kaiser** <div>Select</div>
	In-Network only*	In-Network		Out-of-Network	In-Network only*
	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	Kaiser Network
Plan Year Deductible Individual/Family	\$250/\$750	\$1,750/\$3,500		\$3,000/\$6,000	None
Plan Year Out-of-Pocket Maximum*** Individual/Family	\$4,000/\$8,000	\$3,500/\$7,000		\$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	\$300 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 <sup>1</sup>	15% coinsurance	25% coinsurance	50% coinsurance	\$500/day \$2,000 per admission max
Outpatient Services	\$150 copay <sup>1</sup>	15% coinsurance	25% coinsurance	50% coinsurance	\$500/visit
Ambulatory Surgery Center	\$100 copay <sup>1</sup>	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 <sup>1</sup>	15% coinsurance		50% coinsurance	\$500/day \$2,000 per admission max
X-ray	Plan pays 100% <sup>2</sup>	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 <sup>1</sup>	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.

\*\*\*\* Includes 60 minute preventive mental health wellness exam from a qualified mental health provider.

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

<sup>2</sup> All coinsurance applies after deductible.



# Prescription Drug Benefits

Type of Rx	Network Plan		HD/HSA Plan <sup>1</sup>			Kaiser**	
	UCHealth Pharmacy*	Navitus Retail	UCHealth Pharmacy	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

<sup>1</sup> All coinsurance applies after deductible.  
\* After a maximum of one fill, maintenance medications and Tier 4 medications must be filled through the UCHealth Pharmacy (delivery by mail service or retail location).  
All Tier 4 medications must be filled by the UCHealth Pharmacy (delivery by mail service or retail location).  
\*\* 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 Pharmacy (delivery by mail service or retail location) for maintenance medications after the first fill. The UCHealth Pharmacy must be used for all Tier 4 specialty fills.
- HD/HSA Plan Tier 4 specialty medications must be filled through UCHealth Pharmacy (delivery by mail service or retail location) or the Lumicera Specialty pharmacy 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 delivery by mail service or fill a 90-day supply, it must be filled through UCHealth Pharmacy (delivery by mail service or retail location). 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 the **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 provided through UCHealth pharmacies and Navitus.



Navitus Prescription Benefits: **844.268.9789**  
UCHealth Pharmacy:  
**877.398.0598** | [pharmacy@uchealth.org](mailto:pharmacy@uchealth.org)



# 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.

### 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

UCHealth is dedicated to supporting every aspect of wellbeing. To augment our robust medical and behavioral health benefits, UCHealth 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 UCHealth employees have access to various gym discounts across the Front Range, as well as Colorado Springs and Steamboat Springs. Gyms such as 24 Hour Fitness and Anytime Fitness are a few that offer discounts. You can find a list of fitness facilities that offer discounts to UCHealth employees at [The Source](#) or by visiting our [wellness page](#).

Through the Active and Fit discount program, UCHealth employees have access to 12,000 gyms at once—brands like Vasa and 24-hour Fitness—with no contract required. You can also access more than 4,000 digital workout videos and lifestyle coaching. Visit the Gyms Discounts page on [The Source](#) for more information.

### 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 UCHealth 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 UCHealth mission of improving lives, employees can take advantage of tips to support their personal wellbeing by completing the [Wellness Benefit Training](#). Employees who complete the Wellness Benefit Training module through ULearn receive a \$10 per pay period medical plan premium discount on a prospective basis.

### 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](#).

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

Wellness  
Program



# 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 UCHealth 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.).

## Elect accident and critical illness insurance



You may enroll for these voluntary benefits through **Employee Space** when you enroll for your other health benefits. See **page 22** for premiums.

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

Voluntary Benefits

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 GroupSelect<sup>SM</sup>, Travelers, Liberty Mutual Insurance and Safeco Insurance.\* <sup>1,2</sup>

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](https://personal-plans.com/auto).
- Convenience of being able to switch right away and start saving sooner.
- Ease of paying premiums via payroll deduction.

<sup>1</sup> Auto insurance and home insurance may not be available from all carriers in all states and may not be offered in this program.

<sup>2</sup> 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

Allstate Identity Protection delivers comprehensive fraud monitoring and powerful mobile and desktop cybersecurity to protect you, your family, and your finances from threats. Manage your personal data, safeguard your devices, and protect your identity. If fraud occurs, our full service remediation, plus stolen fund and expense reimbursement have you covered.<sup>3</sup>

<sup>3</sup> 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. Certain features require additional activation. 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** provide 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 navigating reproductive issues including surrogacy, donation and/or adoption.

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 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.<sup>4</sup>

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 (\$110 value).

Learn more at [petsnationwide.com](https://petsnationwide.com).

<sup>4</sup> 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.

<b>Essential Dental</b> <ul style="list-style-type: none"><li>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 cleanings.</li></ul>
<b>Enhanced Dental</b> <ul style="list-style-type: none"><li>Provides a higher plan year maximum than Essential Dental, with greater coverage for basic and major services.</li></ul>
<b>Premium Dental</b> <ul style="list-style-type: none"><li>Provides the highest plan year maximum for individuals/families who use more dental services.</li></ul>

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	Enhanced Dental	Premium Dental
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](https://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\*\*\*.

VSP does not issue ID cards; instead, use your SSN at the time of service.

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

Select ☐

Benefits Summary	Benefit <sup>1</sup>	Copay
Well Vision Eye Exam	Every 12 months***	\$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***	Included in prescription glasses copay
Lenses	Single vision, lined bifocal, lined trifocal and standard progressives Includes UV Protection Every 12 months***	
Lens Enhancements	Average savings: 25%	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

<sup>1</sup> 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.  
\*\*\* As of January 1 each year.

Visit [vsp.com](https://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:

- UCHealth 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 Simplified Benefits Administrators (formerly 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 for the calendar year, January 1-December 31, 2025.
- Designate up to \$3,300 (or up to \$137.50 per pay period) in your FSA Health Care account to pay for eligible expenses. The designated amount will be split into equal, pre-tax repayments, at each pay period, throughout the calendar year, January 1-December 31, 2025.
- 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.
- Estimate the amount of money you expect to spend on eligible dependent day care expenses for the calendar year, January 1-December 31, 2025.
- Designate up to \$5,000 (or up to \$208.33 per pay period) to pay for eligible Dependent Day Care expenses for the calendar year, January 1-December 31, 2025. The designated amount will be split into equal, pre-tax repayments, at each pay period, throughout the calendar year, January 1-December 31, 2025. 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 a maximum of \$2,500. 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

FSAs are considered "use it or lose it" accounts. 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 your date of coverage through December 31, 2025. You have until March 31, 2026, to submit reimbursement claims for these eligible expenses. After March 31, 2026, any remaining balance will be forfeited.

## Did you know?

Your FSAs are administered through Simplified Benefits Administrators.

Re-enrollment is required every plan year to participate.

You are responsible for understanding how the FSA plans work and what your election can be used for. If you terminate employment or become ineligible during the plan year, any unused FSA balance(s) will be forfeited in accordance with plan rules unless COBRA is elected.

Two FSA debit cards will be mailed to you at the time of initial enrollment. Hold on to your FSA debit cards until they expire, as there may be a fee for additional or replacement cards.

For eligible expenses, balances, FAQs and other self-service options, sign up for portal access at [simplifiedbenefitsadministrators.org](https://simplifiedbenefitsadministrators.org) using the Flexible Spending Account Members link.

Flexible  
Spending  
Accounts

## What are the limits?

Internal Revenue Code 2025 contribution limits	
Health Care FSA Contribution Limit	\$3,300 annually \$137.50 per paycheck
Dependent Day Care FSA Contribution Limit (per household)	\$5,000 annually \$208.33 per paycheck



## Important

For additional information regarding your Flexible Spending Accounts for Health Care and Dependent Day Care, contact Simplified Benefits Administrators at **866.644.7873**.



# Health Savings Account

## Available to HD/HSA medical plan members only

### Health Savings Account (HSA) Select ☐

Whether you're paying a doctor's bill or filling a prescription, your Fidelity 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—you can even 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 eligible dependents.

### What are the limits?

Internal Revenue Code 2025 contribution limits	
HSA Contribution Limit, single coverage	\$4,300 annually \$179.16 per paycheck
HSA Contribution Limit, family coverage	\$8,550 annually \$356.25 per paycheck
HSA, age 55 catch-up	\$1,000 annually Additional \$41.66 per paycheck
LFSA Contribution Limit	\$3,300 annually \$137.50 per paycheck

Health Savings Account



### Important

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 UCHHealth, 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, you are eligible to purchase supplemental term life insurance up to \$500,000 without needing to complete an evidence of insurability questionnaire if elected within the first 31 days. Any request over this amount will require medical underwriting.

You may also purchase term life insurance for your 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, you can purchase spouse/common-law spouse/civil union partner life insurance up to \$50,000 without needing to complete an evidence of insurability questionnaire if elected within the first 31 days. Any request over this amount will require medical underwriting.

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

## AD&D insurance

All benefit-eligible employees receive employer-provided basic employee AD&D (accidental death and dismemberment) insurance of 1x annual base pay up to \$2 million through Securian\*. If your death is the result of an accident, your designated beneficiary will be paid the amount of any AD&D 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.

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 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://lifebenefits.com) to get started.

## 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 50 miles away from your home. Go to [lifebenefits.com/travel](https://lifebenefits.com/travel) to learn about replacing lost or stolen luggage, medication or other critical items, pre-trip planning and emergency services.
- Legal, financial and grief services** – Access professional services for a variety of needs—from legal matters and financial situations to coping with loss—through comprehensive web and mobile resources, as well as consultations. [Learn more here.](#)
- Legacy planning resources** – Access a variety of online information/resources, including end-of-life and funeral planning, final arrangements, important directives and survivor assistance. After a claim is started, these additional services are available to beneficiaries by phone. [Learn more here.](#)
- Empathy** – Provides on-demand tools and human support for beneficiaries to navigate the loss of a loved one through a dedicated care manager, a personalized care plan, emotional and grief resources and guidance to navigate estate settlement. [Learn more here.](#)

## Supplemental options

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

## 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	\$0.020	\$0.02
30-34	\$0.026	
35-39	\$0.039	
40-44	\$0.059	
45-49	\$0.094	
50-54	\$0.154	
55-59	\$0.241	
60-64	\$0.321	
65-69	\$0.512	
70-74	\$0.899	
75+	\$1.618	

Life and  
AD&D  
Insurance

Coverage is reduced at age 70 and again at age 75.

# Disability Benefits

UCHealth provides the following disability benefits to you through New York Life Group Benefit Solutions at no cost:

## 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 7-day elimination period up to 26 weeks, except in the instance of overnight hospital admission, in which case the 7-day elimination period is waived.

You are automatically enrolled in employer-provided basic STD coverage. This basic coverage replaces 66.67% of your weekly base pay.

STD benefits for your own health condition can be supplemented with the use of paid time off (PTO). Please see the [Leaves of Absence and Accommodations](#) page on The Source for more information.

STD coverage must be in effect prior to the disability date to be considered eligible for benefit payment. Benefit amounts may be reduced by income received from other sources, including but not limited to, Colorado FAMLI. Refer to the STD plan document and New York Life for further details.

The short-term disability benefit provided by UCHealth is offered as a supplement to Colorado FAMLI.\*

\*The short-term disability benefit can only be used to supplement up to 66.67% weekly base pay while an employee is on leave through Colorado FAMLI or after Colorado FAMLI benefits have been exhausted.

## 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.

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

You may purchase supplemental LTD coverage to increase your benefit from 50% to either 60% or 66.67% of your monthly base pay. You pay the entire cost for this additional coverage.

LTD coverage and the elected benefit amount must be in effect prior to the disability date to be considered for benefit payment. Benefit amounts may be reduced by income received from other sources. Refer to the LTD plan document and New York Life for further details.

Select ☐

Age	Cost per \$100 monthly base pay per month. *Paid on a pre-tax basis	
	60%	66.67%
<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

\*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.

\*Directors and above are automatically enrolled in the employer-provided basic LTD that replaces 66.67% monthly base salary up to a monthly maximum of \$17,500. Due to this increased benefit, Directors and above cannot elect the supplemental LTD coverage.

Disability Benefits



### Did you know?

More information regarding leaves of absence, including FMLA, Colorado FAMLI and parental benefits can be found on [The Source](#).

[Welcome to the Family](#) provides new UCHealth 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 <a href="#">GuidanceResources.com</a>
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

The UCHhealth First Call program provides all UCHhealth employees 24/7 access to five free 30-minute counseling sessions with a licensed professional for questions or issues related to their emotional well-being.

After the 5 free sessions, First Call will connect you to available resources, referrals or other behavioral health programs offered by UCHhealth or our partners.

To initiate assistance, simply contact First Call at 720.473.7211, 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, dial 988.

### 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 food insecurities to confidentially access needed food resources for themselves and their family members. Please visit The Source or email [UCH-ThePantry@uchhealth.org](mailto:UCH-ThePantry@uchhealth.org) for more information.

For longer-term assistance, Work/Life Support connects employees with free or discounted community resources in their area that can help find relief from financial or other hardships. You may search [findhelp.org](#) for local/community resources.

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

Employee Assistance

# Paid Time Off, Education Assistance and Employee Programs

Visit [The Source](#) to learn more about continuing education benefits and Public Service Loan Forgiveness assistance.

## 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
121-180 months	.1504 hours
181+ months	.1542 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.
- Once you reach 360 hours of accumulated PTO time, accruals stop until the accumulated amount falls below the 360 cap.
- In December, eligible employees\*\*\* may choose to cash out up to 40 hours of PTO. Employees must retain a minimum of 120 hours after cash out. Cashed out hours will be paid at \$0.85 on the dollar.

## PTO use while on a leave of absence

All employees (.1 to 1.0 FTE) eligible for Paid Time Off (PTO) or Physician Leave Time (PLT) will make their election decision in Employee Space to use available PTO/PLT during any Family and Medical Leave Insurance (FAMLI) and/or Short Term Disability (STD) related leave of absence. FAMLI requires both the employee and employer to mutually agree to the use of available PTO/PLT, therefore we've created an election event for employees to identify that decision for the 2025 calendar year. By opting in, UCHHealth will automatically use available PTO/PLT for any FAMLI/STD leave in the 2025 calendar year. More information can be found on the [Leaves of Absence and Accommodations](#) page.

\* Managers and Directors accrue at a higher rate.  
\*\* Load is not available to Managers and above.  
\*\*\* Excludes relief, flex/on-call and per diem employees and directors and above.

## Education assistance

UCHHealth is proud to offer the [Ascend Career Program](#). Employees with an FTE status of 0.5 and above are eligible to receive financial assistance up to \$5,250 per year for qualifying expenses. In some cases, UCHHealth 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 UCHHealth. 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 the following 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, family building benefits for fertility and adoption, and be sure to order a free welcome bundle for your new addition to your family.

### Military Leave Support Program

UCHHealth 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 CollegeInvest 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 UCHHealth employees including local attractions, gym memberships and more.

PTO,  
Education  
and Programs

# Retirement Benefits

## Hired or rehired on or after December 24, 2023

UCHealth helps you prepare for retirement thanks to a competitive retirement savings program. The UCHealth 403(b) Plan gives you the opportunity to contribute toward your long-term savings, while a portion of what you save may be matched by UCHealth. This plan is open to all employees hired or rehired on or after December 24, 2023, however, only participating employees with an FTE status of 0.5 or greater are eligible to receive dollar-for-dollar matching contributions. If eligible, the calculated match is based on your earnings and contribution percentage in effect for that pay period (subject to IRS annual limits).

If you were hired or rehired on or after December 24, 2023, you participate in Social Security.

You are automatically enrolled in the UCHealth 403(b) Plan which features\*:

- A 3% pre-tax default contribution rate participating (0.5 FTE or greater may earn dollar-for-dollar employer matching contributions up to the first 4% of per pay period earnings, up to annual IRS limits)
- A 1% default contribution rate increase each year (up to 10% maximum)
- 100% vesting in any employer matching contributions after the earlier of 3 years of employment or attainment of age 65 while employed. You are always 100% vested in any contributions you put into the Plan
- A default investment option (age appropriate Target Date Fund) that aligns with your retirement date

\*To opt out of automatic enrollment within the first 31 days of employment, or contribute another amount, please contact Fidelity at the contact information below.

Changes to your UCHealth 403(b) Plan contribution election and investment options can be made at any time online through Fidelity's [NetBenefits](#) website or mobile app.

Don't forget  
to designate a  
beneficiary.

### Have questions about your 403(b)?

- Contact Fidelity at 800.343.0860 or go to [netbenefits.com/uchealth](https://netbenefits.com/uchealth).
- If you need help getting started, selecting an appropriate mix of investments or consolidating prior employer accounts, visit [The Source](#) to schedule a free one-on-one appointment with a licensed Fidelity Investment Advisor.
- For more information, please review [The Source](#), including the [Retirement Highlights Guide](#).



Retirement  
Benefits



# Retirement Benefits

## Hired or rehired on or prior to December 23, 2023

UCHealth helps you prepare for retirement thanks to a competitive retirement savings program. The 403(b) Plan gives you the opportunity to contribute toward your long-term savings, while a portion of what you save may be matched by UCHealth. This plan is open to all employees hired or rehired on or prior to December 23, 2023, however, only participating employees with an FTE status of 0.5 or greater are eligible to receive dollar-for-dollar matching contributions. If eligible, the calculated match is based on your earnings and contribution percentage in effect for that pay period (subject to IRS annual limits).

If you were hired or rehired on or prior to December 23, 2023, you were automatically enrolled in the plans listed below (in lieu of Social Security):

- UCHA funded Basic Pension Plan
- UCHA 401(a) Fixed Contribution Plan
- 20% vested in the Basic Pension Plan after every 12 months of service, up to 100% at either 5 years of employment or attainment of age 65 while employed
- Always 100% vested in your own contributions to the 401(a) Fixed Contribution Plan

For employer funded contributions including the Basic Pension Plan and 403(b) Matching Account, earn 20% vesting for every year of employment up to 100% after 5 years or attainment of age 65 while employed.

Your contributions will be invested in a default investment option (age appropriate Target Date Fund) that aligns with your retirement date.

You may also choose to participate in the following voluntary plans:

- UCHA 403(b) Matching Account participating (0.5 FTE or greater may earn dollar-for-dollar employer matching contributions up to the first 3% of per pay period earnings, up to annual IRS limits)
- UCHA 457(b) Deferred Compensation Plan (0.1 FTE and above), and excludes Travelers
- 20% vested in the employer matching contributions to the 403(b) Matching Account after every 12 months of service, up to 100% at either 5 years of employment or attainment of age 65 while employed
- Always 100% vested in your own contributions to both the 403(b) Matching Account and 457(b) Deferred Compensation Plan

Changes to your UCHA 403(b) Matching Account and 457(b) Deferred Compensation Plan can be made at any time online through Fidelity's [NetBenefits](#) website or mobile app.

### Have questions about your retirement benefits?

- For your 401(a), 403(b) or 457(b) account, contact Fidelity at 800.343.0860 or go to [netbenefits.com/uchealth](https://netbenefits.com/uchealth).
- For the UCHA Basic Pension Plan, visit the [UCHA Pension Self-Service](#) website or call the UCHealth Pension Service Center at 855.808.3518, Monday-Friday, 7 a.m. to 5 p.m.
- If you need help getting started, selecting an appropriate mix of investments or consolidating prior employer accounts, visit [The Source](#) to schedule a free one-on-one appointment with a licensed Fidelity Investment Advisor.
- For more information, please review [The Source](#), including the [Retirement Highlights Guide](#).

Don't forget to designate a beneficiary.



Retirement  
Benefits

# Employee Premiums

Complete the  
**Wellness Benefit Training**  
through ULearn to earn  
a \$10 per-pay-period  
discount on your  
medical plan premium.

The following charts provide an overview of per-pay-period premium cost for coverage. Premiums will be deducted from the first and second paycheck each month during the calendar year, January 1-December 31, 2025.

If you attest to being tobacco-free when completing your new hire/newly eligible enrollment event, you can save an extra \$25 per pay period on your medical plan premiums.

Medical plan premium discounts are effective the first of the month following completion of a tobacco-free attestation and/or Wellness Benefit Training through ULearn. Premium adjustments may be required based on completion date.

Full-time medical premium rates begin at 0.8 FTE.

Medical Rates Per Pay Period	Tobacco-Free				Tobacco User			
	Wellness		Non-Wellness		Wellness		Non-Wellness	
Network Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee	\$76.18	\$271.28	\$86.18	\$281.28	\$101.18	\$296.28	\$111.18	\$306.28
Employee plus Child(ren)	\$165.61	\$522.50	\$175.61	\$532.50	\$190.61	\$547.50	\$200.61	\$557.50
Employee plus Spouse	\$181.39	\$555.24	\$191.39	\$565.24	\$206.39	\$580.24	\$216.39	\$590.24
Employee plus Family	\$246.01	\$776.16	\$256.01	\$786.16	\$271.01	\$801.16	\$281.01	\$811.16
HD/HSA Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee	\$11.02	\$61.45	\$21.02	\$71.45	\$36.02	\$86.45	\$46.02	\$96.45
Employee plus Child(ren)	\$23.96	\$281.10	\$33.96	\$291.10	\$48.96	\$306.10	\$58.96	\$316.10
Employee plus Spouse	\$26.24	\$281.47	\$36.24	\$291.47	\$51.24	\$306.47	\$61.24	\$316.47
Employee plus Family	\$35.59	\$402.12	\$45.59	\$412.12	\$60.59	\$427.12	\$70.59	\$437.12
Kaiser Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee	\$167.76	\$364.37	\$177.76	\$374.37	\$192.76	\$389.37	\$202.76	\$399.37
Employee plus Child(ren)	\$359.87	\$699.67	\$369.87	\$709.67	\$384.87	\$724.67	\$394.87	\$734.67
Employee plus Spouse	\$396.96	\$743.38	\$406.96	\$753.38	\$421.96	\$768.38	\$431.96	\$778.38
Employee plus Family	\$533.79	\$1,038.58	\$543.79	\$1,048.58	\$558.79	\$1,063.58	\$568.79	\$1,073.58

Dental Rates Per Pay Period	Essential Dental	Enhanced Dental	Premium Dental
Employee	\$9.75	\$18.92	\$29.22
Employee plus Child(ren)	\$18.85	\$38.42	\$56.11
Employee plus Spouse	\$18.96	\$32.62	\$51.03
Employee plus Family	\$31.95	\$55.09	\$84.96

Vision Rates Per Pay Period	
Employee	\$3.71
Employee plus 1	\$6.74
Employee plus Family	\$10.26

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 Checklist

See [page 2](#) of this guide for instructions about how to use this checklist.



## Important reminder

### Enrolling in benefits

To finalize your enrollment selections, log on to [Employee Space](#) and complete the new hire/newly eligible event within 31 days of your eligibility date. For instructions on accessing Employee Space from home, [click here](#). Remember to retain a copy of your benefit confirmation summary that will generate once you've completed the enrollment process.

### Retirement plans

To enroll in or to manage your retirement plans contact Fidelity at 800.343.0860 or go to [netbenefits.com/uchealth](https://netbenefits.com/uchealth).

### Life insurance plans

To enroll in life or AD&D insurance, call 866.293.6047 or go to [lifebenefits.com](https://lifebenefits.com).

### Pet insurance

To enroll in pet insurance, call 888.212.7204 or go to [petsnationwide.com](https://petsnationwide.com).

### Auto/home insurance

To enroll in auto/home insurance, call 888.212.7204 or go to [personal-plans.com/auto](https://personal-plans.com/auto).

Below are the selections you made in the calendar year, January 1–December 31, 2025. 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 the online new hire/newly eligible enrollment event 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 Benefits

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

**My Benefits  
Checklist**

# 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 UCHHealth 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 UCHealth 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 UCHealth 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
UCHealth Human Resources	<a href="mailto:hrservicecenter@uchealth.org">hrservicecenter@uchealth.org</a>	855.MyHR.UCH (855.694.7824) 7:30 a.m.–4 p.m. M-F
Allstate Identity Protection	<a href="http://myaip.com">myaip.com</a>	888.212.7204 open 7 a.m.–5 p.m. M-F
Anthem Blue Cross and Blue Shield Group # 197248 (both plans) • Network Plan • HD/HSA Plan	<a href="http://anthem.com/uchealth">anthem.com/uchealth</a>	844.971.0122
Choice Auto and Home	<a href="http://personal-plans.com/auto">personal-plans.com/auto</a>	888.212.7204
ComPsych (Employee Assistance Program (EAP))	<a href="http://guidanceresources.com">guidanceresources.com</a> Web ID: UCHealth	844.597.8242
Delta Dental Group # 11748 (all plans) • Essential Dental • Enhanced Dental • Premium Dental	<a href="http://deltadentalco.com">deltadentalco.com</a> Customer Service email: <a href="mailto:customer_service@ddpco.com">customer_service@ddpco.com</a>	800.610.0201
Employee Discounts	<a href="http://uchealth.benefithub.com">uchealth.benefithub.com</a> Referral Code: J4737A	866.664.4621
Fidelity • 401(a) Fixed Contribution Plan • 403(b) Matching Account • 457(b) Deferred Compensation Plan • Health Savings Account Plan # 8856P	<a href="http://netbenefits.com/UCHealth">netbenefits.com/UCHealth</a>	800.343.0860
Kaiser Group # 47075 (May not be available to some employees depending on location)	<a href="http://kp.org">kp.org</a>	303.338.3800 or 800.632.9700
MetLife Voluntary Plans • MetLife Legal • Accident Insurance • Critical Illness Insurance	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>	888.212.7204 open 7 a.m.–5 p.m. M-F
Nationwide® Pet Insurance	<a href="http://petsnationwide.com">petsnationwide.com</a>	888.212.7204 open 7 a.m.–5 p.m. M-F
Navitus Prescription Benefits (for Anthem participants)	<a href="http://navitus.com/members">navitus.com/members</a>	844.268.9789
New York Life Short Term Disability, Long Term Disability	<a href="http://mynylgbs.com/auth">mynylgbs.com/auth</a>	888.842.4462
Securian (Minnesota Life) Life and AD&D Insurance	<a href="http://lifebenefits.com">lifebenefits.com</a>	866.293.6047
Simplified Benefits Administrators • Flexible Spending Account for Health Care • Flexible Spending Account for Dependent Day Care • COBRA Administration	<a href="http://simplifiedbenefitsadministrators.org">simplifiedbenefitsadministrators.org</a>	Flexible Spending Accounts: 866.644.7873 COBRA: 800.207.1018
UCHealth Pension Service Center	<a href="http://eeptpoint.towerswatson.com/sites/UCH/ESS/">eeptpoint.towerswatson.com/sites/UCH/ESS/</a> (Pension Estimator Tool)	855.808.3518
UCHealth Pharmacy	<a href="mailto:pharmacy@uchealth.org">pharmacy@uchealth.org</a>	877.398.0598
Vision Services Plan (VSP) – Choice Network	<a href="http://vsp.com">vsp.com</a>	800.877.7195

**Who to  
Contact**