

BENEFITS GUIDE

Calendar year,
January 1-December 31, 2026

You make extraordinary possible.

uchealth

UCHealth supports you

Dear Colleagues,

Welcome to the 2026 digital benefits guide, your interactive resource for exploring health and well-being benefit offerings as part of your Total Rewards here at UCHealth. The featured programs promote personal growth, holistic wellness, financial planning, recognition and more. All are designed to support your needs, helping you to be the best version of you.

You spoke, we listened

To provide additional access to and education about your benefit offerings, we hosted systemwide benefits fairs in fall 2025. Additionally, within this guide you'll find details about UCHealth's benefit offerings along with improved tools and resources intended to help you feel knowledgeable and confident about your benefit choices. These enhancements are the direct result of feedback from you, our employees:

- Use the redesigned drop-down menu in the top left corner to easily browse programs and offerings.
- Ask Livi, our chatbot, your most pressing benefits questions.
- Access the new "help me choose" tool to see which benefit plans might be a good fit for you and your family.
- Explore programs and support offered through Lyra Health, UCHealth's partner for comprehensive mental health and well-being services to UCHealth employees and their families. Get high-quality confidential care when you need it, in a way that works best for you.

Sign up for a free care.com account and get unlimited access to an extensive network of vetted caregivers for kids, adults, pets, home and more. Additionally, access monthly webinars focused on trending real-world topics, and Care Talks, which offer advice and guidance from experts in areas like childcare, senior care, financial literacy, emotional health, and more.

For additional details about any of UCHealth's benefits, visit the Benefits page on The Source or contact the HR Service Center for enrollment assistance.

Thank you for all you do to improve the lives of our patients, their families and each other. We're honored you've chosen to be part of UCHealth.

In good health,



Dallis Howard-Crow
Chief Human Resources Officer

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The information in this guide is intended to provide a summary of the benefit programs available for the plan year, January 1-December 31, 2026. This guide applies to all employed staff at UCHealth facilities, whether employed by University of Colorado Hospital Authority or University of Colorado Health (UCHealth). A comprehensive description of benefits, plan documents, and disclosure notices are available on The Source. In order to be eligible to participate in a benefit option, you must meet the eligibility and participation requirements of the plan. If any provisions in this guide are inconsistent with the terms of any plan document, the language in the plan document will always govern.

What is Total Rewards (Benefits and Compensation)?

The term Total Rewards (Benefits and Compensation) refers to your full package of offerings as a UCHealth employee provided to help meet your needs in work and in life. Total rewards is not just a title; it's an investment in our people that is more than traditional compensation and benefits. In our total rewards group, you will find programs in areas like well-being, personal growth and development, and recognition.

Taking care of yourself, so you can help take care of others.

You are UCHealth's greatest asset, and the best way for you to be your best in supporting our patients and each other is by prioritizing your own care. We want to make sure you have options to help you in this journey, whether you are just beginning or well on your way. In this guide you will find diverse, relevant and affordable programs to make it easier for you to take care of yourself and your family and live healthier, balanced lifestyles.

How do I prioritize my own care?

At UCHealth, we value your health and wellness in all forms, and we thank you for improving lives every day, including your own. Make sure you also browse the many employee discounts we offer to support your physical wellness, through our Active and Fit benefit and partnerships with local gyms.

When and Where to Get Care

Primary care

Your primary care physician is the person you choose to be your partner in health—whether for regular care or as your first contact for any medical problem or mental health concern you may experience. Your primary care physician serves as a main point of contact with other care you need, such as a visit to a specialist or hospitalization, and can refer you to these other providers when you need more help. Because they serve as your primary point of care and know your history best, it is a good practice to visit them when you have a medical need that is not urgent.

Urgent care

Urgent care is designed to treat minor injuries and illnesses when you can't wait for a doctor's appointment. Often these conditions, including sprains, coughs, minor burns or cuts, can be treated faster and more affordably with urgent care than going to an emergency room, where you may be expected to wait longer hours for treatment. UCHealth offers both in-person and virtual urgent care options.

Virtual care

Did you know that for many minor illnesses you can receive care virtually? You can choose to see a provider either via video appointments or through virtual urgent care. In some situations, you can even be prescribed medication. No traffic, no waiting rooms. It's care from the comfort of your home.

Emergency care

Emergency care is intended for severe injuries and illnesses. If you have suffered a serious injury or have symptoms of a serious condition such as chest pain, difficulty breathing, severe abdominal pain or have a possible emergency, you need to seek emergency care or call 911 right away.

Eligibility

For employees

UCHealth offers a suite of benefits designed to support you and your family while promoting a healthier, more balanced life. Our full benefit offering includes exceptional options for health and welfare, retirement savings, educational support, wellness initiatives, exclusive employee discounts, assistance programs, and paid time off.

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

Contact the HR Service Center
for eligibility questions:
hrservicecenter@uchealth.org

FTE status benefits comparison:

Total FTE Status	Health and welfare benefits	Retirement Savings	Education support	Wellness, Discounts, Assistance programs	Paid time off (PTO)
0.5-1.0 FTE Full benefits	✓ Enrollment action required	✓ With employer match	✓	✓	✓
0.1-0.49 FTE Partial benefits	Not eligible	✓	Limited	✓	✓
0 FTE Partial benefits	Not eligible	✓	Limited	✓	Limited

Employees with a status of 0.5-1.0 FTE are:

- Eligible for all health and welfare benefits. Full-time medical premium rates begin at 0.8 FTE
- Eligible for the 403(b) retirement savings plan with employer match
- Eligible for all education support, wellness, employee discounts, assistance programs, and paid time off (PTO)

Employees with a status of 0.1-0.49 FTE are:

- Not eligible for health and welfare benefits
- Eligible for the 403(b) retirement savings plan
- Eligible for limited education support
- Eligible for wellness, employee discounts, assistance programs, and paid time off (PTO)

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

- Not eligible for health and welfare or PTO benefits
- Eligible for the 403(b) retirement savings plan
- Eligible for limited education support
- Eligible for wellness, employee discounts, assistance programs, and limited paid time off (LTO)

For dependents

If you cover yourself, you may enroll your eligible dependents in certain benefits as described in this guide. If your eligible dependents are also UCHC employees enrolled in their own coverage through UCHC or already have coverage through another UCHC employee, you cannot enroll them on your plans (with the exception of life and accidental death and dismemberment insurance). Eligible dependents include:

- Your spouse, common-law spouse* or partner in a civil union.*
- Your children; your spouse's children; or your children from a civil union up to age 27, including legally adopted children, those placed for adoption, stepchildren, children for whom you must provide health plan coverage under the terms of a Qualified Medical Child Support Order, and your older children who are mentally or physically unable to support themselves.**
- All newly added dependents are subject to dependent verification to be eligible for coverage. Materials will be sent following enrollment and dependents will then be removed prospectively if verification is not completed timely.

* Review details on required documentation for covering a common-law spouse or partner in a civil union.

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

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



Eligibility (continued)

Coordination of benefits

If you or your dependent chooses to have health care coverage under two programs, please consult the Coordination of Benefits flyer located on The Source.

When your benefit coverage begins

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

When your benefit coverage ends

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

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

Enrollment

Employees with a FTE status of 0.5-1.0 are automatically enrolled in employer-provided basic life and accidental death and dismemberment (AD&D) insurance and short-term/long-term disability. All other health and welfare benefit offerings (including medical, dental, vision, flexible spending and health savings accounts and voluntary benefits) require the completion of enrollment action.

Actively enrolling in or waiving your health and welfare benefits is important because it can only happen during certain windows:

- During a specific annual open enrollment period
- Within 31 days of your new hire/newly eligible date
- 31 days following a Qualified Life Event (marriage, birth of a child, etc.)

Enrollment is your opportunity to choose benefit plans that match your health needs, family situation, and financial goals. Missing an enrollment window can mean default enrollment or having to wait until the next annual open enrollment to make changes.

When and how to enroll

Employees with a FTE status of 0.5-1.0 must complete enrollment action to enroll in or waive UCHealth benefit offerings. Follow the steps below to complete your enrollment online using Employee Space:

1. Log on to Employee Space at work or from home. Your username and password are the same as those you use to access the system daily.
2. Click on "Benefits" in the menu on the left:
 - During the annual open enrollment period (Oct 6-Oct 24, 2025) - click the "Access Open Enrollment" in the upper right corner.
 - For new hire/newly eligible enrollment - click the "Benefit Enrollment and Changes" tab in the middle of the screen then double click on the New Hire/Newly Eligible enrollment event.
 - Within 31 days following a Qualified Life Event (QLE) - click the "Benefit Enrollment and Changes" tab in the middle of the screen then double click on the applicable enrollment event.
3. List your legal dependents (spouse, common law spouse, civil partner and/or children):
 - Social security numbers and dates of birth are required for all dependents:
 - Entering your legal dependents' information under the list of available dependents for coverage section does not automatically enroll them in a benefit. That is done within the following enrollment screens.
 - All newly added dependents must be verified for eligibility through Verifi1.
4. Confirm your tobacco-use status, then proceed through all enrollment screens by selecting a benefit choice for each plan offered, adding your dependents to coverage as applicable until you get to the end.
5. Click SUBMIT and acknowledge the enrollment terms. A confirmation email will generate and send to your uchealth.org email account which will signify that you have completed the enrollment process successfully. Review your confirmation statement for accuracy and retain it for your records. Once you've completed your enrollment action, your benefit elections will be exactly as they are reflected on the confirmation statement, effective through December 31, 2026, unless you experience a Qualified Life Event.
6. Click log-out.
7. If you would like to enroll in supplemental life insurance for yourself, spouse or child, participate in the 403(b) retirement savings plan or health savings account, add pet or auto/home insurance, visit the Benefits page on The Source for further enrollment action.

Enrollment (continued)

Default enrollment

Default enrollment only applies to new hire/newly eligible enrollment.

If you don't submit your new hire/newly eligible enrollment event within 31 days of your new hire/newly eligible date, you will be automatically enrolled in the Employee Only HD/HSA medical plan with the tobacco-user non-wellness premium. All other benefits (including dental, vision, flexible spending and health savings accounts and voluntary benefits) will be waived through December 31, 2026. This is considered the default enrollment.

Once your enrollment is defaulted, changes cannot be made unless you experience a Qualified Life Event or at the next annual open enrollment period. Medical premium discounts can be updated (if applicable). See the Medical premium discounts page within this guide to learn more.

Dependent verification

All covered dependents are subject to a one-time "dependent verification" process. The process looks like this:

If you added a dependent to one of UCHealth's benefit plans that has not been verified before, our third-party vendor Verifi1 will outreach you and ask for supporting documentation to confirm that the person you added to coverage is actually eligible according to UCHealth's definition of eligible dependent.

It is very important that you provide requested documents to Verifi1 within the timeframe specified or else your dependents will be removed prospectively from coverage. View The Source for more details.

Beneficiary designation

It's important to designate a beneficiary for your retirement, life/AD&D insurance policies and voluntary insurance (if enrolled). A beneficiary is the person or entity you choose to receive your benefit in the event of your death.

For retirement, log on to your Fidelity account at netbenefits.com or call Fidelity at 800.343.0860 for assistance.

For life/AD&D insurance, log on to your Securian account at lifebenefits.com or call Securian at 866.293.6047 for assistance.

For voluntary insurance (accident or critical illness insurance), log on to your MetLife account at mybenefits.metlife.com or call MetLife at 888.212.7204.

Legal notices

The following legal notices are available for review on The Source:

- Medicare Part D Creditable Coverage Notice
- COBRA Initial Notice
- HIPAA Special Enrollment Rights Notice
- Children's Health Insurance Program Reauthorization Act of 2009 Notice
- Expanded Women's Preventive Care Services Notice
- Women's Health and Cancer Rights Act Notice
- Newborns' and Mothers' Health Protection Act of 1996 Notice
- Notice of Privacy Practices
- Exchange Notice
- Colorado Workplace Public Health Rights Poster: Paid Leave, Whistleblowing And Protective Equipment
- CO FAMLI Program Notice
- CO FAMLI Aviso Del Programa
- Primary Care Provider Pediatrician Notice
- VSP Notice of Privacy Practices

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



Medical Benefits

Medical benefits

Which plan is best for you and your family?

UCHealth offers two* medical plan options: Network Plan and High Deductible/Health Savings Account (HD/HSA) Plan. They each have a network of doctors and specialists for you to choose from, prescription benefits and other key features. Carefully consider these components when deciding which medical plan is best for you and your family's needs. Compare:

- The amount you pay from your paycheck to have coverage, also known as a premium
- The amount you will pay for out-of-pocket health care, such as the cost of copays, coinsurance and/or deductibles
- Whether you are covering only yourself or adding dependents, such as a spouse or child(ren)
- Whether you and your covered dependents are generally well or frequently sick
- Whether you have long-term or special medical needs that require certain treatment from specific doctors
- What doctors, facilities and pharmacies are available
- How prescription drugs are covered

*A Kaiser option is available in select locations. If you meet select location eligibility, the Kaiser option will show during benefit enrollment. Visit The Source to learn more about this plan.

UCHealth Network plan

The Network plan offers access to a large network of UCHC providers, hospitals and clinics. This means if you choose care at a non-UCHealth provider, you may not be covered. When you enroll in the Network plan, you must choose a primary care physician (PCP) for yourself and all covered dependents. If you need specialty care, in most cases you must get a referral from your PCP.

The benefits summary comparison table outlines copays and deductibles.

How does the Network plan work?

Step 1

Pay for covered services:

- Pay a copay for prescriptions and visits to primary care, specialist care, the emergency room, urgent care, outpatient rehab, outpatient mental health visits, and office visits for a pregnancy.
- Annual in-network wellness office visits are 100% covered by the Plan.
- Some services require you to pay 100% of the cost until you meet your deductible. You may have other copays after your deductible is met.

Step 2

Meet the out-of-pocket maximum:

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

More details

- If you have a dependent child who lives outside of Colorado, they may be able to use Anthem's Guest Membership to receive regular care where they live. If the state where they live does not have Guest coverage, your dependent will only be able to use the Network plan for urgent care facility and emergency room care and prescription coverage. Guest Membership is only for covered dependent children, spouses are not eligible.
- Physicians can only prescribe drugs from a specific list of medications. Visit the Navitus prescription benefit member portal to view the list and find out how your prescriptions are covered.
- The plan provides coverage for an eye exam once a year and offers limited materials coverage. Check out UCHC's vision care plan through VSP for other vision coverage options.

Medical Benefits (continued)

HD/HSA plan

The HD/HSA plan is a high-deductible health plan that provides national coverage for both in- and out-of-network care, and no requirement to select a primary care physician (PCP). A health savings account can be used with the HD/HSA plan. Referrals for specialist care are not required.

How does the high-deductible (HD/HSA) plan work?

Step 1

Meet the plan-year deductible:

- You pay 100% of covered expenses (including prescriptions) until you meet your deductible—except for in-network wellness office visits, which are paid 100% by the Plan.

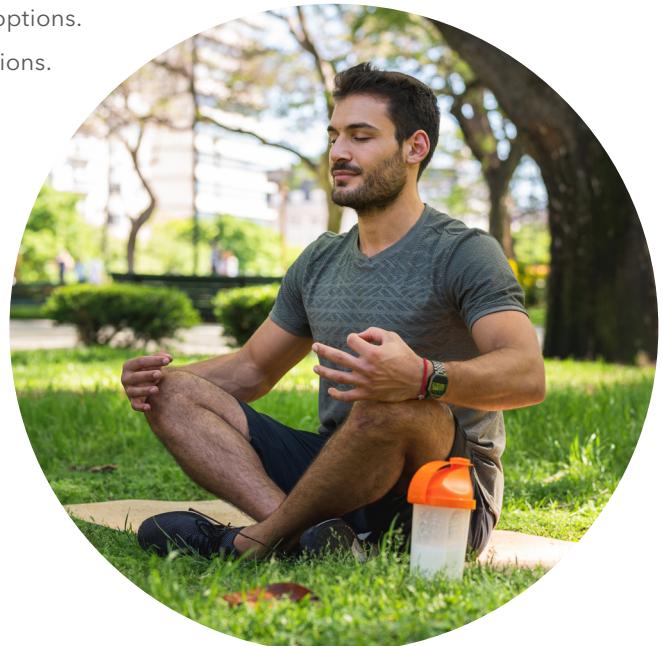
Step 2

Share the cost of covered expenses:

- You and the Plan share the cost of covered expenses using coinsurance, or a percentage of the total bill, until you meet the out-of-pocket maximum. The out-of-pocket maximum includes your deductible.
- If you meet the out-of-pocket maximum, the HD/HSA plan pays 100% of your covered medical and prescription drug costs for the rest of the plan year.

More details

- Members can use the broader Anthem plan network for care. This includes coverage for out-of-state dependents where Anthem provides coverage.
- The HD/HSA plan has a deductible that must be met before the plan pays for coverage. This means more out-of-pocket expenses for members up front. However, these out-of-pocket expenses can be paid tax-free using a health savings account or flexible spending account that you fund with your paycheck.
- If you enroll dependents (a spouse and/or child(ren)) on the plan, you are responsible to meet the family deductible before the Plan will share in the cost of care.
- There are two deductibles and out-of-pocket maximums—one for in-network care and one for out-of-network care. If your care is in the Anthem network, the in-network deductible and out-of-pocket maximum applies, and vice versa for care outside the Anthem network. In-network amounts do not count toward out-of-network amounts and vice versa.
- The Plan does not provide any coverage for routine eye exams or materials. Check out UCHealth's vision care plan through VSP for coverage options.
- Physicians can only prescribe drugs from a specific list of medications. Visit the Navitus prescription benefit member portal to view the list and find out how your prescriptions are covered.



Medical Benefits (continued)

Medical benefits summary table

Benefits Summary	Network Plan	HD/HSA Plan ²			Kaiser**
	In-Network only*	In-Network		Out-of-Network	In-Network only*
	HMO	UCHealth facilities and providers and Children's Hospital	Any other Anthem PPO facility and provider	Out-of-Network	None
Plan Year Deductible Individual/Family	\$250/\$750	\$1,750/\$3,500		\$3,000/\$6,000	None
Plan Year Out-of-Pocket Maximum*** Individual/Family	\$4,000/\$8,000	\$3,500/\$7,000		\$6,000/\$12,000	\$7,900/\$15,800
Doctor/Specialist Visit	\$30/\$40 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$30/\$40 copay
Prenatal Care	\$15 copay for first prenatal care office visit	15% coinsurance	25% coinsurance	50% coinsurance	\$0 copay
Well Visit ****	Plan pays 100%	Plan pays 100%		50% coinsurance	Plan pays 100%
Hospital Care					
Virtual Visit	\$15 copay for UCH Health Virtual Care	15% coinsurance for UCH Health Virtual Care	Not covered	Not covered	Plan pays 100%
Urgent Care	\$30 copay	15% coinsurance	25% coinsurance	50% coinsurance	\$30 copay
Emergency Room	\$300 copay, waived if admitted to hospital, then inpatient copay applies	15% coinsurance			\$250 copay, waived if admitted to hospital, then inpatient copay applies - Special procedures such as MRI/CT/PET/Nuclear Medicine will be additional \$100 copay per scan
Inpatient Services	\$300 copay per admission ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$500/day \$2,000 per admission max
Outpatient Services	\$150 copay ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$500/visit
Ambulatory Surgery Center	\$100 copay ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$250/visit
Mental Health Virtual Visit	\$15 copay for LiveHealth Online	15% coinsurance	15% coinsurance for LiveHealth Online	Not covered	Plan pays 100%
Mental Health Outpatient	\$30 copay	15% coinsurance		50% coinsurance	\$30 copay
Mental Health Inpatient	\$300 copay ¹	15% coinsurance		50% coinsurance	\$500/day \$2,000 per admission max
X-ray	Plan pays 100% ²	15% coinsurance	25% coinsurance	50% coinsurance	Diagnostic 100% paid/ Therapeutic \$40 copay
Labs		15% coinsurance	25% coinsurance	50% coinsurance	Plan pays 100%
CT, MRI, PET Scan	\$75 copay ¹	15% coinsurance	25% coinsurance	50% coinsurance	\$100 per procedure

* This option offers in-network coverage only except in cases of an emergency.

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

*** Includes deductibles, copayments, coinsurance and Rx payments.

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

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 (continued)

Virtual care

Video appointments

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

No drive time, no waiting room, no need to get out of your pajamas (if you don't want to).

See what types of illnesses are treated in a video appointment visit:

- Allergic reaction
- Cold/flu
- Cough
- Diarrhea
- Minor trauma
- Pink eye
- Rash
- Sinus infection
- Sore throat
- Urinary tract infection
- Vomiting

How to select a primary care physician (PCP)

- While the Network plan does require you to contact Anthem to select a primary care physician (PCP) for yourself and all covered dependents, other health plans do not.
- You can choose any PCP who is available to accept you or your dependents, though services will be billed according to the network the provider belongs to and the facility you received care from.
- For children, you may designate a pediatrician as their PCP. You can change PCPs anytime during the year by contacting Anthem's Member Services (at the number listed on the Contacts page). If you need assistance finding an in-network PCP, visit The Source. It is recommended that you find a PCP regardless of the medical plan you elect to help you coordinate your health care needs.

Medical benefits rates

Full-time medical premium rates begin at 0.8 FTE.

Medical Rates Per Pay Period	Tobacco-Free				Tobacco User			
	Wellness		Non-Wellness		Wellness		Non-Wellness	
Network Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee	\$78.47	\$279.42	\$88.47	\$289.42	\$103.47	\$304.42	\$113.47	\$314.42
Employee plus Child(ren)	\$170.58	\$538.17	\$180.58	\$548.17	\$195.58	\$563.17	\$205.58	\$573.17
Employee plus Spouse	\$186.83	\$571.90	\$196.83	\$581.90	\$211.83	\$596.90	\$221.83	\$606.90
Employee plus Family	\$253.39	\$799.44	\$263.39	\$809.44	\$278.39	\$824.44	\$288.39	\$834.44
HD/HSA Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee	\$12.12	\$63.30	\$22.12	\$73.30	\$37.12	\$88.30	\$47.12	\$98.30
Employee plus Child(ren)	\$26.35	\$289.53	\$36.35	\$299.53	\$51.35	\$314.53	\$61.35	\$324.53
Employee plus Spouse	\$28.86	\$289.92	\$38.86	\$299.92	\$53.86	\$314.92	\$63.86	\$324.92
Employee plus Family	\$39.14	\$414.19	\$49.14	\$424.19	\$64.14	\$439.19	\$74.14	\$449.19
Kaiser Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee	\$172.80	\$375.30	\$182.80	\$385.30	\$197.80	\$400.30	\$207.80	\$410.30
Employee plus Child(ren)	\$370.67	\$769.63	\$380.67	\$779.63	\$395.67	\$794.63	\$405.67	\$804.63
Employee plus Spouse	\$408.87	\$817.71	\$418.87	\$827.71	\$433.87	\$842.71	\$443.87	\$852.71
Employee plus Family	\$549.81	\$1,142.44	\$559.81	\$1,152.44	\$574.81	\$1,167.44	\$584.81	\$1,177.44

Prescription Benefits

Prescription benefits

Each medical plan includes prescription benefits offered through Navitus. Depending on the medical plan you choose, your out-of-pocket expenses for prescriptions will be different. Each prescription is categorized into a tier.

In general, these are the medication tiers:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications
- Tier 3: Non-preferred brand medications
- Tier 4*: Specialty oral and injectable medications

More prescription plan details:

- Network plan members must use the UCHealth Pharmacy for medications taken regularly, known as maintenance medications, after the first fill.
- Members of the HD/HSA plan may continue to fill medication taken regularly at retail locations such as Walgreens. However, if an HD/HSA plan member wants to use Home Delivery or fill a 90-day supply, it must be filled through the UCHealth Pharmacy.

About Tier 4 specialty medications:

- Tier 4 Specialty Medications are covered up to a 30-day supply at a time.
- Network plan members must use the UCHealth Pharmacy for all Tier 4 specialty fills.
- HD/HSA plan Tier 4 specialty medications must be filled through UCHealth Pharmacy or the Lumicera Specialty pharmacy. If these pharmacies are not used, the Tier 4 medication will not be covered. The HD/HSA Plan covers up to a 30-day supply of a Tier 4 specialty medication per fill.



Prescription benefits summary chart

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

¹ All coinsurance applies after deductible.

* After a maximum of one fill, maintenance medications must be filled through the UCHealth Pharmacy (Home Delivery or retail location).

All Tier 4 medications must be filled by UCHealth Pharmacy (Home Delivery or retail location).

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

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

Prescription Benefits (continued)

Pharmacy savings

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

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

Medical Premium Discounts

If enrolled, medical premiums will be deducted from the first and second paycheck each month during the calendar year, January 1–December 31, 2026.

UCHealth is committed to helping you achieve your best health. The following discounts are available to all employees enrolled in a UCHealth medical plan:

- Tobacco-free employees receive a \$25 discount per pay period on the UCHealth medical plan premium.
- Participate in one of our well-being program options to receive a \$10 discount per pay period on the UCHealth medical plan premium.

Employees declare their tobacco-use status and wellness option during benefit enrollment. See how these discounts impact your cost for medical benefits per pay period and visit The Source for more information.

If you think you might be unable to meet a standard for a discount, you might qualify for an opportunity to earn the same discount by different means. Contact the HR Service Center at 855.694.7824 Monday–Friday, 7:30 a.m.–4 p.m. so we can direct you (and, if you wish, your doctor) to a wellness program that is right for you in light of your health status.

Did you know?

You can have medications sent directly to your home address. Use Home Delivery through the UCHealth Pharmacy and conveniently receive your prescriptions within 2–5 business days at no additional cost. No more waiting in line. For more information, visit the UCHealth Pharmacy Service page.

Find a pharmacy

Visit The Source to learn more about pharmacy benefits provided through the UCHealth Pharmacy and Navitus.

Navitus Prescription Benefits:
844.268.9789

UCHealth Pharmacy:
877.398.0598
pharmacy@uchealth.org

Dental Benefits

Choose from three dental benefit plans, all offered through Delta Dental of Colorado. Each plan provides some type of coverage for preventive, diagnostic, basic and major services. Under all plans, two basic exams and cleanings are provided free of charge for each plan year.

Essential Dental
<ul style="list-style-type: none">Provides preventive and diagnostic services at a lower paycheck cost. This plan is best for individuals/families who need little to no dental care outside of regular exams and cleanings. There is no orthodontia coverage on this plan..
Enhanced Dental
<ul style="list-style-type: none">Provides a higher plan-year maximum than the Essential dental plan, with greater coverage for basic and major services and coverage for orthodontia. This plan may be better for individuals/families who may need more dental care than basic exams and cleanings.
Premium Dental
<ul style="list-style-type: none">Provides the highest plan-year maximum for individuals/families who use more dental services, as well as orthodontia coverage. This plan may be better for individuals/families who may have a history of oral health issues or are planning for major or oral surgery services.

Dental benefits summary comparison

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

* Applies to Basic and Major services.



Dental Benefits (continued)

Right Start 4 Kids

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

Understanding maximums

Make sure you know your definitions for each plan! Understand what maximum means in medical vs. dental benefits:

- The plan maximum for dental plans is the most the plan will pay toward your services. After you meet the maximum, you handle 100% of any extra costs for the year. Under medical plan coverage, the out-of-pocket maximum is the opposite. It refers to the largest amount you pay before the plan pays 100% of your remaining expenses for the year.

Dental benefits rates

Dental Rates Per Pay Period	Essential Dental	Enhanced Dental	Premium Dental
Employee	\$10.35	\$19.86	\$30.53
Employee plus Child(ren)	\$20.09	\$34.24	\$53.33
Employee plus Spouse	\$20.02	\$40.30	\$58.63
Employee plus Family	\$33.84	\$57.82	\$88.79

Find a dental care provider

- **PPO dentist** - Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- **Premier dentist** - Payment is based on the Premier Maximum Plan Allowance or the fee actually charged, whichever is less.
- **Non-participating dentist** - Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Visit deltadentalco.com to find a provider.

Vision Benefits

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

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

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

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

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

Vision benefits summary

Benefits Summary	Benefit ¹	Copay
Well Vision Eye Exam	Every 12 months***	\$15
Prescription Glasses	See frame and lenses benefit in this chart	
Frames	\$205 allowance* 20% discount after allowance \$110 allowance at Costco Every 24 months***	
Lenses	Single vision, lined bifocal, lined trifocal and standard progressives Includes UV Protection Every 12 months***	Included in prescription glasses copay
Lens Enhancements	Average savings: 25%	N/A
Contact Lenses	\$180 allowance** Every 12 months***	Up to \$60 for contact lens exam
Digital Retinal Imaging	Every 12 months***	\$0

¹ See KidsCare program for special benefits.

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

** In lieu of prescription glasses.

*** As of January 1 each year.

Vision benefits rates

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

Considering LASIK surgery?

To see what discounts are available to you, call:

Eye Center of Northern Colorado
970.221.2222

UCHealth Eye Center: Anschutz, Lone Tree, Cherry Creek, LoDo and Boulder
720.848.2020

Flexible Spending Accounts

A Flexible Spending Account (FSA) is an account that allows you to set aside money on a pre-tax basis to pay for qualified health care or dependent (child or elder) day care expenses throughout the plan year. There are two types of FSAs – the FSA for Health Care and the FSA for Dependent Day Care.

You choose how much money to set aside for eligible expenses into each account over the course of the plan year. Dollars are automatically deducted from your paychecks twice per month.

To use these dollars, you can either use the FSA debit card that will be provided to you or you can submit a claim form to request reimbursement. You may be asked to submit documentation at any time to confirm your eligible expenses so be sure to save your receipts.

Note: You will only receive one debit card for all FSA spending.

Plan carefully

All FSAs are considered “use it or lose it” accounts. IRS rules require you to spend your funds by December 31 each plan year. Funds you do not spend will not be refunded to you and you cannot use them for any services you have beginning January 1 of the new plan year.

What can the FSA for Health Care be used for?

FSA Health Care

Medical, Prescription, Dental and Vision expenses for you and your eligible dependents such as, but not limited to:

- Physician office copays
- Prescription drugs
- Over-the-counter medications
- Hearing aids
- Dental fillings and X-rays
- Eyeglasses

Did you know?

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

What can the FSA for Dependent Day Care be used for?

FSA Dependent Day Care*

Day care expenses for children under the age of 13 or elder family members including, but not limited to:

- Babysitting for children
- Before or after school programs for children
- Elder/senior day care
- Nanny for children
- Learn more on The Source.

* This account cannot be used for any health care expenses for you, spouse or children.

Limited Flexible Spending Account (LFSA)

You may elect a Limited Flexible Spending Account (LFSA) when you also elect to contribute to an HSA that is tied to our HD/HSA medical plan. The LFSA operates similarly to the FSA for Health Care; however, you are only allowed to use this account to pay for dental and vision expenses for you and your eligible dependents.

FSA contribution limits

Internal Revenue Code 2026 contribution limits	
Health Care FSA Contribution Limit	\$3,400 annually \$141.66 per paycheck
Dependent Day Care FSA Contribution Limit, per household	\$7,500 annually \$312.50 per paycheck
LFSA Contribution Limit	\$3,400 annually \$141.66 per paycheck

Health Savings Account (HSA)

Available to HD/HSA medical plan members only
A Health Savings Account (HSA) is an account that allows you to set aside money on a pre-tax basis to pay for qualified health care expenses for yourself, your spouse and your eligible tax dependents throughout the plan year.

HSA funds never expire and you can use them at any time, year after year. Your HSA can also be invested like your other retirement accounts.

You choose how much money to set aside and dollars are automatically deducted from your paychecks twice per month. To use these dollars, you can either use the HSA debit card that will be provided to you or you can submit a claim form to request reimbursement.

What can the Health Savings Account be used for?

Your HSA can be used for qualified health care expenses such as, but not limited to:

- Medical deductibles and coinsurance
- Prescription drugs
- Over-the-counter medications
- Hearing aids
- Dental fillings and X-rays
- Eyeglasses

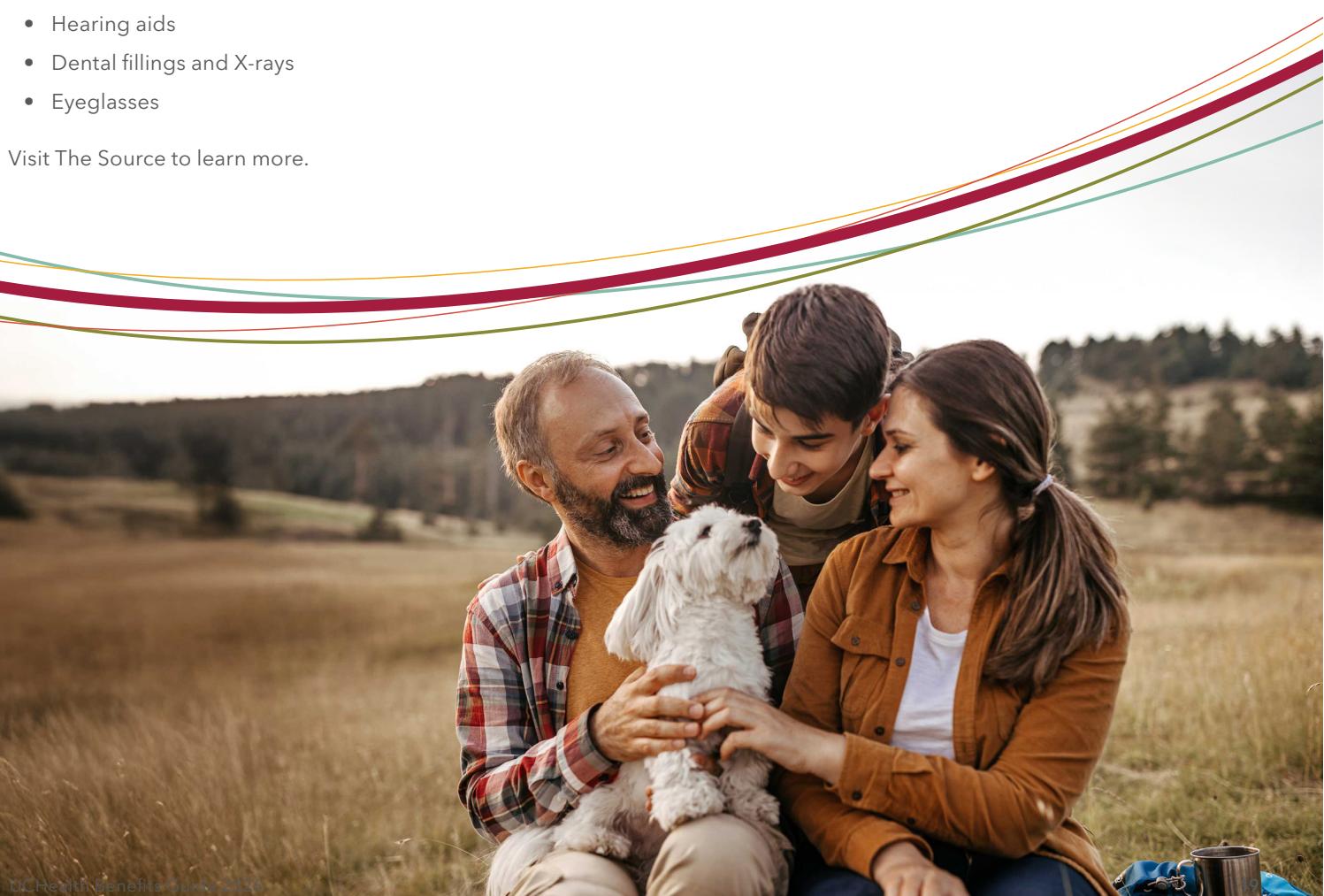
Visit [The Source](#) to learn more.

Important

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

HSA contribution limits

Internal Revenue Code 2026 contribution limits	
HSA Contribution Limit, single coverage	\$4,400 annually \$183.33 per paycheck
HSA Contribution Limit, family coverage	\$8,750 annually \$364.58 per paycheck
HSA, age 55 catch-up	\$1,000 annually Additional \$41.66 per paycheck



Voluntary Benefits

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

- You also can elect coverage for your eligible family members.
- Your policy is portable—you can take it with you if you leave UCHealth or retire.
- The policy also includes a health screening benefit if a covered health screening is performed (blood test, colonoscopy, mammogram, etc.).

Accident insurance

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

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

Critical illness insurance

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

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

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

Group legal

Getting legal help shouldn't be difficult or unaffordable. MetLife Legal Plans provide professional legal counsel for everyday personal legal needs, at a fraction of a lawyer's standard rate. You'll have access to a network of attorneys with an average of 25 years of experience to help when you're buying a home, planning for your family's future, caring for aging parents and navigating reproductive issues including surrogacy, donation and/or adoption.

Identity protection

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

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

Pet insurance

My Pet Protection Choice® plan from Nationwide® helps you provide your pets with the best care possible by reimbursing you for eligible vet bills. You can get cash back for accidents, illnesses, hereditary conditions and more. Birds and exotic pets can also be covered. Choose 50%, 70%, or 80% reimbursement for the level of coverage that fits your needs.⁴

You're free to use any vet and your coverage includes benefits for emergency boarding, lost pet advertising and more. The Nationwide 24/7 vethelpline® is included as a service to all pet insurance members (\$110 value). Learn more at petsnationwide.com.

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

Voluntary Benefits (continued)

Auto and Home insurance

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

With these options, you'll appreciate:

- Special employee discounts that are typically higher than anything you can find on your own.
- Additional discounts, based on the way you drive and vehicle safety features.
- Quick, multiple quotes—all from one phone call: 888.212.7204 or online at personal-plans.com/auto.
- Convenience of being able to switch right away and start saving sooner.
- Ease of paying premiums via payroll deduction.

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

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

Accident insurance rates

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

Legal insurance rates

Legal Insurance Rates Per Pay Period	
Employee	\$8.00

Identity protection rates

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

Critical illness rates

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

Disability Benefits

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

Short-term disability (STD) coverage

STD coverage provides income protection as a supplement to Colorado-FAMLI in case of your own a short-term illness or injury. Benefits are generally payable after a 7-day elimination period up to 26 weeks, except in the instance of overnight hospital admission, in which case the 7-day elimination period is waived.

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

STD benefits for your own health condition can be supplemented with the use of paid time off (PTO). Please see the Leaves of Absence and Accommodations page on The Source for more information about opting into the use of PTO while on Colorado-FAMLI and Short-Term Disability.

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

Long-term disability (LTD) coverage

LTD coverage provides income protection in case of your own a long-term illness or injury. Benefits are payable after a 180-day elimination period.

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

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

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

Rates for supplemental LTD coverage

Age	Cost per \$100 monthly base pay per month. *Paid on a pre-tax basis	
	60%	66.67%
<25	\$0.064	\$0.120
25-29	\$0.077	\$0.145
30-34	\$0.109	\$0.206
35-39	\$0.154	\$0.295
40-44	\$0.254	\$0.490
45-49	\$0.419	\$0.810
50-54	\$0.535	\$1.037
55-59	\$0.631	\$1.221
60-64	\$0.642	\$1.238
65+	\$0.617	\$1.204

Did you know?

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

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

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

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

Life and AD&D Insurance

Life insurance

Employees receive employer-provided basic employee term life insurance of 1x annual base pay up to \$2 million through Securian*. In addition to the basic coverage provided by UCHealth, you may choose to purchase supplemental employee term life insurance. This voluntary benefit increases your coverage in increments of your base salary up to the lesser of 5x annual base pay or \$1 million. As a new hire or newly eligible employee, you are eligible to purchase supplemental term life insurance up to \$500,000 without needing to complete an evidence of insurability questionnaire if elected within the first 31 days. Any request over this amount will require medical underwriting.

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

You may also purchase term life insurance for your spouse/common-law spouse/civil union partner coverage in \$10,000 increments up to the lesser of 100% of your employee supplemental life coverage amount or \$500,000. As a new hire or newly eligible employee, you can purchase spouse/common-law spouse/civil union partner life insurance up to \$50,000 without needing to complete an evidence of insurability questionnaire if elected within the first 31 days. Any request over this amount will require medical underwriting.

You can also purchase \$10,000 of life insurance coverage for each individual eligible child.

Need some guidance?

Utilize Securian's online benefits decision tool, Benefit Scout™, to help you and your family make your insurance elections with confidence.

Visit LifeBenefits.com to get started.

Supplemental life insurance

In addition to being provided basic life insurance, you can purchase additional life insurance that may be paid to your listed beneficiaries if you pass away while employed at UCHealth.

How it works

You can buy up to five times your annual base salary or \$1 million, whichever is less. For example, if your base salary is \$60,000 per year, the maximum extra life insurance you can buy is up to \$300,000.

Who can participate?

Any employee that is 0.5 FTE or higher.

When you can enroll or change?

You can make changes to your plans, enroll or remove coverage at any time, not just during open enrollment.

Other plan details

Within your first 31 days of eligibility, you can choose coverage up to 5x your annual base salary or \$500,000, whichever is less, without having to answer any health questions. Outside of your initial 31 days of eligibility, any extra insurance you purchase may require a health questionnaire.

Life insurance for your dependents

Term life insurance for a spouse/common-law spouse/civil union partner or children.

How it works

- For a spouse/common-law spouse/civil union partner: Any life insurance in increments of \$10,000 up to 100% of the amount you buy for yourself in extra life insurance coverage, or \$500,000, whichever is less.
- For a child: A life insurance benefit of \$10,000 per child.

Other plan details

No matter how many children you add to a child life insurance policy, you pay the same amount per paycheck.

Within your first 31 days of eligibility, you can choose coverage for your spouse/common-law spouse/civil union partner up to \$50,000 without having to answer any health questions. Requests for coverage over \$50,000 or choices made outside of your initial 31 days of eligibility may require a health questionnaire. Health questionnaires are not required for child life insurance.

Life and AD&D Insurance (continued)

Accidental death and dismemberment (AD&D) insurance

In addition to the basic coverage, you can buy extra employee AD&D insurance, which increases payments made to your beneficiary if you die as the result of an accident or are dismembered.

How it works

Any extra insurance you buy increases payments in amounts of \$10,000 up to 5x your annual base pay, or \$1 million, whichever is less.

Who can participate?

Any employee that is 0.5 FTE or higher.

AD&D insurance

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

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

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

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



Rates for life and AD&D insurance

Rates for employee and spouse/common-law spouse/civil union partner supplemental term life and AD&D insurance:

Age	Cost per \$1,000 coverage per month *Paid on an after-tax basis	
	Life insurance	AD&D insurance
<30	\$0.020	
30-34	\$0.026	
35-39	\$0.039	
40-44	\$0.059	
45-49	\$0.094	
50-54	\$0.154	\$0.02
55-59	\$0.241	
60-64	\$0.321	
65-69	\$0.512	
70-74	\$0.899	
75+	\$1.618	

Special services

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

Travel assistance

Available 24/7 all year for personal or business travel when more than 50 miles away from your home. Go to lifebenefits.com/travel to learn about replacing lost or stolen luggage, medication or other critical items, pre-trip planning and emergency services.

Legal, financial and grief services

Access professional services for a variety of needs—from legal matters and financial situations to coping with loss—through comprehensive web and mobile resources, as well as consultations.

Legacy planning resources

Access a variety of online information/resources, including end-of-life and funeral planning, final arrangements, important directives and survivor assistance. After a claim is started, these additional services are available to beneficiaries by phone.

Empathy

Provides on-demand tools and human support for beneficiaries to navigate the loss of a loved one through a dedicated care manager, a personalized care plan, emotional and grief resources and guidance to navigate estate settlement.

Retirement Savings

UCHealth has different retirement plans depending on when you were hired. Even though retirement might not be coming soon, it is a good idea to start saving early and review your retirement strategy at least once a year.

Hired or rehired on or after December 24, 2023 (UCHealth retirement structure)

Whether you're just starting out or planning ahead, participating in a retirement savings plan is a smart way to invest in your future. In addition to participating in Social Security, all UCH employees hired or rehired on or after December 24, 2023 are automatically enrolled in the 403(b) through Fidelity Investments.

The 403(b) is a qualified defined contribution account, similar to a 401(k), where you contribute a percentage from your paycheck to save for retirement. You can contribute on a pre-tax and/or Roth (after-tax) basis. If you are 0.5 FTE or greater, your per-pay-period contributions will be matched by UCH—essentially giving you free money towards your retirement.

To manage your UCH retirement benefits, visit the Fidelity website at netbenefits.com or call 800.343.0860. Check out The Source for more details.

Need help or advice?

Schedule a free 1-on-1 retirement planning meeting session with a Fidelity representative. You can meet in person at one of our UCH locations, virtually, or over the phone.

Hired or rehired before December 24, 2023 (UCHA retirement structure)

All UCH employees hired or rehired before December 24, 2023 were automatically enrolled in the Basic Pension Plan and 401(a) Fixed Contribution Plan. These plans replace your participation in Social Security.

In addition, you may voluntarily participate in the 403(b) and 457(b) through Fidelity Investments.

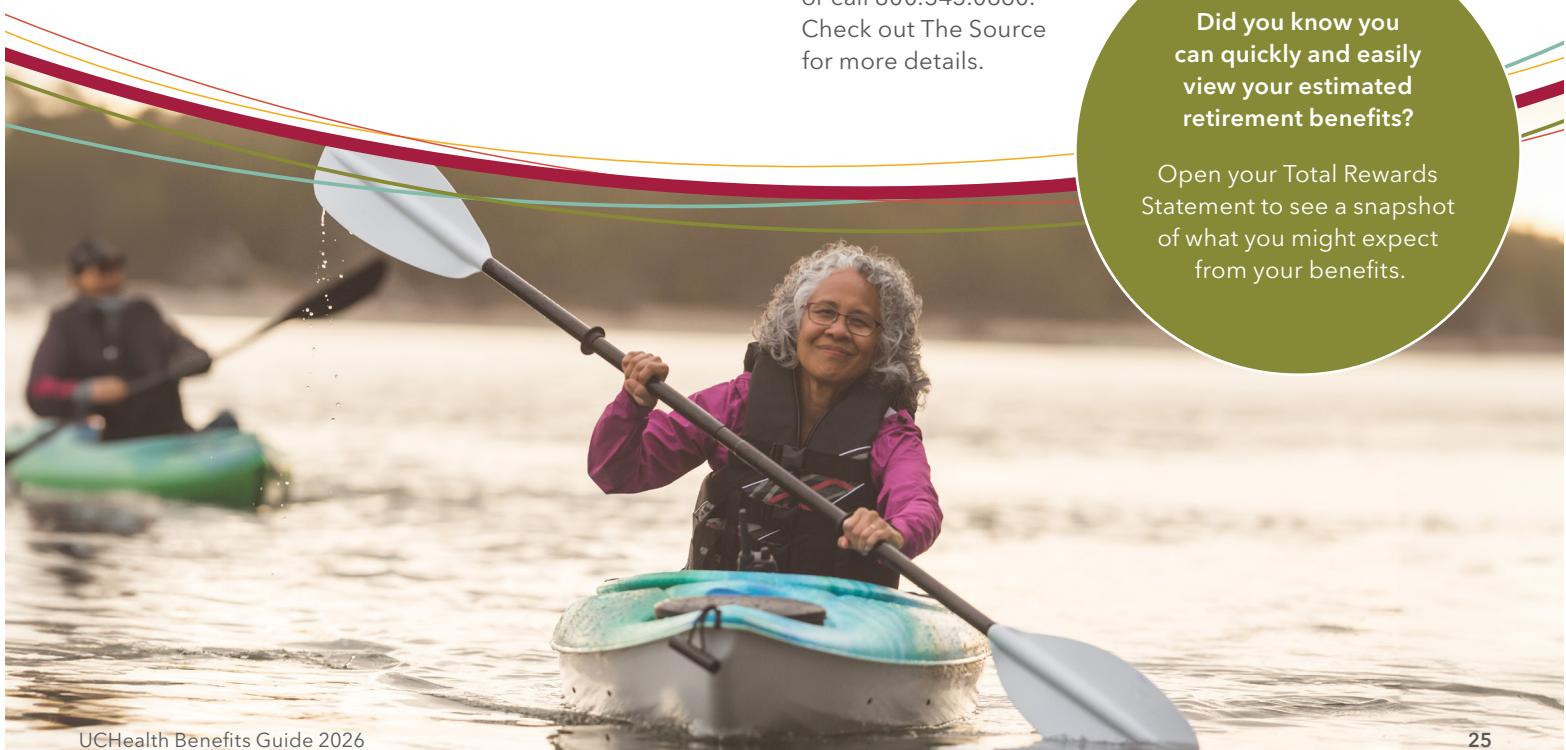
The 403(b) is a qualified defined contribution account, similar to a 401(k), where you contribute a percentage from your paycheck to save for retirement. You can contribute on a pre-tax and/or Roth (after-tax) basis. If you are 0.5 FTE or greater, your per-pay-period contributions will be matched by UCH—essentially giving you free money towards your retirement.

The 457(b) is another qualified defined contribution account, where you can contribute a percentage from your paycheck to save for retirement. You can contribute on a pre-tax and/or Roth (after-tax) basis.

To manage your UCH retirement benefits, visit the Fidelity website at netbenefits.com or call 800.343.0860. Check out The Source for more details.

Did you know you can quickly and easily view your estimated retirement benefits?

Open your Total Rewards Statement to see a snapshot of what you might expect from your benefits.





Education Support

Ascend Career Program

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

- School term must begin 90 days after your hire date
- Expenses include tuition/fees/books
- Courses/class must be taken at institutions accredited by the US Department of Education.

Continuing Education

Benefit eligible employees may receive financial help to increase job knowledge and skills through continuing education assistance. Review the continuing education assistance page on The Source to learn more.

Public Service Loan Forgiveness

UCHealth employees can get free assistance through Savi to submit their federal student loans for forgiveness. Savi also provides services including personalized review of loans, individualized coaching and automated tracking of documents. Learn more on The Source.

529 College Savings Plan

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

LinkedIn Learning

UCHealth provides all employees with free, convenient access to an online library of more than 12,000 digital courses through LinkedIn Learning.

Develop your career with a variety of topics, such as computer and office skills, leadership and professional skills, finance and IT training and more and add certificates to your LinkedIn profile.

Learning is self-directed at your own pace, from home or work, and may serve as an alternative to completing education via in-person conferences or workshops.

Learn more on The Source.

Wellness and Recognition

Mental health and well-being

Whether you need support to navigate life's difficult situations or are looking for wellness resources to keep you centered, First Call has you covered.

First Call powered by Lyra Health is an innovative digital platform, providing comprehensive mental health and wellbeing services to UCHealth employees and their families. Get high-quality confidential care when you need it, in a way that works best for you.

With First Call powered by Lyra Health you have:

- Six confidential 1:1 mental health coaching or therapy sessions, per year, for you and each of your household members.
 - Meet with AI-matched providers who use evidence-based techniques to treat and coach patients.
- Next-day appointment availability, either virtually or in-person. Evening and weekend sessions are also available to fit your schedule.
- Comprehensive care options
 - Preventative needs that include self-care and on-demand courses.
 - Clinical needs, from mental health coaching to evidence-based therapy.
 - Complex needs like medication management and complex care navigation.
- Unlimited on-demand wellness resources
 - Build skills to support your mental and emotional well-being through meditation, live events, videos and more.
- Lyra also provides access to work-life solutions including legal, identity theft and dependent care services.

Dedicated care navigators are available to provide unlimited proactive support 24/7.

Treated conditions include anxiety, burnout, decreased motivation, difficulty concentrating, excessive alcohol and substance use, feeling hopeless, feeling overwhelmed, grief, loneliness, relationship issues, stress management, and more.

Continued care is available beyond the free sessions with direct pay or through your health insurance.

Recognition

Recognizing You is a meaningful part of UCHealth's culture and a valuable employee benefit, designed to celebrate the extraordinary people who improve lives every day. Through peer-to-peer recognition, e-cards, nomination programs, and leader-to-employee rewards, the platform makes it easy to acknowledge excellence and share appreciation across the organization. Leaders can award points for exceptional contributions, and staff can redeem them for gifts in a robust catalog—points never expire. Milestone anniversaries are honored with unique, tax-free gifts that reflect UCHealth's deep gratitude for long-term dedication. Whether it's a heartfelt thank-you or a celebration of years of service, Recognizing You helps us live our values and build a culture of appreciation.



Wellness and Recognition (continued)

Wellness programs and services

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

Fitness resources

All UCHealth employees have access to various gym discounts across the Front Range, as well as Colorado Springs and Steamboat Springs. Gyms such as 24 Hour Fitness and Anytime Fitness are a few that offer discounts. You can find a list of fitness facilities that offer discounts to UCHealth employees on The Source.

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

Help get Colorado back to its rightful place as the healthiest state in the nation by participating in the Ready. Set. CO challenge. Through the UCHealth app, choose from wellness challenges and personalized goals in fitness, nutrition, sleep and meditation to earn points and unlock rewards from Ready. Set. CO partners. The UCHealth Wellness feature empowers you to take charge of your health, with actionable steps that are fun and rewarding.

Flu shot campaign

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

Ergonomic assessments

Employees can request a free virtual ergonomic assessment of their workspace to receive the most up-to-date guidance on proper computer ergonomics and repetitive tasks in the workplace. This support helps prevent pain related to improper posture or repetitive movement. Visit The Source to submit an application.

Tobacco and smoking cessation

First Call powered by Lyra Health provides free personalized support. To be connected with a quit advocate, visit ucrealth.org.lyrahealth.com or call 833.872.0291. To explore this and other quit options (which may include working with your doctor), visit The Source.



Emotional wellbeing resources

UCHealth is dedicated to supporting every aspect of well-being. To augment our robust medical and behavioral health benefits, UCHealth offers a number of evidence-based resources, such as Bite-Sized Well-Being, Mindfulness Videos, Peer Support, Schwartz Rounds, and REST. Learn more on The Source.

Wellness education

Employee Health and Wellness offers education and coaching to support work-life balance, financial wellness, physical health, and emotional well-being. Through accountability, personal coaching, and connection to UCHealth resources, we provide up-to-date guidance to help you succeed on and off the job. Learn more and access services on The Source.

Care.com

All UCHealth employees may register for a free Care.com membership to post jobs and search for both short-term and ongoing care from background-checked caregivers for children, adults, pets, the home and more. Memberships also include Care Talks – monthly live, expert-led sessions for practical advice on topics such as parenting, senior care, mental health and money matters. Discounts on education, travel, child care and everyday essentials from familiar brands are also available.

Employee discounts

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

Assistance Programs

Information about the following valuable employee programs and more can be found on The Source.

Welcome to the Family

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

Military Leave Support Program

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

Hardship assistance

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

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

Compassionate Transfer of Paid Time Off

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

Paid time off (PTO)

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

PTO

Length of Service Period	PTO Hours / Hours Worked
0-12 months	.0731 hours
13-36 months	.1059 hours
37-60 months	.1135 hours
61-120 months	.1256 hours
121-180 months	.1504 hours
181+ months	.1542 hours

- Staff-level employees**: If you are a new hire or will be accruing PTO for the first time, you will receive an initial PTO load with your first paycheck as an eligible employee. The load is based on your FTE status. Employees in an FTE status of 0.5 or more will receive a 24-hour load, and employees in an FTE status of 0.1-0.49 will receive a 12-hour load.
- Once you reach 360 hours of accumulated PTO time, accruals stop until the accumulated amount falls below the 360 cap.

* Managers and Directors accrue at a higher rate.

** Load is not available to Managers and above.

*** Excludes relief, flex/on-call and per diem employees and directors and above.

Your Pay

Total Rewards Statement

Fair and competitive pay is an important part of Total Rewards. Here's how we do it.

Total Rewards

Total Rewards includes everything UCHealth provides to support you—your pay and your benefits.

This covers your base pay, pay premiums, bonuses, health and welfare benefits like life and disability insurance, paid time off (PTO), and retirement savings.

To view your personalized statement, log in to Employee Space and click the Total Rewards icon.

Annual Merit Pay Increase

Annual Merit Pay Increases are based on your performance.

If your work meets or exceeds UCHealth's performance standards, you may receive a pay increase each year. These increases are based on the rating you receive during your annual career conversation. The better you perform, the more you can earn.

For details, visit the Annual Merit Pay Increase page on The Source.

Bonus Plans

We offer an annual bonus based on how well you perform and how the organization does overall—this includes quality, patient experience, access, and financial results. Depending on when you were hired, you may qualify for either the 3-Year Incentive Bonus or the Annual Performance Bonus.

To learn more, visit the UCHealth Bonus Plans page on The Source.

Annual Market Review

Each year, we review all jobs and pay practices to make sure our compensation stays competitive. UCHealth uses data from over 50 third-party salary publications across different industries and regions to ensure we have data for all our jobs.

This helps us offer fair and market-competitive pay.



Who to Contact

Contact	Website or Email	Phone
UCHealth Human Resources	hrservicecenter@uchealth.org	855.MyHR.UCH (855.694.7824) 7:30 a.m.-4 p.m. M-F
Allstate Identity Protection	myaip.com	888.212.7204 open 7 a.m.-5 p.m. M-F
Anthem Blue Cross and Blue Shield Group # 197248 (both plans) • Network Plan • HD/HSA Plan	anthem.com/uchealth	844.971.0122
Care.com	uchealth.care.com	855.781.1303 open 6 a.m.-4 p.m. M-F
Choice Auto and Home	personal-plans.com/auto	888.212.7204
Delta Dental Group # 11748 (all plans) • Essential Dental • Enhanced Dental • Premium Dental	deltadentalco.com Customer Service email: customer_service@ddpco.com	800.610.0201
First Call powered by Lyra Health	uchealth.org.lyrahealth.com care@lyrahealth.com	833.872.0291
Employee Discounts	uchealth.benefithub.com Referral Code: J4737A	866.664.4621
Fidelity • Retirement savings plans (403(b), 457(b), 401(a)) • Health Savings Account Plan # 8856P	netbenefits.com/UCHealth	800.343.0860
Kaiser Group # 47075 (May not be available to some employees depending on location)	kp.org	303.338.3800 or 800.632.9700
MetLife Voluntary Plans • Accident Insurance • Critical Illness Insurance • MetLife Legal	mybenefits.metlife.com	888.212.7204 open 7 a.m.-5 p.m. M-F
Nationwide® Pet Insurance	petsnationwide.com	888.212.7204 open 7 a.m.-5 p.m. M-F
Navitus Prescription Benefits (for Anthem participants)	navitus.com/members	844.268.9789
New York Life Short Term Disability, Long Term Disability	mynylgbs.com/auth	888.842.4462
Securian (Minnesota Life) Life and AD&D Insurance	lifebenefits.com	866.293.6047
Simplified Benefits Administrators • Flexible Spending Account for Health Care • Flexible Spending Account for Dependent Day Care • COBRA Administration	simplifiedbenefitsadministrators.org	Flexible Spending Accounts: 866.644.7873 COBRA: 800.207.1018
UCHealth Pension Service Center	eepoint.towerswatson.com/sites/ UCH/ESS/ (Pension Estimator Tool)	855.808.3518
UCHealth Pharmacy	pharmacy@uchealth.org	877.398.0598
Vision Services Plan (VSP) - Advantage Network	vsp.com	800.877.7195

Common Definitions

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.

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

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

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

Dependent: Person (e.g., a spouse or child) other than the subscriber (employee) who is covered on 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.

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

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

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

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

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

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

Flexible Spending Account (FSA)—for Health Care and Dependent Day Care:

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

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

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

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

Common Definitions (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Common Definitions (continued)

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 status is collected through Employee Space. "Tobacco free" means that you have not used any form of tobacco in the last 60 days including, but not limited to, cigars, cigarettes, pipes, chewing tobacco, snuff or use of any smoking device or substance which is lighted and inhaled. This includes E-cigarettes.