

New Beginnings Ahead

2017-2018 Benefits Enrollment Guide



uhealth

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Click on the page numbers to navigate through this guide. You may click the link at the bottom left of each page to return here.

The information in this guide provides details about the changes and benefit programs available for 2017-2018. A comprehensive description of benefits is available at thesource.uchealth.org. This guide is a short summary of the benefits that may be available to you as a University of Colorado Hospital Authority (UCHA) employee. 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



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 checklist. You can then print out [the checklist](#) and use it to enroll in your benefits.

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 what you use to access the system daily.
2. Click on Pay and Benefits, then Primary Care Physician to select your PCP for the Exclusive2 medical plan (disregard if selecting another plan).
3. After selecting your PCP (if applicable), choose New Hire/Newly Eligible from the Pay and Benefits menu.
4. Once you are in the enrollment system, you will have an opportunity to add dependents (spouse, common law spouse, civil union partner, same gender domestic partner, children). You will need to enter Social Security numbers and dates of birth for all dependents, so be sure to have this information available. If electing Exclusive2, you will also need to enter a primary care physician for each dependent.
5. Complete the Tobacco-Free Attestation, to receive tobacco-free premium rates, by affirming whether or not you have used tobacco products within the last 60 days.
6. Begin making your benefit elections.
7. Before logging out, be sure to print or email your benefit elections and retain a copy for your records.
8. Click Log Out.

Once you've enrolled, your benefit elections will be effective through June 30, 2018 unless you experience a qualified life event.

Legal notices

The following legal notices are available for review at The Source at thesource.uhealth.org:

- 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 1.855.MyHR.UCH (1.855.694.7824).

Life insurance beneficiary designation

You will receive a letter in the mail from Securian with instructions on how to designate a beneficiary online.

A beneficiary is the person or organization you choose to receive your life insurance 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.



Logging on at home

Internet Explorer version 9 is the only browser that can be used for accessing [Employee Space](#). Pop-up blockers must be disabled, and your firewall settings may block the connection.

If you have problems enrolling from home, please complete your enrollment at work.

We apologize for the inconvenience; however, the Help Desk cannot provide support for personal devices such as smartphones, tablet computers, Safari and Google Chrome browsers or home networks.

Coverage & Eligibility

We are proud to provide competitive and comprehensive health and welfare benefits as part of our Total Rewards program.

We encourage you to review this guide and ask questions so you're sure you're making the right decisions for you and your family. The benefits you choose will be effective through June 30, 2018, unless you have a qualified life event.

Ask your **Human Resources representative** if you're not sure about your eligibility or employee status.

Enroll for coverage

If you don't enroll or waive coverage by the enrollment deadline, you will automatically be enrolled in these benefits:

- **Medical:** High Deductible/HSA Compatible plan, employee-only coverage
- **Basic Life:** 1x base annual salary
- **Basic Accidental Death & Dismemberment:** 1 times annual base salary
- **Short Term Disability:** 60 percent income replacement (subject to eligibility requirements)
- **Long Term Disability:** 50 percent income replacement (subject to eligibility requirements)

If you don't enroll or waive coverage, you won't receive these benefits:

- Accident coverage
- Critical Illness coverage
- Dental coverage
- Flexible Spending Account for Dependent Day Care
- Flexible Spending Account for Health Care
- Group Legal coverage
- Health Savings Account
- Identity Theft
- Supplemental AD&D Insurance
- Supplemental Employee Life Insurance
- Supplemental Long Term Disability coverage
- Supplemental Short Term Disability coverage
- Supplemental Spouse AD&D Insurance
- Supplemental Spouse and Child Life Insurance
- Vision coverage



Coverage & Eligibility

Eligibility for benefits

Employee eligibility

You are eligible for health and welfare benefits if you're a regular status employee of the University of Colorado Hospital Authority with a .5 or more full-time equivalent (FTE) status.

This includes:

- Full-time employees regularly scheduled to work .8 FTE or more
- Part-time employees regularly scheduled to work .5 FTE to .79 FTE

Employees with a status of .1-.49 FTE are:

- Eligible for paid time off (PTO), the Employee Assistance Program (EAP) and Employee Discount Program
- Not eligible for health and welfare benefits

Relief, flex/on-call or per diem employees are:

- Eligible for EAP and Employee Discount Program
- Not eligible for health and welfare or PTO benefits

Eligible dependents

If you cover yourself as an active employee, you may enroll your eligible dependents in certain benefits as described in this guide. Eligible dependents include:

- Your spouse, common-law spouse*, partner in a civil union* or Same Gender Domestic Partner (SGDP)*
- Your children, your spouse's children or your SGDP/partner in a civil union's children 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.

* Contact Human Resources for details on required documentation for covering a common-law spouse, partner in a civil union or SGDP. See contact list on [page 30](#).

** Reimbursements for dependents age 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.



Medical Benefits

Three medical plan options

Exclusive2	High-Deductible/HSA Compatible	Kaiser
<ul style="list-style-type: none"> In-network coverage only Administered by Anthem Blue Cross and Blue Shield (BCBS) 	<ul style="list-style-type: none"> In-network and out-of-network coverage Administered by Anthem Blue Cross and Blue Shield (BCBS) 	<ul style="list-style-type: none"> In-network coverage only (Not available to employees in Northern Colorado)



Important Reminder

The contacts on [page 30](#) list each administrator's websites where you can find a summary of benefits, limitations, exclusions, prescription drug formularies and a directory of providers.

Which plan is best for you and your family?

Each plan has a network of doctors, prescription drug benefits and other features. 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

Should you have a primary care physician?

While Exclusive2 does require that you and all covered dependents have a primary care physician (PCP), other health plans do not. It is recommended that you find a PCP regardless of the plan you elect to help you coordinate your health care needs.

Coming soon

Coming this fall, those enrolled in the Exclusive2 or High Deductible plan may participate in Virtual Urgent Care visits, a new feature where patients may be seen by a UHealth provider for a variety of common ailments from the comfort of their home.

Benefits Summary	Exclusive2 ^{Select}	High-Deductible/ HSA Compatible ^{Select}		Kaiser ^{**} ^{Select}
	In-Network only*	In-Network	Out-of-Network	In-Network only*
Annual Deductible Individual/Family	\$250/\$750	\$1,500/\$3,000	\$3,000/\$6,000	None
Annual Out-of-Pocket Maximum*** Individual/Family	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$7,150/\$14,300
Doctor/Specialist Visit	\$30/\$40 copay	15% coinsurance ²	35% coinsurance	\$30/\$40 copay
Virtual Urgent Care	Coming in Fall 2017!	Coming in Fall 2017!		See www.kp.org/cuhealthplan to view virtual offerings.
Well Visit	100% paid	100% paid	35% coinsurance	100% paid
Hospital Care				
Inpatient Facility	\$300 copay per admission ¹	15% coinsurance	35% coinsurance	\$250/day 1,000 per admission max
Outpatient Surgery	\$100 copay ¹			\$250/visit
Emergency Room	\$150 copay, waived if admitted to hospital, then inpatient copay applies			\$150 copay, waived if admitted to hospital, then inpatient copay applies
Urgent Care	\$30 copay			\$30 copay
Lab and X-ray	100% after deductible			100% paid
CT, MRI, PET Scan	\$75 copay ¹			\$100 per procedure

* This option offers in-network coverage only except in cases of an emergency.
 ** This option is not available to employees in Northern Colorado.
 *** Includes deductibles, copayments 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.

Medical Benefits

Medical plan contributions

You and your employer share the cost of your medical coverage. Please refer to Employee Premiums ([page 25](#)) for specific rates.

Exclusive2

The Exclusive2 option is a limited-network plan that offers access to the providers and hospitals affiliated with UCHHealth. All members must select a primary care physician (PCP) from the Exclusive Provider Directory. (See below, How to Select a Primary Care Physician, for more information.) You can access specialty care only through a PCP referral (except in cases of emergency, obstetrics, gynecology, or certain other services), and this plan offers in-network coverage only, except in cases of an emergency.

The following copays and deductibles may apply:

- No copays for wellness office visits; wellness visits are 100 percent covered.
- Prescriptions and wellness visits are not subject to a deductible.
- Copays apply for non-wellness office visits, urgent care and prescriptions.
- \$300 copay for inpatient hospitalization
- \$100 copay for outpatient surgery
- \$75 copay for high-end imaging (CT, MRI and PET scans)
- \$150 copay for emergency care; waived if admitted, then inpatient copay applies

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

Other important plan details under the Exclusive2 option include:

- Coverage is in-network only, except in cases of an emergency.
- Members must choose a primary care physician (PCP) when they enroll to ensure ID cards have PCP information on them when mailed. A provider list is available at www.anthem.com/cuhealthplan.
- A referral from your PCP is not required to obtain care from a network provider who specializes in ER/urgent situations, ophthalmologists, chiropractic, obstetrics, gynecology or mental health care.
- Each family member may choose his or her own PCP from any Exclusive provider in the state.
- If you have a covered dependent child who lives outside of Colorado, check with Anthem BCBS at the phone number listed on the [back cover](#) to see if primary care services are available where your dependent lives.
- There is a closed prescription drug formulary, which means physicians can only prescribe drugs from a specific list of medications.

How to select a primary care physician

You can choose any PCP who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP.

For assistance and for a list of network providers, contact **Anthem BCBS** Member Service at the number listed on the [back cover](#).

It's important that you do not go to a PCP that you haven't selected, or one who isn't assigned to you. You can change PCPs during the plan year. Do not visit a new PCP until you verify the effective date of any change.

It is not necessary to elect a PCP for the CU Health Plan – High Deductible/HSA

Compatible or CU Health Plan – Kaiser medical coverage when you enroll. It is recommended you do so once you become covered under a new plan. A PCP can help you coordinate your health care needs.

Medical Benefits

Learn more about Health Savings Accounts on [page 15](#).

High Deductible/HSA Compatible plan

The High Deductible option is a Health Savings Account (HSA)-qualified PPO plan that includes:

- National and international coverage
- Benefits for both in- and out-of-network care
- Select in-network providers from the Anthem BCBS PPO Network. With this option, you're not required to select a primary care physician (PCP).
- In-network wellness visits covered at 100 percent with no deductible
- A closed prescription drug formulary, which means physicians can only prescribe drugs from a specific list of medications.

With this High Deductible option, if you enroll for anything other than Employee Only coverage, the family deductible must be satisfied before benefits are paid for any individual family member. If you go to an out-of-network provider, you're only covered for 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.

Here's how the High Deductible/HSA Compatible plan works in three easy steps:

Step 1

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

Step 2

You and the plan share 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 HSA or Health Care Flexible Spending Account.

Step 3

Once you meet the out-of-pocket maximum, the High Deductible/HSA Compatible plan option pays 100 percent of your covered medical and prescription drug costs for the rest of the plan year.

Kaiser (not currently available to employees in Northern Colorado)

You're not required to select a primary care physician (PCP) at enrollment. However, Kaiser recommends you select and partner with a PCP. [Visit Kaiser online](#) for a list of available [Kaiser](#) PCPs. See [back cover](#) for contact information.

- Members pay a copay for covered services provided by the Kaiser in-network doctors.
- Only in-network coverage is available, except in cases of an emergency.
- Members choose a PCP, but this information is not needed to complete enrollment when first eligible.
- You can change PCPs during the plan year.
- Kaiser facilities are located only in a limited area.
- There is a closed prescription drug formulary, which means physicians can only prescribe drugs from a specific list of medications.

Prescription Drug Benefits

Type of Rx	Exclusive2*		High-Deductible/ HSA Compatible		Kaiser**	
	UCHealth Retail or UCH Mail Order*	Anthem BCBS Retail	UCHealth Retail or UCH Mail Order	Anthem BCBS Retail	Kaiser Retail**	Kaiser Mail Order**
Tier 1 Generic Medications						
Up to a 30-day Supply	\$10 copay	\$15 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$15 copay	\$15 copay
Up to a 90-day Supply	\$20 copay	N/A		N/A	N/A	\$30 copay
Tier 2 Preferred Brand Medications						
Up to a 30-day Supply	\$40 copay	\$45 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$35 copay	\$35 copay
Up to a 90-day Supply	\$80 copay	N/A		N/A	N/A	\$70 copay
Tier 3 Non-Preferred Brand Medications						
Up to a 30-day Supply	\$50 copay	\$60 copay	20% coinsurance after deductible	20% coinsurance after deductible	N/A	N/A
Up to a 90-day Supply	\$100 copay	N/A		N/A	N/A	N/A
Tier 4 Specialty Orals and Injectable Medications						
Up to a 30-day Supply	\$75 copay	\$75 copay	20% coinsurance after deductible	20% coinsurance after deductible	20% up to \$75 max	20% up to \$75 max

* After a maximum of three fills, maintenance medications must be filled through the UCH Mail Order Prescription Service or any of the UCHealth Retail Pharmacies.

** This option is not available to employees in Northern Colorado.

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

Maintenance medications

- Exclusive2: After three fills, maintenance medications must be filled through UCH Mail Order or any of the UCHealth Retail Pharmacies to be covered.
- Members of High-Deductible/HSA Compatible and Kaiser plans may continue to receive maintenance medications via retail. However, if a High-Deductible/HSA Compatible member wants to use mail order or fill a 90-day supply, it must be UCH Mail Order or any of the UCHealth Retail Pharmacies. Kaiser members use Kaiser Mail Order.

Potential savings

To assist you in lowering your costs, talk to your pharmacist or physician about generic equivalents to your medications. Additionally, most specialty medication manufacturers provide copay cards. Obtaining a copay card is usually as easy as visiting the manufacturer's website, entering some basic information and printing out your card.



For more information

Visit The Source at thesource.uhealth.org to learn more about pharmacy benefits and UCHealth pharmacies.

 Call **720.848.3377** (voicemail only line)

 Email pharmacy@uhealth.org

Wellness Benefits

For more information



Visit
www.becolorado.org
to learn more about these
Health & Well-Being
programs.

Health plan members only

Be Colorado MOVE program

Be Colorado MOVE is a program designed to encourage increased movement and physical activity. Participants can earn \$25 a month if they complete moderate to vigorous physical activity a minimum of 30 minutes, 12 days a month.

Tobacco cessation

BREATHE with Quitline covers your efforts to quit smoking with free personalized coaching, nicotine replacement therapy, helpful tools and trusted resources. Visit cuhealthplan.quitlogix.org for more information.

Diabetes Prevention Program

The Diabetes Prevention Program, developed by the Centers for Disease Control and Prevention, is a proven program that can help people at risk for

type 2 diabetes make achievable and realistic lifestyle changes and cut their risk of developing type 2 diabetes. It is a year-long program with trained lifestyle coaches who empower participants to take charge of their health.

Weight Watchers®

Be Colorado has joined forces with Weight Watchers to bring you special savings on valuable and convenient weight-loss solutions.

Prevent

Prevent 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.

All employees

Programs and services

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

Fitness resources

All UHealth employees have access to various gym discounts across the Front Range. Gyms such as Poudre Valley Medical Fitness Center, 24 Hour Fitness, Lifetime 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 thesource.uhealth.org.

Seminars

One-hour educational seminars are available to teach employees about healthy lifestyles. Employee Health & Well Being teams up with Public Service Credit Union, Organizational Development and the EAP to offer worksite seminars on various topics such as diet and exercise, stress and time management, financial fitness, and staff and leadership development.

Health coaching

Employees who are high risk in three of four risk factors (blood pressure, BMI, blood glucose or cholesterol) are encouraged to apply. For more information, contact system.wellness@uhealth.org.

Flu shot campaign

Employee Health & Well Being 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 flu clinics can be found on The Source at thesource.uhealth.org.

Smoking cessation

The Colorado Quitline is a free service for Coloradans ages 15 or older, available online, by phone or both. Call 1.800.QUIT.NOW or visit www.coquitline.org.

Walking groups

If you are new to exercise or just like the camaraderie of a group, you may be interested in starting a walking group at your location. If you have questions, contact Employee Health & Well Being at system.wellness@uhealth.org.

Voluntary Benefits

MetLife is our vendor for Accident Insurance and Critical Illness Insurance. These plans are still 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 change jobs or retire.

Accident insurance Select

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.

Critical Illness Insurance Select

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 percent 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.). The plan pays \$50 per insured per

calendar year if you purchased a \$15,000 benefit amount and \$100 per calendar year if you purchased a \$30,000 benefit amount

Elect accident & critical illness insurance



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

Identity protection Select

InfoArmor's® PrivacyArmor® includes proactive identity and credit monitoring, offering you the most comprehensive solution to fight today's identity fraud issues. Coverage also includes full service remediation and additional online tools to better protect your identity. [Click here](#) to learn more.

Legal insurance Select

Finding an affordable attorney to represent you when you are buying or selling your home, preparing your will, or having trouble with creditors can be a challenge. **MetLaw**® provides simple, convenient and affordable legal solutions for plan members. As a plan member, MetLaw provides representation for you, your spouse and dependents for legal matters including:

- Estate planning
- Real estate
- And much more
- Traffic ticket defense
- Financial matters

You will have access to more than 14,000 experienced plan attorneys nationwide. The plan is easy to use — no copayments, deductibles or waiting periods. No one can predict your future, but MetLaw can help you prepare for legal needs that may lie ahead.

Pet insurance Select

Pet Insurance from Nationwide is affordable, comprehensive and easy to use. Coverage is available for accidents, illnesses and preventive care.

What's precious to you is precious to Nationwide. That's why more pet owners trust Nationwide over any other insurer to protect their pets.

- Highest overall payouts
- Lowest average premiums
- Use any vet

Receive an automatic 5 percent discount when you enroll. Save up to 15 percent when you enroll multiple pets. Learn more at www.PetsNationwide.com.

Dental Benefits

Employees may choose dental coverage from the PPO Provider Only – Core plan or the PPO Plus Premier – Choice plan. Delta Dental administers both plans. You also can choose to waive dental coverage.

Right Start 4 Kids is a program that allows 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. Annual maximums and plan limitations apply. Orthodontia not included.

Plan Feature	PPO Provider Only — Core ^{Select}	PPO Plus Premier — Choice ^{Select}		
	PPO Dentist Only	PPO Dentist	Premier Dentist	Non-Participating Dentist
Deductible	\$25 per person	\$50 per person	\$100 per person	
Maximum Benefit				
Plan Year	\$2,000 per person	\$1,500 per person		
Orthodontic Lifetime				
Cost to you for Preventative and Diagnostic Services (oral exam, routine cleaning)	\$0 up to two times per plan year	\$0 up to two times per plan year		Your Cost: Any amount above Delta Dental's allowable charges
Basic Services				
Fillings	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	
Endodontics, Periodontics, & Oral Surgery		Plan pays 70% after deductible	Plan pays 50% after deductible	
Major Services				
Crowns, Bridges, Dentures, Implants	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 40% after deductible
Orthodontia	Plan pays 50% after deductible Covered for adults, and for children up to age 27	Plan pays 50% after deductible Covered for children up to age 19 only	Plan pays 40% after deductible Covered for children up to age 19 only	Plan pays 40% after deductible Covered for children up to age 19 only

PPO Provider Only — Core plan

- Benefits are paid ONLY when members use a dentist in the Delta Dental PPO provider network. You can find network providers by going to www.deltadentalco.com.
- The provider submits claims.
- You may change providers at any time as long as you stay within the PPO network.
- A deductible applies each plan year, per member (except for preventive and diagnostic services).
- Orthodontia benefits are available for children and adults.
- There is no out-of-state coverage.
- For services exceeding \$400, your dentist must submit a treatment plan to Delta Dental prior to receiving any services. This will assist you with managing your out-of-pocket costs.

PPO Plus Premier — Choice plan

- In- and out-of-network coverage is available.
- 90 percent of dentists in Colorado participate in the Delta Dental Premier® network.
- You have lower out-of-pocket costs when using a PPO network provider.
- You may change providers at any time.
- A deductible applies each plan year, per member (except for preventive and diagnostic services).
- Plan pays percentage of covered cost, based on provider (in-network or out-of-network).
- Plan provides international coverage.
- Members may be required to submit claims when using a non-participating provider. When using a non-participating dentist, you may have more out-of-pocket expenses including those for preventive care.
- Orthodontia benefits are available only for children up to age 19.



Important reminder

With the PPO Provider Only – Core plan, always verify with **Delta Dental** that your dentist is a PPO provider before scheduling an appointment.

Vision Benefits

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

- **Exclusive2:** Provides coverage for an eye exam once a year and offers limited materials coverage.
- **High-Deductible/HSA Compatible:** No coverage for routine eye exam or materials.
- **Kaiser:** Provides coverage for an eye exam once a year, but does not cover materials.

Visit www.eyeconic.com to browse, virtually try on and purchase frames or to fill contact orders, all with an integrated benefit experience.

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

Feature	Benefit	Copay
Well Vision Eye Exam	Every 12 months	\$15
Prescription Glasses	See frame and lenses benefit in this chart	
Frames	\$195 allowance* 20% off amount over allowance \$105 allowance at Costco Every 24 months	Included in prescription glasses copay
Lenses	Single vision, lined bifocal, lined trifocal Polycarbonate for dependent children Every 12 months	
Lens Enhancements	Average savings: 20–25%	N/A
Contact Lenses	\$150 allowance** Every 12 months	Up to \$60 for contact lens exam

* VSP members will get an extra \$20 to spend on featured frame brands such as Bebe, Calvin Klein, Flexon, Lacoste, Nine West and more. Visit www.vsp.com to find a doctor and see the latest savings and discounts.

** In lieu of prescription glasses.

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**



Spending Accounts

About Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account established for you by UCHealth that allows you to set aside money on a pre-tax basis to pay for qualified health care and dependent day care expenses throughout the plan year. Because the money you set aside is not taxed, you end up with more money in your pocket. FSAs have two components: an FSA for Health Care and an FSA for Dependent Day Care.

FSA for health care

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, 2017 through June 30, 2018.
- Set aside up to \$2,600 (or up to \$108.33 per pay period) in your FSA for Health Care account to pay for eligible expenses. This money is not subject to federal and state income tax.
- When you incur an eligible expense, use your FSA debit card or submit documentation with a claim form to receive reimbursement. **Save your receipts!** UCHealth Plan Administrators may require proof of purchase at any time.

FSA for dependent day care

The FSA for Dependent Day Care allows you to pay for eligible day care expenses (not healthcare expenses) with pre-tax dollars. You can use the account to pay child care or dependent care expenses, so you and your spouse (if married) 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 your spouse or older 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 (\$2,500 for married participants filing separately) each plan year.
- 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, 2017 - June 30, 2018. You have until Sept. 30, 2018, to submit reimbursement claims for these eligible expenses. After Sept. 30, 2018, any remaining balance will be forfeited.

Did you know?

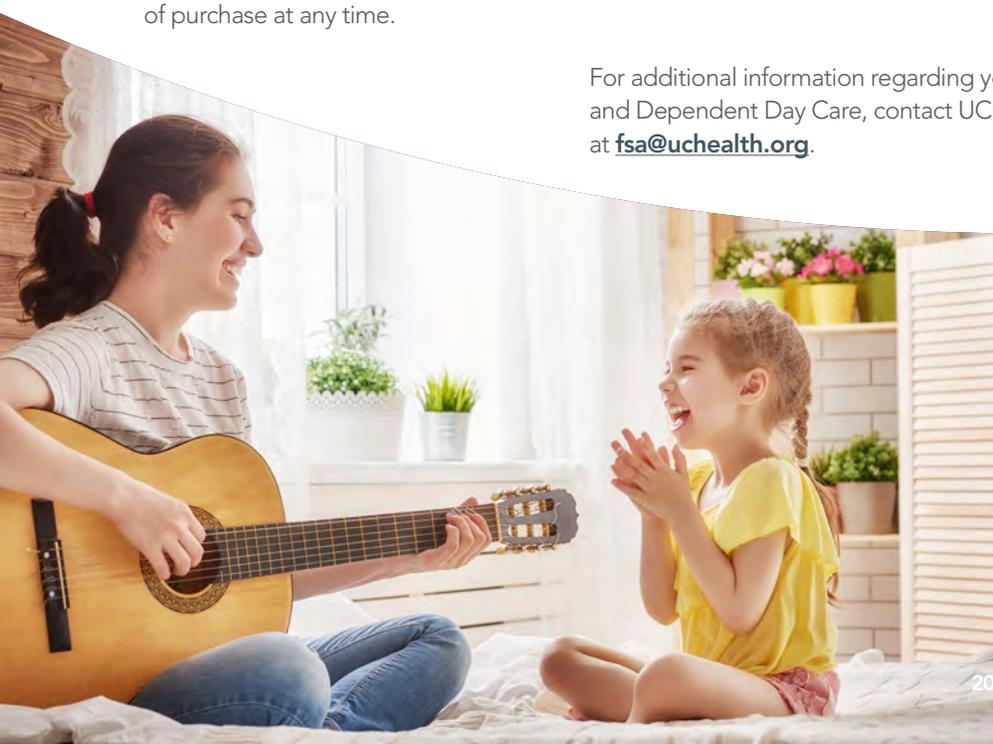
Your FSAs are administered through UCHealth Plan Administrators.

Re-enrollment is required every year to participate.

Your old cards can be reused in the new plan year, so don't throw them away! New participants will receive two debit cards in the mail.

For eligible expenses, balances, FAQs and other self-service options, sign up for portal access at tpa.uchealth.org under the member section.

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.



Important reminder

IRS regulations allow a maximum of \$5,000 (\$2,500 for married participants filing separately) per plan year (up to \$208.33 per pay period) to be contributed to a FSA for Dependent Day Care.

Savings Accounts

High-Deductible Health Plan Only

Health Savings Account (HSA) through payroll deduction 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. And 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 health care spending account, 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 IRS's [complete list](#) of qualified medical, dental, and vision expenses.

Limited Health Care Flexible Spending Account Select

You may elect a Limited Health Care Flexible Spending Account when you also elect to contribute to a Health Savings Account (HSA) that is tied to a High-Deductible plan. The Limited Health Care Flexible Spending Account only allows you to use pre-tax dollars to pay for dental and vision expenses for you and your family. There is a \$2,600 maximum contribution limit each year. Funds do not roll over year after year, and any funds remaining in a Limited Health Care Flexible Spending Account at the end of the year are forfeited.

What are the limits?

Internal Revenue Code 2017 annual contribution limits (based on the calendar year)	
Individual coverage	\$3,400
Family coverage	\$6,750
Catch-up contributions	\$1,000 for an account- holder aged 55 or older



Important reminder

To enroll in an HSA, you must be enrolled in the High Deductible/HSA Compatible plan. Also you can't be enrolled in Medicare and cannot be participating in a general purpose FSA or other disqualifying health plan.



Life Insurance

Life insurance

All benefits-eligible employees receive employer-provided Basic Employee Term Life Insurance of 1x annual base pay up to \$2 million. In addition to the basic coverage provided by your employer, 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. The guarantee issue for this coverage is \$350,000. Any request over and above this amount will require medical underwriting.

You also may choose to purchase Supplemental Term Life Insurance for your eligible dependents. You may purchase optional spouse/common-law spouse/civil union partner/SGDP coverage in \$10,000 increments up to the lesser of 100 percent of your employee coverage amount or \$500,000, and \$10,000 per child. The cost of child coverage is the same, no matter how many children are insured. The guarantee issue for spouse/common-law spouse/civil union partner/SGDP life insurance is \$50,000. Any request over and above this amount will require medical underwriting.

Life insurance selections

1. Employee Supplemental Term Life Insurance Select
2. Employee Supplemental AD&D Insurance Select
3. Spouse/Common-law spouse/civil union/ partner/SGDP supplemental Term Life Insurance Select
4. Spouse/Common-law spouse/civil union/partner/SGDP supplemental AD&D Insurance Select
5. Children Life Insurance Select

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 & Dismemberment) coverage you have elected. You also will receive a partial payment if you sustain certain accidental dismembering injuries. All benefits-eligible employees receive employer-provided Basic Employee AD&D Insurance of 1x annual base pay up to \$2 million.

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/SGDP AD&D coverage in \$10,000 increments up to the lesser of 100 percent of your employee coverage amount or \$500,000.

Rates for employee and spouse/common-law spouse/civil union partner/SGDP 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	

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 to learn about replacing lost or stolen luggage, medication or other critical items, pre-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

Short-term disability (STD) coverage

STD coverage provides income protection in the case of a short-term illness. Benefits are generally payable after a seven-day elimination period for up to 173 calendar days, except in the instance of overnight hospital admission, in which case the seven-day elimination period is waived. During the elimination period, you will use the PTO that you have accrued. PTO also will supplement the STD coverage you elect.

You are eligible for STD coverage following 90 days of employment. Once you meet this eligibility waiting period, you automatically will be enrolled in employer-provided Basic STD coverage. This basic coverage replaces 60 percent of weekly base pay, up to \$5,000 per week.

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

Be aware that STD benefits are reduced by income you may receive from other sources, such as Public Employees' Retirement Association (PERA) benefits. If you are receiving Worker's Compensation benefits, you will be ineligible to receive STD benefits.

Rate for supplemental Short Term Disability (STD) coverage

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

Supplemental long-term disability (LTD)

Supplemental LTD 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 can use your PTO and STD benefits (if applicable).

You are eligible for Supplemental LTD coverage following 90 days of employment. Once you meet this eligibility waiting period, you automatically will be enrolled in employer-provided Basic LTD coverage. This basic coverage replaces 50 percent of monthly base salary up to a monthly maximum of \$17,500.

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

Be aware that Supplemental LTD benefits may be reduced by income you may receive from other sources, such as PERA retirement benefits, auto insurance, Workers' Compensation, etc.

Rate for supplemental Long Term Disability (LTD) coverage

Age	Cost per \$100 monthly base pay per month Paid on an after-tax basis	
	60%	66 2/3%
<25	\$0.074	\$0.137
25-29	\$0.089	\$0.167
30-34	\$0.125	\$0.237
35-39	\$0.177	\$0.339
40-44	\$0.292	\$0.563
45-49	\$0.482	\$0.931
50-54	\$0.615	\$1.192
55-59	\$0.725	\$1.404
60-64	\$0.738	\$1.423
65+	\$0.709	\$1.384

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



EAP, PTO & Education 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 percent reduction in customary legal fees thereafter.

- **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 www.GuidanceResources.com
1-844-597-8242	UCHHealth

Paid time off (PTO)*

The Paid Time Off (PTO) program includes vacation, sick time and holiday hours. You receive 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

- If you are a new hire in a regular staff level position, you will receive initial PTO with your first paycheck: 24 hours for FTE status of .5 or more and 12 hours for FTE status of .1-.49.**
- Then after 12 months of employment, employees in a regular staff level position will receive additional PTO: 24 hours for FTE status of .5 or more and 12 hours for FTE status of .1-.49 FTE.
- PTO has a cap of 420 hours. Once you reach 420 hours of accumulated PTO time, accruals stop until some time is used and the accumulated amount falls below 420.

*Managers and directors accrue at a higher rate.

**Load is not available to managers and above.

Education assistance

- Eligible on your date of hire – no waiting period!
- Courses/classes must begin after your hire date.
- Expenses include tuition, fees, books.
- Classes must count toward a degree program that relates to current or potential employment applications at UCHA.
- Maximum reimbursement increases, based on the schedule below:

Length of Service	Full-Time Employees (.8 – 1.0 FTE)	Part-Time Employees (.5 – .79 FTE)
< 3 years	100% up to \$3,000/year	100% up to \$2,000/year
3 – 4 years	100% up to \$3,000/year	100% up to \$2,250/year
5 or more years	100% up to \$4,000/year	100% up to \$3,000/year

For More Information

Find out more about the education assistance program, administered by Edcor, by going to [The Source](#).

Retirement Benefits

UCHA helps you prepare financially for retirement. The Retirement Program is:

- **Competitive** – it provides valuable benefits for both current and future employees
- **Comprehensive** – it offers benefits that provide security for today and help you plan for tomorrow
- **Flexible** – it gives you the opportunity to customize your benefits, costs and participation level – so you get the retirement benefits you need at a cost you can afford

Retirement program components

- **Basic Pension Plan** – UCHA pays the full cost of your pension benefit that provides a monthly income in retirement.
- **401(a) Investment Account**¹ – You contribute 6.2 percent of pay through pre-tax payroll deductions.
- **403(b) Matching Account**² – You may grow your retirement savings through pre-tax payroll deductions. If your FTE is .51 or greater, you receive dollar-for-dollar UCHA matching contributions – up to 3 percent of pay – when you contribute to this account.
- **457(b) Deferred Compensation Savings Plan** – If eligible, this plan allows you to save even more for retirement on a pre-tax basis through payroll deduction.

All accounts are managed by Fidelity Investments. You control the investment of the funds in the 401(a) Investment Account, 403(b) Matching Account and 457(b) Deferred Compensation Savings Plan – your contributions plus any UCHA contributions. You may change how your contributions and account balance are invested at any time. UCHA assumes all risk and responsibilities for investments in the Basic Pension Plan.

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.

If you do not actively direct your contributions in the 401(a) Investment Account, you automatically will be enrolled and your funds will be invested in the Fidelity Freedom Fund that is appropriate for your age.

Enrollment in the 403(b) Matching Account and/or 457(b) Deferred Compensation Savings Plan is available when you start your employment, too, provided you are eligible to participate. You may contribute through pre-tax payroll deductions effective the first day of the month following receipt of your online enrollment forms.

Basic Pension Plan

The UCHA Basic Pension Plan provides you with a monthly income during your retirement years. In addition, the Basic Pension Plan may provide income protection for a surviving spouse or civil union partner of a deceased vested employee or retiree.

A defined benefit retirement plan uses a formula to determine what your retirement pension will be, and each year UCHA contributes to an investment fund the amounts necessary to fund your pension and the pensions of all other eligible employees. Employees are not allowed to make contributions to this Plan.

Employer contributions to the Basic Pension Plan are held in a separate trust, and Willis Towers Watson is the trustee. You do not have an individual account with the Basic Pension Plan. UCHA assumes all risk and responsibilities for investments in the Basic Pension Plan.

Also referred to as a **final average pay plan**, the Basic Pension Plan is a defined benefit plan.

"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 before the enrollment deadline, your contributions will be invested in the age-appropriate Fidelity Freedom 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 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

How the plan works

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

Formula

1.5% x Average of Highest 5 Years of Pay x Years of Service Covered Under the Basic Pension Plan = 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% x \$40,000 x 20 = \$12,000 Annual Pension Benefit

Remember, Elaine also will have a retirement benefit from the 401(a) Investment Account, and possibly from the 403(b) Matching Account and the 457(b) Deferred Compensation Savings Plan.

Vesting

You vest in (or have a right to) a percentage of your Basic Pension Plan benefit at a rate of 20 percent per year, so you are 100 percent vested after five years or at age 65, 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 employer (for example, with Memorial Health System or Poudre Valley Health System) in addition to your years of service while a participant in the UCHA Basic Pension Plan, and
- **Credited service**, which only includes years of service while a participant in the UCHA Basic Pension Plan. These years of service are used to calculate your Basic Pension Plan benefit.

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 UCHA beyond age 65. You continue to earn benefits from the plan, and may postpone your benefits until you actually terminate employment. You will never receive a benefit that is less valuable than the benefit you would have received if you had retired on your normal retirement date.
- **Disability retirement** is available if you retire due to becoming disabled. You will continue to accrue service credits as though you were still working for UCHA, and you will receive disability retirement benefits starting on the first day of the month coincident with or following the later of:
 - Age 65, or
 - The date disability payments from Workers' Compensation or the Long Term Disability Plan end

Age	Percentage of Normal Retirement Benefit Received
55	46.0%
56	50.2%
57	54.4%
58	58.6%
59	62.8%
60	67.0%
61	73.6%
62	80.2%
63	86.8%
64	93.4%
65	100%

Pension benefit payments

There are both automatic and optional forms of payment. Automatic benefit payment is determined by your marital status:

- **If you are single** – you will receive monthly payments for the rest of your life, which will be adjusted by an annual adjustment factor. This is called an Increasing Single Life Annuity.
- **If you are married or have a civil union partner** – you will receive benefit payments under the Increasing Joint and 50 Percent Survivor Annuity payment option, which means you will receive monthly payments for the rest of your life. Those monthly payments will be adjusted by an annual adjustment factor. If you die, your spouse or civil union partner will continue to receive 50 percent of that monthly payment.

***Important reminder:** The UCHA Board of Directors retains absolute authority to make changes to the Basic Pension Plan (including changes which may reduce benefits) or to terminate the plan without prior notice.

Retirement Benefits

Several optional forms of payment are available. Before you retire, you will receive verification of your benefit eligibility and a payment election form showing the amount of your benefit under all of the plan's payment options. Optional forms of payments must be requested in writing, and you cannot change the form of payment once benefits begin.

If the value of your vested benefit is less than \$5,000, you will receive your benefit in a single lump sum payment following termination, or you may roll it over to an IRA or another qualified plan if it is allowed. Retirement partner Willis Towers Watson will mail you election information within six months of your termination concerning your vested benefits.

Survivor Benefits

The plan also provides benefits for your surviving spouse or civil union partner if you are vested and die before benefits begin. Surviving spouse or civil union partner benefits are available any time after you would have reached your early retirement date (age 55 with 10 years of service). The monthly benefit will be 50 percent of the monthly benefit you would have received if you had terminated employment on your date of death. Those monthly benefits will be increased by an annual adjustment factor. Death benefits before retirement will not be provided under this plan if you are single.

The plan also will pay a monthly benefit to your eligible dependent children if you die while still employed by UCHA. The benefit will be paid to the children's legal guardian until the youngest eligible child reaches age 18 or, if continuously enrolled as a full-time student, up to age 23. This benefit is a monthly amount equal to 1/12 of 50 percent 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.

Defined contribution 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 (tax penalties may apply for early withdrawal), or
- Roll it into a UCHA defined contribution plan – 403(b) or 457(b) – or an individual IRA

Account balances from nongovernmental 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 UCHA plan.

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 Code, which allows for tax-deferred savings for employees of certain governmental organizations.

Contributions are invested with Fidelity Investments (or TIAA-CREF if you were a UCHA employee hired before Sept. 1, 2012). You direct the investment of your 401(a) Investment Account contributions.

Contributions

You make mandatory contributions of 6.2 percent of your pay to the 401(a) Investment Account, up to an annual pay limit – \$127,200 for 2017. Contributions are made on a pre-tax basis by payroll deduction.

You do not pay current taxes on your 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 .5 or less, or if you are per diem or a nurse traveler, you will receive a UCHA contribution of 1.3 percent of your pay into your 401(a) Investment Account until you are 100 percent vested in the Basic Pension Plan.

Vesting

You are always 100 percent 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 with UCHA, become totally disabled or retire. Withdrawals before you reach age 59½ will be subject to a 10 percent penalty tax in addition to regular income taxes, with 20 percent of your distribution automatically withheld to cover the penalty and taxes, unless:

- You terminate and your account balances are directly transferred to an IRA, eligible retirement plan or other eligible plan. You will receive a notice at termination with further details.
- You die or are disabled.
- Your employment is terminated during or after the year in which you reach age 55.
- Your withdrawal is used to pay for tax-deductible, uninsured medical expenses.
- If the withdrawal is because of a Qualified Domestic Relations Order.

There may be a charge for withdrawals (a "surrender charge") under certain circumstances. You should check with your plan administrator for details. Federal and state income taxes must be paid on all funds withdrawn. Your plan administrator can explain their withdrawal procedures.

Retirement Benefits

Receiving your 401(a) Investment Account benefits

Under the 401(a) Investment Account, your normal retirement date is age 65. When you retire you may receive a benefit payment as a lump sum or you can purchase an annuity with your account balance.

If your account balance is less than \$5,000, distribution of your benefits generally will begin within 60 days after your retirement, disability or termination of employment. If your account balance exceeds \$5,000, you must consent to a distribution before it may be made. You may delay the distribution of your account balance unless a distribution is required because your account balance is less than \$5,000. However, if you elect to delay the distribution of your account balance, distributions must begin no later than the April 1st following the year in which you reach age 70½ or, if later, the year in which you retire.

403(b) Matching Account

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

All employees are eligible for 403(b) Matching Account participation. However, only employees with an FTE greater than .5 are eligible to receive dollar-for-dollar matching UCHA contribution on the first 3 percent of pay contributed. If your FTE is .5 or less, you are not eligible for UCHA matching funds. However, if your employment status changes, you may become eligible for matching contributions.

Contributions

You choose the percentage of pay you wish to contribute in 1 percent increments. You may contribute pre-tax dollars up to the legal limits – \$18,000 in 2017. If you are age 50 or older, that limit is increased by \$6,000 for a total maximum contribution of \$24,000 in 2017. Certain employees who have 15 or more

years of service may be eligible for an even higher limit.

You do not pay current 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.

Vesting

You are always 100 percent vested in the pre-tax contributions you make to the 403(b) Matching Account. You vest in the matching contributions made by UCHA at a rate of 20 percent for each 12-month period of employment. After five years or, if earlier, upon attainment of age 65, you are 100 percent vested in any UCHA matching contributions.

Did you know?

Fidelity is also the investment company for your 403(b) Matching Account. When you enroll, you determine how your 403(b) Matching Account contributions – both yours and any UCHA matching contributions – are invested.

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 percent to the 403(b) Matching Account and is eligible to receive the 3 percent UCHA matching contribution. Also assume Marsha's account earns an average of 5 percent in investment earnings, and she has 3 percent annual salary increases. Here's what Marsha's account balance would look like over time. Keep in mind, if your FTE is .5 or less, you are not eligible for UCHA 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
UCHA 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 percent to her 403(b) Matching Account and receives the 3 percent UCHA matching contribution. Again assume Marsha's account earns an average of 5 percent in investment earnings, and she has 3 percent 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
UCHA 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

Withdrawals

Generally, withdrawals are only available from your 403(b) Matching Account if you terminate employment with UCHA, become totally disabled or retire, unless you qualify for a hardship withdrawal or loan.

However, you may withdraw a portion of your account after you attain age 59½ while still employed by UCHA. Withdrawals before you reach age 59½ will be subject to a 10 percent penalty tax in addition to regular income taxes, with 20 percent of your distribution automatically withheld to cover the penalty and taxes, unless:

- You terminate and your account balance is directly transferred to an IRA or other eligible retirement plan. A notice at termination will provide further details.
- You die or are disabled.
- Your employment is terminated during or after the year in which you reach age 55.
- Your withdrawal is used to pay for tax-deductible, uninsured medical expenses.
- The withdrawal is because of a Qualified Domestic Relations Order.

Loans

Loans are available from the 403(b) Matching Account to the extent permitted under your individual agreement. Contact your plan administrator for more information.

Receiving your 403(b) Matching Account benefits

Under the 403(b) Matching Account, your normal retirement date is age 65. When you retire, you may receive a benefit payment as a lump sum or you can purchase an annuity with your account balance.

457(b) Deferred Compensation Savings Plan

The 457(b) Deferred Compensation Savings Plan gives you one more way to build your retirement nest egg. It is an optional tax-deferred plan available to all regular employees, excluding flex/relief employees, per diem employees and nurse travelers.

Because the 457(b) Deferred Compensation Savings Plan is separate from the 403(b) Matching Account, you can contribute to both plans to optimize your retirement savings. For example, if you are under age 50, you can contribute \$18,000 to the 403(b) Matching Account and an additional \$18,000 to the 457(b) Deferred Compensation Savings Plan.

Contributions

You decide how much to save in the plan. You may contribute pre-tax dollars for your retirement in addition to contributing to the 403(b) Matching Account. The 457(b) Deferred Compensation Savings Plan contribution limits for 2017 are:

- \$18,000 if you are under age 50
- \$24,000 if you are age 50 or older

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

About social security

If you have earned 40 “quarters” of credit toward Social Security (a total of 10 years) before being employed at UCHA 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 UCHA-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 based on service for UCHA, 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.

Vesting

You are always 100 percent vested in your 457(b) Deferred Compensation Savings Plan contributions.

Withdrawals

Withdrawals are not available from your 457(b) Deferred Compensation Savings Plan Account unless you terminate employment with UCHA, become totally disabled or retire. However, one of the big advantages of a 457(b) account is that you can take a distribution of your pre-tax contributions from the plan prior to age 59½ without the 10 percent penalty. However, rollover accounts held in the 457(b) plan may be subject to the 10 percent penalty, depending upon their original source.

Receiving your 457(b) deferred compensation savings plan benefits

Under the 457(b) Deferred Compensation Savings Plan, your normal retirement date is age 65. When you retire you may receive a benefit payment as a lump sum or you can purchase an annuity with your account balance.

Did you know?

If you participate in the 457(b) Deferred Compensation Savings Plan, Fidelity Investments also will manage your Deferred Compensation Savings Plan contributions.

Retirement Benefits

	Basic Pension Plan	401(a) Investment Account	403(b) Matching Account <small>Select</small>	457(b) Deferred Compensation Savings Plan <small>Select</small>
Eligibility	All employees of UCHA			All employees of UCHA may participate, excluding flex/relief employees, per-diem employees and nurse travelers.
Contributions	UCHA 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 Base. This is in lieu of Social Security. If regularly scheduled to work 20 hours or less per week, per diem or as a nurse traveler, UCHA 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. UCHA matches your contributions dollar-for-dollar up to 3% of your pay, if you have an FTE of .51 or above. 	You may contribute through pre-tax payroll deductions.
Responsibility for Investing	UCHA	Employee		
Changing Your Investments	N/A	You can choose how your contributions and any UCHA 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)	100%	<ul style="list-style-type: none"> Your contributions: 100%. UCHA matching contributions: 20% per year of service; 100% vested after 5 years of service (or age 65). 	100%
Your Benefit Amount	Monthly benefit based on the Basic Pension Plan Formula	<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 1.800.343.0860 or go to www.netbenefits.com/uchealth.

Have pension-related questions?

Contact the Pension Service Center for help with pension-estimate requests, general pension-related questions and retirement kits that include the necessary paperwork to start your pension benefit. **Call 1.855.808.3518 Monday to Friday from 7 a.m. to 5 p.m.**

Want an online option for information?

You have access to an easy-to-use retirement benefits tool, the UCHA Pension Estimator. This tool helps you review and better understand your UCHA Basic Pension Plan benefit and model your total retirement income.

Log on to eepoint.towerswatson.com/sites/UCH/ESS/.

Have social security-related questions?

The Social Security Administration has information about benefits on their website at www.ssa.gov. By accessing "My Social Security" at www.ssa.gov/myaccount/, you can create an account, check out your Social Security statement, change your address and manage your benefits. Please note, however, that because you don't pay Social Security taxes on earnings at UCHA, if you are also eligible for Social Security benefits, the formula used to figure your benefit amount may be modified, giving you a lower Social Security benefit.

Employee Premiums

Tobacco-free rate:

If you attest to being tobacco-free, you can save an extra \$25 per pay period on your premium.

The following chart provides an overview of premiums. Premiums will be deducted from the first and second paycheck each month for a total of 24 deductions during the plan year, July 1, 2017-June 30, 2018.

Employees must complete a biometric screening to qualify for employee wellness rates (up to \$240 in savings).

Medical Rates Per Pay Period	Wellness & Tobacco-Free		Non-Wellness & Tobacco-Free		Wellness & Tobacco User		Non-Wellness & Tobacco User	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Exclusive²								
Employee	\$44.30	\$157.30	\$54.30	\$167.30	\$69.30	\$182.30	\$79.30	\$192.30
Employee plus Spouse	\$105.49	\$321.95	\$115.49	\$331.95	\$130.49	\$346.95	\$140.49	\$356.95
Employee plus Child(ren)	\$96.32	\$302.97	\$106.32	\$312.97	\$121.32	\$327.97	\$131.32	\$337.97
Employee plus Family	\$143.07	\$450.05	\$153.07	\$460.05	\$168.07	\$475.05	\$178.07	\$485.05
High-Deductible								
Employee	\$0.00	\$37.82	\$10.00	\$47.82	\$25.00	\$62.82	\$35.00	\$72.82
Employee plus Spouse		\$157.53		\$167.53		\$182.53		\$192.53
Employee plus Child(ren)		\$157.32		\$167.32		\$182.32		\$192.32
Employee plus Family		\$225.05		\$235.05		\$250.05		\$260.05
Kaiser*								
Employee	\$85.46	\$198.55	\$95.46	\$208.55	\$110.46	\$223.55	\$120.46	\$233.55
Employee plus Spouse	\$202.21	\$405.07	\$212.21	\$415.07	\$227.21	\$430.07	\$237.21	\$440.07
Employee plus Child(ren)	\$183.32	\$381.25	\$193.32	\$391.25	\$208.32	\$406.25	\$218.32	\$416.25
Employee plus Family	\$271.91	\$565.92	\$281.91	\$575.92	\$296.91	\$590.92	\$306.91	\$600.92

* This option is not available to employees in Northern Colorado.

Dental Rates Per Pay Period	PPO Provider Only – Core	PPO Plus Premier – Choice
	Premium Rate	Premium Rate
Employee	\$11.73	\$17.67
Employee plus Spouse	\$20.30	\$30.53
Employee plus Child(ren)	\$23.72	\$33.96
Employee plus Family	\$34.30	\$51.61

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

Voluntary Benefit Premiums

Accident Insurance Rates Per Pay Period	
Employee	\$4.31
Employee plus Spouse	\$8.13
Employee plus Child(ren)	\$6.87
Employee plus Family	\$10.04

Legal Insurance Rates Per Pay Period	
Employee	\$8.12

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

The chart below provides an overview of the Critical Illness premiums. Premiums will be deducted from the first and second paycheck each month for a total of 24 deductions during the plan year, July 1, 2017-June 30, 2018.

Critical Illness Rates Per Pay Period	Age	\$15,000	\$30,000
Employee	<25	\$2.10	\$4.20
	25-29	\$2.18	\$4.35
	30-34	\$3.00	\$6.00
	35-39	\$4.05	\$8.10
	40-44	\$6.00	\$12.00
	45-49	\$8.78	\$17.55
	50-54	\$12.30	\$24.60
	55-59	\$16.73	\$33.45
	60-64	\$23.85	\$47.70
	65-69	\$35.63	\$71.25
70+	\$55.35	\$110.70	
Employee plus Spouse	<25	\$3.68	\$7.35
	25-29	\$3.98	\$7.95
	30-34	\$5.18	\$10.35
	35-39	\$7.05	\$14.10
	40-44	\$10.20	\$20.40
	45-49	\$14.93	\$29.85
	50-54	\$21.15	\$42.30
	55-59	\$29.33	\$58.65
	60-64	\$42.30	\$84.60
	65-69	\$63.08	\$126.15
70+	\$95.25	\$190.50	
Employee plus Child(ren)	<25	\$3.90	\$7.80
	25-29	\$3.98	\$7.95
	30-34	\$4.80	\$9.60
	35-39	\$5.85	\$11.70
	40-44	\$7.80	\$15.60
	45-49	\$10.58	\$21.15
	50-54	\$14.10	\$28.20
	55-59	\$18.53	\$37.05
	60-64	\$25.65	\$51.30
	65-69	\$37.43	\$74.85
70+	\$57.15	\$114.30	
Employee plus Family	<25	\$5.48	\$10.95
	25-29	\$5.78	\$11.55
	30-34	\$6.98	\$13.95
	35-39	\$8.85	\$17.70
	40-44	\$12.00	\$24.00
	45-49	\$16.73	\$33.45
	50-54	\$22.95	\$45.90
	55-59	\$31.13	\$62.25
	60-64	\$44.10	\$88.20
	65-69	\$64.88	\$129.75
70+	\$97.05	\$194.10	

My Benefits Selections

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



Important reminder

Enrolling in Benefits

To finalize your enrollment selections, login to the [Employee Space](#) and make your benefit elections. Remember to print out your benefit elections and retain a copy for your records!

Retirement Plans

As a reminder, enrollment in a retirement plan is done outside of Employee Space. To enroll in a retirement plan, contact Fidelity at 1.800.343.0860 or go to www.netbenefits.com/uhealth.

Below are the selections you made in the 2017-2018 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 the [Lawson Employee Space](#).

Medical Benefits

- Exclusive2
- High-Deductible/HSA Compatible
- Kaiser

Dental Benefits

- PPO Provider Only – Core
- PPO Plus Premier – Choice

Vision Benefits

- Vision Service Plan (VSP) - Choice Network

Voluntary Benefits

- Accident Insurance
- Critical Illness Insurance
- Identity Protection
- Legal Insurance
- Pet Insurance (enroll at www.PetsNationwide.com)

Life Insurance

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

Disability

- Short Term Supplemental Disability coverage
- Long Term Supplemental Disability coverage

Spending Accounts (participation in an FSA disqualifies participation in an HSA)

- Health Care Flexible Spending Account (FSA)
- Dependent Day Care Flexible Spending Account (FSA)

Saving Accounts (these options are allowed with the High-Deductible/HSA Compatible Plan)

- Health Savings Account (HSA)
- Limited Health Care Flexible Spending Account (FSA)

Retirement Benefits

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

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 medical care (e.g., 10 percent coinsurance = member pays 10 percent of the cost).

Copayment (or copay): A cost-sharing feature where the member pays a set dollar amount for the cost of medical care (e.g., \$20 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 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 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 defer taxable income to pay for eligible health care expenses as defined by the IRS. 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 (Medium copayment): 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 (Highest copayment): 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.

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 High-Deductible Health Plan (HDHP). HSA funds roll over from year-to-year. These funds remain yours even if you change jobs or health plans.

High-Deductible Health Plan: A type of plan where the member pays out of pocket for the majority of services until a deductible is reached. Unlike a PPO, this plan offers no copayment options and is a good value for healthy plan members. A qualified HDHP is a requirement 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 UCHHealth Exclusive 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.

Mental Health Services: Rehabilitative services that include mental health services, medication support services, day treatment intensive, 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.

Glossary of Terms (Continued)

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 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 your 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 you fill 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 your health plan's prescription vendor.

Your 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 your 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
Human Resources Service Center	hrservicecenter@uhealth.org	1.855.694.7824
Anthem Blue Cross and Blue Shield Exclusive2 High-Deductible/HSA Compatible	www.anthem.com/cuhealthplan	Before you enroll, call First Impressions: 1.855.646.4752 After you enroll, call Member Services: 1.800.735.6072
ASI – COBRA Administration	www.ASIcobra.com	1.877.388.8331
Cigna Short Term Disability, Long Term Disability	www.mycigna.com	1.800.732.1603
CompPsych Employee Assistance Program (EAP)	www.guidanceresources.com Web ID: UCHHealth	1.844.597.8242
Delta Dental of Colorado PPO Network Provider Only – Core PPO Plus Premier – Choice	www.deltadentalco.com	1.800.610.0201
Fidelity Investments (401(a), 403(b), and 457(b))	www.netbenefits.com/UCHHealth	1.800.343.0860
InfoArmor® Identity Theft Protection	http://www.myprivacyarmor.com	1.888.212.7204 open 7 a.m.-4 p.m., M–F
Kaiser (Not available in Northern Colorado) Group # 03165	www.kp.org/cuhealthplan	1.877.883.6698
MetLaw Legal Insurance	www.mybenefits.metlife.com	1.888.212.7204 open 7 a.m.-4 p.m., M–F
MetLife Accident Insurance, Critical Illness Insurance	www.mybenefits.metlife.com	1.888.212.7204 open 7 a.m.-4 p.m., M–F
MetLife Auto & Home Auto and Home Insurance	www.mybenefits.metlife.com	1.800.438.6388
Nationwide Pet Insurance	www.PetsNationwide.com	1.888.212.7204 open 7 a.m.-4 p.m., M–F
Optum Bank Health Savings Account	www.optumbank.com	1.844.326.7967
Securian (Minnesota Life) Life Insurance, AD&D	www.lifebenefits.com	1.866.293.6047
UCH Mail Order Prescription Service Aurora	pharmacy@uhealth.org	720.848.1432 1.800.941.2207 Fax: 720.848.1433
UCHHealth Pension Service Center (UCHA Pension Estimator)	eepoint.towerswatson.com/sites/UCH/ESS/	1.855.808.3518
UCHHealth Plan Administrators Flexible Spending Account for Health Care Flexible Spending Account for Dependent Day Care	tpa.uhealth.org	1.866.644.7873 Fax (for claims): 970.224.0128
Vision Services Plan (VSP) – Choice Network	www.vsp.com	1.800.877.7195