New Beginnings Ahead

2018-2019 Benefits Enrollment Guide

uchealth

Message to Employees

Dallis J. Howard-Crow
Chief Human Resources Officer

Dear Colleagues,

I want to welcome you to another open enrollment term at UCHealth. If you have benefits coverage at UCHealth or have interest in our options, this is an important time of year. Open enrollment is your opportunity to review your existing benefits and ensure that they best fit your own and your family's needs.

As a health care employer, UCHealth is proud to provide exceptional and affordable benefits. UCHealth pays around 86 percent of Exclusive2 Plan premiums and 100 percent of the High Deductible Health Plan premiums*. This is well above the employer average of 80 percent and an important part of your total compensation at UCHealth.

In our organization, you and your family's health is a top priority. As with our patients, it is our goal to give you the freedom to be extraordinary in your everyday life. Receiving your feedback is an important part of the process. Please complete the survey that will be available to you at the close of open enrollment, so we can measure our progress.

Thank you for your unwavering support in caring for our patients and their families. By being stronger together, we fulfill our mission to improve lives.

In good health,

Dallis Howard-Crow
Chief Human Resources Officer

*Full-time employees receiving both wellness discounts.

Overview

Open enrollment runs from Monday, April 23 through 5 p.m., Friday, May 11. Open enrollment is always active at UCHealth. This means even if you do not add or change your benefits, you must still complete a few tasks. This year, remember to:

- Declare you are, and continue to be, tobacco-free to save $600
- Re-enroll in any HSA, FSA or DCSA accounts you may have
- Get your biometric screening to save $240*

There are many tools in this guide and on The Source to help you make the best benefits choices, including:

- Interactive checklist (located in this guide)
- Decision support cost calculator
- My Benefits Path decision support tool
- Benefit overview videos

Review your **total compensation statement online** to see how your benefits position you for success at UCHealth. (Once signed in, click on the green Total Compensation icon.)

This benefits guide also describes more plan options at UCHealth, such as critical illness, accident coverage, group legal benefits, identity theft and pet insurance.

You will make your selections and declare your tobacco status online. Please log in to UCHealth Employee Space at **https://myhr.uchealth.org**. Choose Open Enrollment under the Pay and Benefits tab.

If you have questions about your benefit options, please contact the open enrollment hotline at 1-888-212-7204, Monday-Friday, 7 a.m.-4 p.m.

Monday-Friday, 5 p.m.-8 p.m. and weekends from 11 a.m.-1 p.m., you can reach the Benefits team at **UCHealth-BenefitsOpenEnrollmentAssistance@uchealth.org**.

*You have until May 11 to complete your biometric screening. Your discount applies to your health premium contributions for the upcoming plan year.

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The information in this guide provides details about the changes and benefit programs available for 2018-2019. 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 (UCHealth) 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.

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How to Enroll

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 Pay and Benefits, and then choose Open Enrollment.
3. Click Dependents to check that all spouse, common-law spouse, partner in a civil union, same gender domestic partner, and/or child information is correct for those dependents you wish to cover.

   Legal dependents must be in Employee Space before you begin the online enrollment process. You must provide Social Security numbers for all family members. Adding your legal dependents' information under the dependent link does not automatically enroll them in any benefit.
4. 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.
5. Begin making your benefit elections.
6. Before logging out, be sure to print or email your benefit elections and retain a copy for your records.
7. Click Log Out.

Once you've enrolled, your benefit elections will be effective starting July 1, 2018, unless you have a qualified life event or the plan is amended.

Legal notices

The following legal notices are available for review on The Source at **thesource.uchealth.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

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

Designate a beneficiary for your life insurance policy. 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.

The online beneficiary designation process is simple. Log on to your Life Benefits account at **www.lifebenefits.com** or call Securian at 1.866.293.6047 for assistance.

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.

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What's New in 2018-2019

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.

Exclusive2 changes

The Exclusive2 Emergency Room Copay is increasing from $150 to $250 (copay waived if admitted). Please see the **When and Where to Get Care**.

Exclusive2 UCHealth Virtual Care will now have a $15 copay.

Kaiser Changes

The Kaiser Emergency Room Copay is increasing from $150 to $250 (copay waived if admitted). Please see the **When and Where to Get Care**.

Flexible spending account changes

Annual contribution limit has increased from $2,600 to $2,650. Reminder: This is a use it or lose it benefit. See **page 13** for more information.

Health savings account changes

Annual contribution limit for individual accounts has increased from $3,400 to $3,450. For family accounts, annual contributions have increased from $6,750 to $6,850. This account stays with the employee and balances roll over year to year.

Vision

Frames and lenses allowances will increase by $10. Retinal imaging has been added with a $20 copay. Children under the age of 13 are now eligible for two exams per year with $0 copay.

Wellness changes

The MOVE program has served its purpose in creating awareness and a focus on health through exercise and activity. As of July 1, 2018, we will no longer offer this program.

Over the last few years we have built on our wellness initiatives, and this year, new programs will be implemented and existing plans enhanced. Several of these new programs and enhancements allow all of our employees to participate in staying active and save by maintaining healthy habits.

We will soon offer a new program for CU Health Plan participants that is focused on nutrition, called Zipongo. Free biometric screenings are now available for all staff and their spouses, regardless of whether or not they participate in a CU Health Plan. We are also continuing offerings, such as:

- **Omada®** – a CU Health Plan, lifestyle intervention program that connects the dots between knowing how to get healthy and actually doing it. It combines proven science and personal support to help you lose weight and reduce your risk for type 2 diabetes and heart disease.
- 100% paid annual wellness visits with your primary care physician (for CU Health Plan participants)
- Fitness center discounts and wellness challenges (for all employees, regardless of whether or not they participate in a CU Health Plan)

403b match

Starting July 1, 2018, the 403b UCHealth employer match is now available to employees .50 FTE or higher.

Important reminders

Tobacco Attestation

We care about you and your health! Qualify to save an extra $25 per pay period on your medical plan premium if you attest to being tobacco-free. "Tobacco" includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes); applied to the gums, chewed or ingested (e.g., dipping or chewing leaf tobacco); and/or inhaled (e.g., snuff or electronic cigarettes).

If you currently use tobacco products, you still have an opportunity to earn a discounted rate on your plan premiums. One way is to enroll and complete a cessation program through BREATHE with Quitline. You must be tobacco free for 60 days in order to qualify for the discount. See **page 9** for more information.

FSA/HSA Re-enrollment

If you are a current participant in a Flexible Spending Account for healthcare or dependent daycare expenses or a Health Savings Account, **you must re-enroll** during open enrollment to continue participation. If your card expires on June 30th, you will receive a new card. If your card does not expire on June 30th, your old card can be used during the new plan year, so don't throw it away! New participants will receive debit cards in the mail.

New ID Cards

You will receive a new identification card for 2018-2019 plan year if you enroll in the Exclusive2 or High Deductible plan, select a different plan than what you currently have, or make changes to your covered dependents. If none of these options apply to you, please retain your current ID card.

Biometric Screening

You may receive up to a $240 discount by completing a biometric screening. You have until May 11 to complete your biometric screening. Your discount applies to your health premium contributions for the upcoming plan year.

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Coverage & Eligibility

Open enrollment dates

This year enrollment is from April 23 – May 11, 2018.

Enroll for coverage

Open enrollment is always **active** at UCHealth. This means even if you don't make changes to your plans, you still need to complete a few housekeeping items each year. These include **re-attesting your tobacco status** and **re-enrolling in any Health Savings Accounts (HSA) or Flexible Spending Accounts (FSA)**, if you want to continue contributions to these accounts after July 1. Unlike your other benefit plans, your actions from last year **do not roll over** for these items, so it is very important for you to always participate in open enrollment.

Employees that attest to being tobacco-free will receive a $25 discount per pay period on their medical premium. If you are a tobacco user, free cessation programs are available for you. See **page 9** for details.

Coverage dates

The new plan year starts July 1, 2018.

Coverage contributions

For information about premiums, please refer to the charts on **page 18**. As a reminder, benefit premiums are taken from 24 of our 26 annual paychecks.

Waive coverage

You may waive medical coverage if you have medical coverage elsewhere. By selecting "Waive Medical Coverage" online during open enrollment, you certify that you have other coverage and are waiving our medical coverage for the plan year. Once you waive coverage, you will not be allowed to enroll until the next scheduled open enrollment or within 31 days required for a qualifying life event, according to applicable federal and/or state laws or the master plan documents.

Eligibility for benefits

Employee eligibility

You are eligible for health benefits if you're an employee of UCHealth with a full-time equivalent (FTE) status of 0.5 or more. Full-time premium rates begin at 0.8 FTE. A FTE of a 1.0 is equivalent to 80 hours per pay period.

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. All newly added dependents are subject to verification for coverage eligibility.

* 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 23**.

** Reimbursements for dependents age 19-27 are NOT allowed under the Flexible Spending Account for Health Care 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

To find out the costs for enrolling in the medical plans for you and your family, **click here**.

Three Medical Plan Options

Exclusive2
- In-network coverage only
- Administered by Anthem Blue Cross and Blue Shield (BCBS)

High-Deductible/HSA Compatible
- In-network and out-of-network coverage
- Administered by Anthem Blue Cross and Blue Shield (BCBS)

Kaiser
- In-network coverage only

(May not be available to some employees depending on location.)

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

Tools are available on The Source to help you with these decisions.

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.

UCHealth Virtual Urgent Care

Starting July 1, 2018, those enrolled in the Exclusive2 or HDHP plan may participate in Virtual Urgent Care visits, a new feature where patients may be seen by a UCHealth provider for a variety of common ailments from the comfort of their home. **Learn more** about UCHealth Virtual Care.

Important Reminder

The contacts on **page 23** list each administrator's website where you can find a summary of benefits, limitations, exclusions, prescription drug formularies and a directory of providers.

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	$7,350/$14,700
Doctor/Specialist Visit	$30/$40 copay	15% coinsurance[2]	35% coinsurance	$30/$40 copay
Mental Health Outpatient	$30 copay	15% coinsurance[2]	35% coinsurance	$30 copay
Prenatal Care	$15 copay for first prenatal care office visit	15% coinsurance[2]	35% coinsurance	$0 co-pay
UCHealth Virtual Urgent Care New – starting July 1, 2018	$15 copay	15% coinsurance[2]	35% coinsurance	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	15% coinsurance	$250/day 1,000 per admission max
Outpatient Surgery	$100 copay[1]			$250/visit
Emergency Room	$250 copay, waived if admitted to hospital, then inpatient copay applies			$250 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.
** May not be available to some employees depending on location.
*** 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.

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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.

** 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.
- Exclusive2: After three fills, specialty medications must be filled through UCH Mail Order or any of the UCHealth Retail Pharmacies to be covered.
- High-Deductible/HSA Compatible plan: Specialty medications must be filled through UCH Mail Order, any of the UCHealth Retail Pharmacies or the Anthem BCBS Mail Order Specialty Pharmacy (Accredo) to be covered. High-Deductible covers up to a 30-day supply of specialty medications.

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 copy 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.uchealth.org** to learn more about pharmacy benefits and UCHealth pharmacies.

Call **720.848.3377** (voicemail only line)

Email **pharmacy@uchealth.org**

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Wellness Benefits

Health plan members only

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.

Omada

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

Zipongo

UCHealth medical plan members can take advantage of **Zipongo** – a digital nutrition platform with tools that make it easier to select, purchase, and prepare healthy food.

And more!

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 UCHealth 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 UCHealth employees at **thesource.uchealth.org** or by visiting our **wellness page**.

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.

Wellness coaching

Employees who are at risk for or diagnosed with weight-related conditions (blood pressure, BMI, blood glucose or cholesterol) are encouraged to apply. Information is available on The Source by searching "Wellness Coaching."

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.uchealth.org**.

Smoking cessation

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

Voluntary Benefits

MetLife is our vendor for Accident Insurance and Critical Illness Insurance. 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. Again in 2018-2019, 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.

To find out the cost for enrolling in voluntary benefits for you and your family, **click here**.

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.). See **page 19** for premiums.

Elect Accident & Critical Illness Insurance

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

Log in to **Employee Space** and choose the policy you want.

* Current critical illness $10,000 policy holders will be able to grandfather their existing plan.

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**.

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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 included in both plans. This program 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 is not included.

To find out the cost for enrolling in dental benefits for you and your family, **click here**.

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.

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.

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 out-of-state and 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.

Vision Benefits

To find out the cost for enrolling in vision plans for you and your family, **click here**.

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.

New for 2018

Kids under the age of 13 are now eligible for two exams per year with $0 copay.

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	$205 allowance* 20% off amount over allowance $115 allowance at Costco Every 24 months (Effective July 1, 2018, frames are available every 12 months for kids under the age of 13, as part of the KidsCare program)	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	$160 allowance** Every 12 months	Up to $60 for contact lens exam
Retinal Imaging		$20

* 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:

- UCHealth 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

Select ☐

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

Here's how it works:

- Estimate the amount of money you and your dependents expect to spend on eligible out-of-pocket health care expenses from July 1, 2018 through June 30, 2019.
- Set aside up to $2,650 (or up to $110.41 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

Select ☐

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 childcare or dependent day 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, 2018 - June 30, 2019. You have until Sept. 30, 2019, to submit reimbursement claims for these eligible expenses. After Sept. 30, 2019, 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.

If your old cards haven't expired, they can be reused in the new plan year, so don't throw them away! New participants and participants whose cards expire on June 30th 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

To learn more about Health Savings Accounts, **click here**.

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. Here's the best part: you don't pay taxes on the money you put in or spend from your HSA, allowing you to stretch your health care dollars even further. The money you contribute to your HSA is tax-deductible, and you can withdraw money free of income taxes if you use it to pay for qualified medical expenses — not only for yourself, but also for your spouse and tax dependents.

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

What expenses qualify for reimbursement from my HSA?

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

What are the limits?

Internal Revenue Code 2018 annual contribution limits (based on the calendar year)	
Individual coverage	$3,450 annually $143.75 per paycheck
Family coverage	$6,850 annually $285.41 per paycheck
Catch-up contributions	$1,000 for an account holder aged 55 or older

Limited Health Care Flexible Spending Account

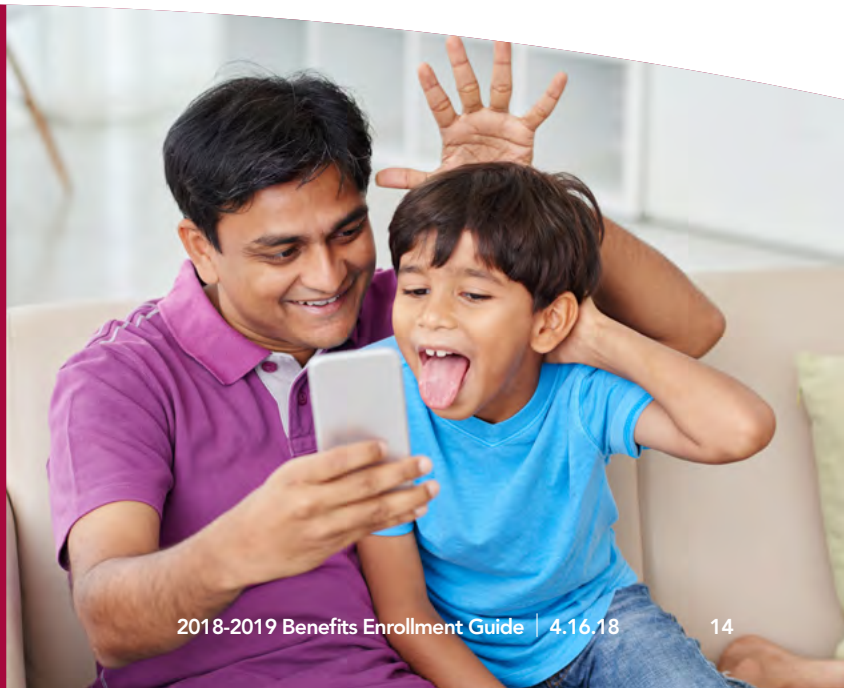
Select ☐

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.

Important reminder

- If you are a current participant in an HSA and wish to continue, you must re-elect this account during open enrollment.
- To enroll in a 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.

For free webinars on HSAs, **click here**.



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Life Insurance

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 ☐

Life insurance and AD&D

As a reminder, UCHealth provides basic life insurance and accidental death and dismemberment (AD&D) of one times your annual base pay up to $2 million at no cost. In addition to this benefit, you may also choose to enroll yourself and your eligible dependents in supplemental life insurance and AD&D.

Supplemental Employee life can be purchased in increments of your base pay up to the lesser of 5x or $1 million.

Spouse/common-law spouse/civil union partner/SGDP coverage can be purchased in $10,000 increments up to the lesser of 100 percent of your employee supplemental life coverage amount or $500,000.

Child life insurance provides $10,000 in coverage and the cost is only $0.42 per pay period no matter how many children are insured.

Any request for increase in life insurance coverage for yourself or spouse during open enrollment will require medical underwriting. AD&D coverage will not require underwriting.

You will be given an option to add or increase your Supplemental Employee and Spouse Life Coverages. These changes will not take effect until after Evidence for Insurability (EOI) is met.

Securian, our life insurance company, will contact you after open enrollment to complete an Evidence of Insurability application.

You are unable to stop your Supplemental Employee and Spouse Life coverages in the enrollment system. To stop these plans please contact the HR Service Center at 1.855.694.7824 or HRServiceCenter@UCHealth.org.

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

Disability

As a reminder, UCHealth provides the following disability benefits to you at no cost:

Short term disability

- UCHealth provides a basic short term disability (STD) benefit equal to 60 percent of your weekly base pay. Employees have the ability to purchase supplemental STD of 70 percent of your weekly base pay.

Long term disability

- UCHealth provides a basic long term disability (LTD) benefit equal to 50 percent of your monthly base salary. Employees have the ability to purchase supplemental LTD of either 60 percent or 66 2/3 percent of your monthly base salary.

Changes to disability coverage can be made in the open enrollment section of Employee Space and do not require medical underwriting.

Rate for supplemental Short Term Disability (STD) coverage Select ☐

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

Rate for supplemental Long Term Disability (LTD) coverage Select ☐

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.

Retirement Benefits

Open enrollment is a great time to examine your retirement savings and make deferral changes to your 403(b) and 457(b) plans. Additional information on your retirement plans can be found on The Source at **thesource.uchealth.org** including how to make changes to your deferral contributions at any time throughout the year.

	Basic Pension Plan	401(a) Investment Account	403(b) Matching Account Select ☐	457(b) Deferred Compensation Savings Plan Select ☐
Eligibility	All employees of UCHealth			All employees of UCHealth may participate, excluding flex/relief employees, per diem employees and nurse travelers.
Contributions	UCHealth pays the full cost of contributions	• 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, flex/relief employees, per diem employees, or as a nurse traveler, UCHealth contributes 1.3% of your pay until you are 100% vested in the Basic Pension Plan.	• You may contribute through pre-tax payroll deductions. • UCHealth matches your contributions dollar-for-dollar up to 3% of your pay, if you have an FTE of .50 or above.	You may contribute through pre-tax payroll deductions.
Responsibility for Investing	UCHealth	Employee		
Changing Your Investments	N/A	You can choose how your contributions and any UCHealth contributions are invested. You can change how your funds are invested at any time.		
Vesting	20% per year of service; 100% vested after 5 years of service (or age 65)	100%	• Your contributions: 100%. • UCHealth 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 Formula (partial and lump sum options may be available at time of termination or retirement effective July 1, 2018)	• 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 UCHealth Pension Estimator. This tool helps you review and better understand your UCHealth 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 UCHealth, 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.

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Employee Premiums

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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, 2018-June 30, 2019.

Employees must complete a biometric screening to qualify for employee wellness rates (up to $240 in savings). The screening must be completed by May 11, 2018, in order to qualify for the discounted premiums.

Medical Rates Per Pay Period	Wellness & Tobacco-Free		Non-Wellness & Tobacco-Free		Wellness & Tobacco User		Non-Wellness & Tobacco User	
Exclusive2	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**
Employee	$48.72	$172.97	$58.72	$182.97	$73.72	$197.97	$83.72	$207.97
Employee plus Spouse	$116.00	$354.02	$126.00	$364.02	$141.00	$379.02	$151.00	$389.02
Employee plus Child(ren)	$105.91	$333.14	$115.91	$343.14	$130.91	$358.14	$140.91	$368.14
Employee plus Family	$157.32	$494.87	$167.32	$504.87	$182.32	$519.87	$192.32	$529.87
High-Deductible	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**
Employee	$0.00	$37.82	$10.00	$47.82	$25.00	$62.82	$35.00	$72.82
Employee plus Spouse		$173.22		$183.22		$198.22		$208.22
Employee plus Child(ren)		$172.99		$182.99		$197.99		$207.99
Employee plus Family		$247.47		$257.47		$272.47		$282.47
Kaiser*	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**	**Full-Time**	**Part-Time**
Employee	$102.55	$238.26	$112.55	$248.26	$127.55	$263.26	$137.55	$273.26
Employee plus Spouse	$242.65	$486.08	$252.65	$496.08	$267.65	$511.08	$277.65	$521.08
Employee plus Child(ren)	$219.98	$457.50	$229.98	$467.50	$244.98	$482.50	$254.98	$492.50
Employee plus Family	$326.29	$679.11	$336.29	$689.11	$351.29	$704.11	$361.29	$714.11

* May not be available to some employees depending on location.

Dental Rates Per Pay Period	PPO Provider Only – Core	PPO Plus Premier – Choice
	Premium Rate	**Premium Rate**
Employee	$12.20	$18.47
Employee plus Spouse	$21.10	$32.41
Employee plus Child(ren)	$24.66	$35.62
Employee plus Family	$35.66	$53.89

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

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Voluntary Benefit Premiums

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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, 2018-June 30, 2019.

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

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My Benefits Selections

Click to print this page

Below are the selections you made in the 2018-2019 Open 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 Open Enrollment Portal.

See **page 5** of the Open Enrollment Guide for instructions about how to use this worksheet.

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 a FSA disqualifies participation in a HSA)

- [ ] Health Care Flexible Spending Account (FSA)
- [ ] Dependent Day CareFlexible 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

Important reminder

Enrolling in Benefits

To finalize your enrollment selections, log into 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/uchealth**.

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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 (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 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. 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 UCHealth Exclusive2 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.

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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 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
The Open Enrollment Hotline (Only active during open enrollment, April 23 to May 11, 2018)	hrservicecenter@uchealth.org	1.888.212.7204 open 7 a.m.-4 p.m., M–F
For non-open enrollment questions, please contact Human Resources.		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	1.888.842.4462
ComPsych Employee Assistance Program (EAP)	www.guidanceresources.com Web ID: **UCHealth**	1.844.597.8242
Delta Dental of Colorado PPO Network Provider Only – Core PPO Plus Premier – Choice	www.deltadentalco.com	1.800.610.0201
Employee Discounts	www.uchealth.benefithub.com **Referral Code: J4737A**	1.866.664.4621
Fidelity Investments (401(a), 403(b), and 457(b))	www.netbenefits.com/UCHealth	1.800.343.0860
InfoArmor® Identity Theft Protection	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@uchealth.org	720.848.1432 1.800.941.2207 Fax: 720.848.1433
UCHealth Pension Service Center (UCHealth Pension Estimator)	eepoint.towerswatson.com/sites/UCH/ESS/	1.855.808.3518
UCHealth Plan Administrators Flexible Spending Account for Health Care Flexible Spending Account for Dependent Day Care	tpa.uchealth.org	1.866.644.7873 Fax (for claims): 970.224.0128
Vision Services Plan (VSP) – Choice Network	www.vsp.com	1.800.877.7195
Zipongo	uchealth.zipongo.com	415.800.2311

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