# Table of Contents

## How Benefits Work
- Eligibility ................................................................. 3
- Enrollment ................................................................. 4
- Payroll Information .................................................... 5
- Making a Mid-Year Benefits Change ....................... 6
- Group Insurance Termination ..................................... 7

## Health Plans
- Medical Insurance .................................................... 8
- Dental Insurance ....................................................... 12
- Vision Insurance ....................................................... 14

## Other Benefit Plans
- Health Savings Account ............................................. 16
- Flexible Spending Accounts ..................................... 18
- Life and AD&D Insurance .......................................... 20
- Short- and Long-Term Disability Insurance ............... 23
- Business Travel AD&D Insurance .............................. 23
- Employee Assistance Program .................................. 23
- Retirement Savings Plan ............................................. 24

## Additional Benefits
- Tuition Waiver .......................................................... 25
- Paid Holidays ............................................................ 26
- Paid Vacation and Sick Leave ................................... 26
- Paid Parental Leave .................................................... 26
- Other Forms of Leave .................................................. 26
- Pioneer ID Card .......................................................... 26
- RTD EcoPass ............................................................... 26
- Other Discounts Available ......................................... 26
- Employee Wellness Program ...................................... 26
- HelloWallet ............................................................... 26

## Additional Information
- Key Terms ................................................................. 27
- Important Contact Information ................................. 28

---

**The University of Denver Benefits Package**

The University of Denver (the University) knows your employee benefits package is extremely important to you. We understand benefits should meet your and your family’s needs, as well as be affordable. Within this guide you will find important information on the health and welfare benefits available to you, the employee costs associated with these benefits, and how to enroll for the 2015–2016 fiscal/plan year.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in certificates of coverage or master plan documents produced by each insurance company. Every care is taken to assure the accuracy of this guide; however, in the event of any conflict between this guide and information produced by each insurance company, the insurance company’s documents will be the final authority.

Detailed information about each plan is available on the DU website > Human Resources > Benefits > Benefits Summary.
**Eligibility**

You are eligible for benefits coverage if you hold an appointed position that is at least half time (20 hours per week). Many of the plans also offer coverage for your eligible dependents.

Variable hour employees, including Adjunct Faculty: You are eligible for benefits if you work an average of 30 hours per week over a twelve-month period.

**Your eligible dependents include:**

- Your spouse (an eligible spouse includes: your legally married spouse (same- or opposite-sex), common law spouse, civil union partner, or same-sex domestic partner*).

- Dependent children, including step children, legally-adopted children, and children placed with you for adoption. The maximum age for dependents is based on the specific benefit and is summarized below.
  
  » Medical, dental, and vision plans: Up to the end of the month in which they reach age 26 (regardless of student or marital status), or up to any age if physically or mentally incapable of self-support.

  » Voluntary life and AD&D plan: From birth to the end of the month in which they reach age 26; up to any age if physically or mentally incapable of self-support prior to age 19.

  » Dependent care FSA: Up to age 13 or up to any age if disabled (must be a tax-code dependent).

  » Tuition Waiver: Dependent children up through the end of the term in which they turn age 25.

*The portion of the premiums paid by employees for civil union or same-sex domestic partner coverage will be withheld on a post-tax basis. The DU portion of the premium paid for a civil union or same-sex domestic partner will be added to your earnings as taxable income.

---

**A Comprehensive Benefits Portfolio**

The University offers an array of benefit plans and coverage levels for you and your family.

**Our portfolio includes:**

- Medical and prescription drug insurance
- Dental insurance
- Vision insurance
- Health savings account
- Flexible spending accounts
- Basic life and AD&D insurance
- Voluntary life and AD&D insurance
- Short- and long-term disability insurance
- Business travel AD&D insurance
- Employee assistance program
- Retirement savings plan
- Additional Benefits
Core Benefits—ENROLLMENT IS AUTOMATIC (these benefits are paid 100% by the University)
The University provides certain “core benefits” at no cost to you, effective on your date of hire into an appointed position. You do not need to enroll in these benefits; however, you will need to complete a beneficiary designation form for life and accidental death and dismemberment coverage. Dependents are not eligible for these core benefits.

Your core benefits are:
• Life insurance in the amount of one (1) times your annual salary to a maximum of $50,000 (subject to age reduction schedule).
• Accidental death and dismemberment (AD&D) insurance in the amount of $10,000.
• Short- and long-term disability insurance providing 60 percent income replacement (before tax) in the event you are unable to work due to an illness or injury.
• Business travel AD&D insurance in the amount of $200,000.

Voluntary Benefits—ENROLLMENT REQUIRED
NEWLY-HIRED EMPLOYEES have 30 days from date of hire to enroll in voluntary coverage, which includes medical, dental, vision, voluntary life and AD&D, and flexible spending accounts.

Effective date: Voluntary benefits coverage begins the first of the month following your date of hire into an appointed position. If your date of hire is the first of the month, you can choose that day or the first day of the following month.
PAYROLL INFORMATION

Exempt Employees (employees exempt from overtime)
Monthly payroll: All premiums are taken from each payroll check on the first of each month for coverage for that month.

Non-Exempt Employees (employees eligible for overtime)
Biweekly payroll: Medical insurance premiums are deducted from the first and second payroll checks of each month to pay for coverage for that month. All other benefit deductions are taken from the first check of the month.

Leaves Without Pay and Other Non-Paid Time
Premiums for voluntary coverage are normally taken from your payroll check as described above. If you are on a leave without pay for a period of time that will result in premiums not being taken from your payroll check, then you are responsible for paying those premiums by personal check to the Total Rewards Office.

Premiums for faculty and other employees whose work schedules are on an academic year or on another contract year basis are taken from the payroll as described above during those months in which you receive a payroll check. For the summer months in which you do not receive a payroll check, the monthly premiums will be taken from the first paycheck received in the fall.
Making A Mid-Year Benefits Change

The University allows you to pay your portion of the medical, dental, and vision plan costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the 2015–2016 fiscal/plan year, you cannot change your benefits until the next annual enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

An IRS-approved “qualifying life event” may include:

- The addition of a dependent through birth, adoption, marriage, or same-sex domestic/civil union partnership
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage
- A change in your or your covered dependent’s employment status from full time to part time, or vice versa
- An unpaid leave of absence taken by you or your covered dependents
- A covered dependent’s loss of employment
- A change in your covered dependent’s employer-provided coverage (i.e., annual enrollment)

This is not an all-inclusive list. If you experience a qualifying life event, contact the Total Rewards Office.

Remember, you may only make enrollment changes during the fiscal/plan year if you experience a qualifying life event. To request an election change, you must submit the appropriate forms to the Total Rewards Office within 30 days of the date of the life event. No changes will be allowed beyond the 30-day limit. Documentation will be required (i.e., birth certificate, marriage license, divorce paperwork, adoption certificate, proof of new coverage, etc).

Note: You can change your health savings account election on a monthly basis regardless of whether or not you experience a qualifying life event.
**Group Insurance Termination**

**Termination of Employment:**

- When you terminate employment with the University, coverage under the medical, dental, vision, and voluntary life and AD&D insurance that you purchase will terminate at the end of the month in which employment ceases.

- Coverage under all core benefits ceases at midnight on the date of termination.

- If you are enrolled in the University’s medical, dental, and/or vision plans, you have the option to continue your coverage under COBRA.

- Your flexible spending accounts may be continued under COBRA in order to collect any unclaimed dollars. You must continue your contribution on a post-tax basis in order to extend the available service dates.

- For information on continuing life insurance coverage, please contact Hartford Life at 800-523-2233 **within 31 days of employment termination.**

- In the event of divorce, legal separation, or dissolution of a same-sex domestic/civil union partnership, or if a dependent child attains age 26, notify Human Resources of your need to make an election change due to ineligibility for benefits. Dependents may continue medical, dental, and vision coverage under COBRA.

- The tuition waiver benefit ceases on your day of termination. You will be responsible for paying the proportionate balance for the remaining academic term.

Please contact the Total Rewards Office—Human Resources department for additional information.

Phone: 303-871-7420

Email: totalrewards@du.edu
Kaiser Permanente Medical Plans

The University offers three medical plan options through Kaiser Permanente: the HMO, the Triple-Option POS, and the HSA-qualified Consumer-Driven Health Plan (CDHP). Each plan has a different employee contribution, which is the amount you pay out of your paycheck on a pre-tax basis. Options with lower contributions have higher deductibles, copay amounts, and out-of-pocket maximums. As you consider which plan best meets the needs of you and your family, think about whether you prefer to pay more each paycheck but less when you need care, or less per paycheck but more when you need care.

The HMO plan and HSA-qualified CDHP offer in-network benefits only. The Triple-Option POS offers you the freedom to seek care in- and out-of-network, and offers three levels of benefits:

- Kaiser provider network, which offers the highest level of benefits.
- Preferred provider network (PHCS), which offers a middle level of benefits.
- Non-network providers, which offer the lowest level of benefits.
## Kaiser Permanente Medical Plans

The table below summarizes the key features of the medical plans. The copay and coinsurance amounts listed reflect the member’s responsibility. Locate a Kaiser provider at [www.kp.org](http://www.kp.org).

### Summary of Covered Benefits

<table>
<thead>
<tr>
<th></th>
<th>HSA-Qualified CDHP (8NHD)</th>
<th>HMO Plan (227A)</th>
<th>Triple-Option POS Plan (A2N7/106A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kaiser Providers</td>
<td>Kaiser Providers</td>
<td>PHCS Network</td>
</tr>
<tr>
<td>Calendar Year Deductible Individual/Family</td>
<td>$1,500/$3,000</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Calendar Year Out-of-Pocket Maximum&lt;sup&gt;1&lt;/sup&gt; Individual/Family</td>
<td>$3,000/$6,000</td>
<td>$2,000/$4,500</td>
<td>$2,000/$4,500</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Physician Services</td>
<td>Primary Care Physician</td>
<td>20% after ded.</td>
<td>$25 copay</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>20% after ded.</td>
<td>$40 copay</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>20% after ded.</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Lab/X-Ray Diagnostic Lab/X-Ray</td>
<td>20% after ded.</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td></td>
<td>High-Tech Services (MRI, CT, PET)</td>
<td>20% after ded.</td>
<td>$100 per procedure</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>Prenatal</td>
<td>20% after ded.</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td></td>
<td>Delivery &amp; Inpatient</td>
<td>20% after ded.</td>
<td>$500 copay per admission</td>
</tr>
<tr>
<td></td>
<td>Well-Baby Care</td>
<td>20% after ded.</td>
<td>$500 copay per admission</td>
</tr>
<tr>
<td>Hospital Services Inpatient</td>
<td>20% after ded.</td>
<td>$500 copay per admission</td>
<td>$500 copay per admission</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>20% after ded.</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% after ded.</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Chiropractic Care (up to 20 visits per year)</td>
<td>Not covered</td>
<td>$20 copay per visit</td>
<td>$20 copay per visit</td>
</tr>
<tr>
<td>Prescription Drugs (up to 30-day supply)</td>
<td>After ded.:</td>
<td>Generic</td>
<td>$15 copay</td>
</tr>
<tr>
<td></td>
<td>Mail Order (up to 90-day supply)</td>
<td>2x retail copay</td>
<td>2x retail copay</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>20% after ded.</td>
<td>$25 per visit</td>
<td>$25 per visit</td>
</tr>
</tbody>
</table>

<sup>1</sup> Includes deductible, coinsurance, and copays.

<sup>2</sup> Pre-certification required.

**Important Notes:** For the HSA-qualified CDHP, if you elect dependent coverage, the full family deductible must be satisfied before the plan begins to cover eligible expenses. Plan deductibles and out-of-pocket maximums are reset on a calendar year basis, NOT a fiscal/plan year.

This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits; additional restrictions and limitations may apply. The group contracts between the University of Denver and the health plans take precedence in case of any dispute. Please refer to plan descriptions and certificates of coverage for full details of coverage, limitations, exclusions, etc., which are available on the DU website > Human Resources > Benefits > Benefits Summary.
Medical Plans

Preventive Care

The University medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at www.kp.org.

You won’t have to pay anything—no deductible, copay, or coinsurance—for preventive services when:

- You get them from a doctor or other health care provider in the Kaiser or PHCS network.
- The main purpose of your visit is to get preventive care.

Women’s preventive care services

Due to health reform, all medical plans offer additional no-cost preventive care/services for women.

Health Reform Law Individual Mandate

You and your family members are required to have health insurance or pay a penalty to the government. If you don’t have coverage in 2015, you’ll have to pay a penalty of $325 per adult and $162.50 per child, or 2% of your income (whichever is greater). The fee increases every year. Some people may qualify for an exemption to this fee.

The University medical plans meet all of the health reform law requirements to satisfy the individual mandate.

You can also shop for coverage and compare available plan options based on price, benefits, and quality through your state’s insurance marketplace. Coverage purchased through the marketplace is paid 100% by the individual on a post-tax basis with no employer contribution. However, some individuals may be eligible for a government subsidy to help pay for the cost of health insurance.

If you are covered by any of the following in 2015, you will meet the individual mandate requirements: a University medical plan, your parent’s or spouse’s employer plan, an individual policy, a government plan such as Medicare, Medicaid, CHIP, TRICARE, or veterans coverage, student health coverage, state high-risk pool coverage, or coverage for non-U.S. citizens provided by another country. Other plans may also qualify; ask your health coverage provider to confirm.
Medical Plans

Wellness Incentive Program (WIP)

At the University, we believe that your health is your greatest asset. To support you and your family in caring for that asset, we offer a significant premium credit for individuals who complete the Wellness Incentive Program by May 15, 2015. If you and any covered spouse/partner complete the program by May 15, 2015, you will receive a $300 or $600 premium credit (depending on your coverage level) for the plan year beginning July 1, 2015. The credit will be divided among your paychecks from July 1, 2015, through June 30, 2016.

New Kaiser enrollees who complete the Wellness Incentive Program within 60 days of their July 1 eligibility date are eligible for the premium incentive.

To earn the credit, you (and your spouse/partner if covered under your plan) will need to reach bronze status on the new well@du Wellmetrics Portal by completing two components. You may complete the components in any order you choose and you can check your completion status via the well@du Wellmetrics Portal.

1. Register for the well@du Wellmetrics Portal to complete your Well-Being Assessment (new this year).

2. Complete your biometric screening.

Medical Plan Costs

Listed below are the monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Total Monthly Cost (prior to discount)</th>
<th>University’s Monthly Share</th>
<th>Employee’s Monthly Share without WIP</th>
<th>Employee’s Monthly Share with WIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser HSA-Qualified CDHP HMO* Plan 8NHD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$511.46</td>
<td>$486.46</td>
<td>$25.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$980.40</td>
<td>$785.74</td>
<td>$194.66</td>
<td>$144.64</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$866.62</td>
<td>$707.18</td>
<td>$159.44</td>
<td>$134.44</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$1,335.54</td>
<td>$1,041.60</td>
<td>$293.94</td>
<td>$243.92</td>
</tr>
<tr>
<td>Kaiser HMO Plan 227 A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$597.30</td>
<td>$486.46</td>
<td>$110.84</td>
<td>$85.84</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$1,194.62</td>
<td>$785.74</td>
<td>$408.88</td>
<td>$358.86</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$1,055.14</td>
<td>$707.18</td>
<td>$347.96</td>
<td>$322.96</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$1,652.46</td>
<td>$1,041.60</td>
<td>$610.86</td>
<td>$560.86</td>
</tr>
<tr>
<td>Kaiser Triple-Option POS Plan A2N7/TO6A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$798.92</td>
<td>$486.46</td>
<td>$312.46</td>
<td>$287.44</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$1,597.94</td>
<td>$785.74</td>
<td>$812.20</td>
<td>$762.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$1,418.04</td>
<td>$707.18</td>
<td>$710.86</td>
<td>$685.86</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$2,216.96</td>
<td>$1,041.60</td>
<td>$1,175.36</td>
<td>$1,125.34</td>
</tr>
</tbody>
</table>

*If you enroll in the CDHP, you will receive a DU HSA contribution of $42.54 per month ($510.48 per year), which DU will deposit into your Wells Fargo HSA.
Dental Plans

The University offers three dental options through Delta Dental of Colorado—the Patient Direct Discount Program, Base PPO, and Enhanced PPO. The differences between the PPO plans are the calendar year maximum benefit, orthodontia coverage, and out-of-network reimbursements.

Delta Dental PPO Plans

The Delta Dental Base PPO and Delta Dental Enhanced PPO plans provide in- and out-of-network benefits. Locate a network provider at www.deltadentalco.com. In-network providers vary by plan as listed below:

- **PPO Network:** You will enjoy the greatest out-of-pocket savings if you stay in the Delta Dental PPO network. Participating dentists file claims directly with Delta Dental and accept Delta Dental’s reimbursement as payment in full. You are only responsible for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services up to Delta Dental’s approved amount.

- **Premier Providers:** The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.

- **Non-Participating Providers:** If you choose to see a non-participating dentist, your dentist may charge more than the Delta Dental discounted fee and you will be responsible for the excess charges (called balance-billing). When you see a PPO or Premier dentist, you are protected from balance-billing.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect what the plans pay.

<table>
<thead>
<tr>
<th>Summary of Covered Benefits</th>
<th>Delta Dental Base PPO Plan</th>
<th>Delta Dental Enhanced PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$50/ Up to $150</td>
<td>$50/ Up to $150</td>
</tr>
<tr>
<td>Calendar Year Maximum Benefit</td>
<td>$1,000 per covered individual</td>
<td>$1,500 per covered individual</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>(Deductible waived)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td></td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontia (adult and children)</td>
<td>Not covered</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit</td>
<td>N/A</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Late-Enrollee Waiting Periods**—If you do not enroll in Delta PPO dental coverage when first eligible, and choose to enroll at a subsequent enrollment period, the following waiting periods apply: 6 months for basic services; 12 months for major and orthodontic services. Waiting periods do not apply to preventive care. Please go to the DU website > Human Resources > Benefits > Benefits Summary for additional information about each plan.
**Dental Plans**

**Delta Dental Patient Direct Discount Program**

The Patient Direct Discount Program is a Colorado-only network dental discount program. A fee schedule provides a list of copays (your share of the cost) for most dental procedures. This is a discount fee-for-service program and is not considered insurance. The table to the right shows what a member pays for common services. The complete Delta Dental Patient Direct Discount Program copay schedule is posted on the DU website > Human Resources > Benefits > Benefits Summary.

**Important:** Participants in the Patient Direct Discount Program must designate a dentist from the Patient Direct network to receive the discounted fees on services. Locate a network provider at [www.deltadentalco.com](http://www.deltadentalco.com).

<table>
<thead>
<tr>
<th>Common Services</th>
<th>Delta Dental Patient Direct Discount Program Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Office Visit</td>
<td>$5.00</td>
</tr>
<tr>
<td>Periodic Oral Evaluation</td>
<td>No cost</td>
</tr>
<tr>
<td>Adult Cleaning</td>
<td>$15.00</td>
</tr>
<tr>
<td>Child Cleaning</td>
<td>$15.00</td>
</tr>
<tr>
<td>X-rays—Complete Series</td>
<td>$27.00</td>
</tr>
</tbody>
</table>

**Dental Plan Costs**

Listed below are the monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee’s Monthly Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental Patient Direct Discount Program</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$10.22</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$20.24</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$24.92</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$29.86</td>
</tr>
<tr>
<td>Delta Dental Base PPO Plan</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$30.02</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$59.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$71.20</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$111.13</td>
</tr>
<tr>
<td>Delta Dental Enhanced PPO Plan</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$45.77</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$90.22</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$108.51</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$169.41</td>
</tr>
</tbody>
</table>
**VISION PLANS**

**EyeMed Vision Care Plans**

The University offers two vision plans through EyeMed Vision Care. Both plans offer you the freedom to choose any eye care provider. However, you will maximize your benefits and pay less out of your pocket when an EyeMed Select network provider is used. Additionally, if a non-network provider is used, you will be responsible for paying in full at the time of service and filing a claim for reimbursement. Locate a network provider at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

### Summary of Covered Benefits

<table>
<thead>
<tr>
<th></th>
<th><strong>EyeMed Base Vision Plan</strong></th>
<th><strong>EyeMed Enhanced Vision Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam</strong> (every 12 months)</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>Lenses</strong> (every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 copay</td>
<td>Reimbursement up to $35</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 copay</td>
<td>$35</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 copay</td>
<td>$50</td>
</tr>
<tr>
<td>Frames (base plan: every 24 months, enhanced plan: every 12 months)</td>
<td>$130 allowance + 20% off balance</td>
<td>Reimbursement up to $90</td>
</tr>
<tr>
<td>Contact Lenses (every 12 months in lieu of eye glasses)</td>
<td>$130 allowance + 15% off balance</td>
<td>Reimbursement up to $104</td>
</tr>
<tr>
<td>Elective</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Laser Correction</td>
<td>15% off retail price</td>
<td>15% off retail price</td>
</tr>
</tbody>
</table>

The above plan summaries are not a complete description of plan benefits. Additional information is posted on the DU website > Human Resources > Benefits > Benefits Summary.
Vision Plan Costs

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee’s Monthly Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>EyeMed Base Plan</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$5.98</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$11.38</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$11.98</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$17.62</td>
</tr>
<tr>
<td>EyeMed Enhanced Plan</td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$7.24</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$13.74</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.48</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$21.28</td>
</tr>
</tbody>
</table>
If you enroll in the Kaiser HSA-qualified CDHP medical plan, you may be eligible to open and fund a health savings account (HSA).

An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account. An HSA allows you to control your own money, year in and year out.

Contributions to an HSA (including the University’s contribution) cannot exceed the annual IRS contribution maximums.

**The 2015 IRS maximum contributions, including the University’s contribution, are as follows:**

- **Employee-only coverage:** $3,350
- **All other coverage tiers:** $6,650

Employees age 55+ by 12/31/15 may contribute additional funds to their HSA (up to $1,000 in 2015).

**HSA Eligibility**

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible high-deductible health plan (HDHP) like the Kaiser CDHP.
- You are not covered by another non-HDHP health plan, a traditional health care FSA, or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.
- You have not received Veterans Administration Benefits in the last three months.

**Your HSA is an Individually Owned Account**

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You must establish an HSA prior to the date of service for expenses to be eligible for reimbursement.
- Like a bank account, you must have a balance in order to pay for eligible health care expenses.
- It is important that you keep receipts for tax documentation.
- An HSA allows you to save and “roll over” money if you do not spend it in the calendar year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.
Health Savings Account

Use Your HSA to Pay for Qualified Medical Expenses

• Use your HSA money to pay for eligible expenses now or in the future.
• HSA funds can be used for your expenses and those of your legally married spouse (same- or opposite-sex) and tax code dependents, even if they are not covered by the Kaiser CDHP.
• HSA funds can be used for your same-sex domestic/civil union partner’s expenses if they are tax code dependents.
• Eligible expenses include your medical and dental deductible, copays, eye exams, prescription expenses, and LASIK surgery.
• IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov.

Maximize Your Tax Savings

• Contributions to an HSA are tax free, and can be made through payroll deduction on a pre-tax basis when you open an account with Wells Fargo, Kaiser’s banking partner.
• If you open an account through an institution other than Wells Fargo, the University cannot deduct pre-tax contributions from your paycheck; you will need to make post-tax contributions directly to the institution of your choice and take an “above the line” deduction on your federal income tax filing for any post-tax dollars you contribute to your HSA.
• The money in your HSA (including interest and investment earnings) grows tax free.
• As long as you use the funds to pay for qualified health care expenses, the money is spent tax free.

If You Enroll in an HSA

If you enroll in an HSA, you cannot contribute pre-tax dollars to a traditional health care FSA. However, you may participate in a limited purpose health care FSA (LPFSA). LPFSA dollars can only be used to reimburse dental and vision expenses.
Flexible Spending Accounts

University of Denver offers three flexible spending account (FSA) options through Rocky Mountain Reserve (RMR). The health care FSA, the limited purpose health care FSA, and the dependent care FSA allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. For a full list of eligible expenses, go to www.irs.gov/publications and search for Publication 502.

Note: Health care and/or dependent care expenses for a same-sex domestic/civil union partner are reimbursable through an FSA only if your same-sex domestic/civil union partner is a tax code dependent.

Health Care FSA

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

You may contribute up to $2,500 to the health care FSA for the 2015–2016 fiscal/plan year (July 1–June 30). The entire amount you elect is available to you on your first day of eligibility.

Limited Purpose Health Care FSA

If you fund an HSA, you can contribute to a limited purpose health care FSA (LPFSA). Allowable expenses are limited to eligible dental and vision expenses only.

You may contribute up to $2,500 to your LPFSA for the 2015–2016 fiscal/plan year (July 1–June 30). The entire amount you elect is available to you on your first day of eligibility.

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your legally married spouse (same- or opposite-sex) to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). Kindergarten expenses are not eligible for reimbursement.

You may contribute up to $5,000 to the dependent care FSA for 2015–2016 fiscal/plan year (July 1–June 30) if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $2,500 for the 2015–2016 fiscal/plan year. You can only be reimbursed up to the amount that has been deposited into your dependent care FSA.
Flexible Spending Accounts

How does an FSA work?

You decide how much to contribute to your health care FSA and/or dependent care FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card from RMR, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to RMR. Keep all receipts in case RMR requires you to verify the eligibility of a purchase.

Things to consider before contributing to an FSA:

- **Use it or lose it! You will forfeit any money left in your account at the end of the plan year.**
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.

Rocky Mountain Reserve Online Resources

Visit www.rockymountainreserve.com to:

- View your account balance(s)
- Estimate your eligible expenses
- Request a health care FSA debit card
- Download forms
- Submit claims
Basic Life and AD&D Insurance

All appointed employees working at least 20 hours per week are eligible for a basic life benefit of one times annual salary—up to $50,000 (minimum of $10,000)—at no cost to you through The Hartford. Additionally, all appointed employees working at least 20 hours per week are eligible for a basic AD&D benefit of up to $10,000, at no cost, through The Hartford. The reduction schedule on page 13 applies. You will need to complete the beneficiary designation form for the core life and AD&D coverage.

The following benefits are provided at no cost to appointed employees covered by the University-provided life and disability plan through The Hartford:

Ability Assist® provides help with work, home, personal, or family concerns, as well as help to deal with the unique emotional, financial, and legal issues that may affect you and your family. Services, including up to five face-to-face counseling sessions (or equivalent professional time), are available to employees enrolled in (LTD) insurance. Following an approved LTD claim, you and your family members are also entitled to an additional five face-to-face sessions (or equivalent professional time) with a counselor, financial planner, and/or legal advisor. Ability Assist offers valuable benefits, including confidential access to counselors, referrals to resources and community services, self-assessment tools through interactive Web services, and more.

Beneficiary Assist® provides confidential grief, financial, and/or legal counseling to help beneficiaries manage the emotional, financial, and legal aspects of loss. Beneficiary Assist offers valuable and comprehensive benefits, including access to counselors via phone, up to five face-to-face counseling sessions (or equivalent professional time) with a counselor, financial planner, and/or legal advisor, and referrals to resources and community services.

Funeral Planning and Concierge Services is provided by Everest’s advisors to help you understand all of your options and put them into action while staying within your budget.

Travel Assistance provides assistance when traveling more than 100 miles away from home for 90 days or less. Travel assistance services are administered by Europ Assistance USA and are available 24 hours a day, 7 days a week. The program provides emergency medical assistance, pre-trip information and emergency personal services. For assistance call 800-243-6108 (ID#: GLD-09012).

ID Theft Protection Services provides prevention education and advice and help with administrative tasks resulting from identity theft. This program is administered by Europ Assistance USA and is available 24 hours a day, 7 days week.

EstateGuidance® Will Services provides assistance with creating a simple, legally-binding will quickly and conveniently online, saving you the time and expense of a private legal consultation. Visit www.estateguidance.com/wills, and use code WILHLFL to utilize this service.

Additional information about each of the above programs is available on the DU website > Human Resources > Benefits > Benefits Summary.
Life and AD&D Insurance

Voluntary Life Insurance

The University provides you the option to purchase voluntary life insurance for yourself, your spouse, and your child(ren) through The Hartford. **Dependent coverage is available only when you elect coverage for yourself.** Employee and spouse rates are based on age and tobacco/non-tobacco user status. Please refer to page 13 for detailed rate information.

- **Employee**—You may purchase voluntary life insurance in increments of $10,000 up to $500,000 or 5x annual salary, whichever is less. The guarantee issue amount is $100,000 if you elect coverage when first eligible.

- **Spouse**—If you purchase voluntary life insurance for yourself, you may also purchase coverage for your spouse in $5,000 increments up to 50% of employee voluntary coverage. The guarantee issue amount for your spouse is $50,000 if you elect coverage when first eligible.

- **Child(ren)**—If you purchase voluntary life insurance for yourself, you may also purchase coverage for your dependent child(ren) in $2,500 increments up to maximum of $10,000. One $2.00 monthly premium covers all of the eligible dependent children in the family for $10,000 each.

Voluntary life enrollment:
- If you are in your initial eligibility period, you can elect up to the guarantee issue amount without providing proof of good health.

- If you are not in your initial eligibility period, or if you elect amounts greater than the guarantee issue amount(s), you must provide evidence of good health.

- If you have previously enrolled for voluntary life insurance, you may increase your employee coverage by $10,000 and your spouse coverage by $5,000, subject to the maximum of $100,000 for employee coverage and $50,000 for spouse coverage, without providing proof of good health.

Voluntary AD&D Insurance

The University provides you the option to purchase voluntary AD&D insurance for yourself, your spouse, and your child(ren) through The Hartford. **Dependent coverage is available only when you elect coverage for yourself.** You may purchase voluntary AD&D insurance for yourself in $10,000 increments up to $500,000 or 10x annual salary, whichever is less.

Voluntary AD&D insurance for your spouse is available in the following amounts:
- 60% of the amount you select for yourself if you do not have any children whom you cover under this policy.

- 50% if you have children whom you cover under this policy.

Note: You may not elect coverage for your spouse if your spouse is already covered as an employee under this policy.

Voluntary AD&D insurance for each child up to age 26 is available in the following amounts:
- 15% of the amount you select for yourself if you do not have a spouse whom you cover under this policy.

- 10% if you have a spouse whom you cover under this policy.

Reduction schedule: The following benefit reduction schedule applies to basic and voluntary life and AD&D insurance. Please note that the spouse’s reduction schedule is based on the employee’s age, not the spouse’s age. For detailed information, please refer to the plan documents posted on the DU website > Human Resources > Benefits > Benefits Summary.

### REDUCTION SCHEDULE

- Age of employee 65 but less than 70: Original benefit reduced by 35%
- Age of employee 70 but less than 75: Original benefit reduced by 50%
- Age of employee 75 but less than 80: Original benefit reduced by 70%
- Age of employee 80 or older: Original benefit reduced by 80%
Life and AD&D Insurance Costs

Listed below are the monthly rates for voluntary life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee’s age.

Voluntary Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee/Spouse Tobacco User Rate Per $10,000 of coverage</th>
<th>Employee/Spouse Non-Tobacco User Rate Per $10,000 of coverage</th>
<th>Child Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.60</td>
<td>$0.50</td>
<td>$2,500—$0.50</td>
</tr>
<tr>
<td>25–29</td>
<td>$0.70</td>
<td>$0.60</td>
<td>$5,000—$1.00</td>
</tr>
<tr>
<td>30–34</td>
<td>$0.80</td>
<td>$0.80</td>
<td>$7,500—$1.50</td>
</tr>
<tr>
<td>35–39</td>
<td>$1.10</td>
<td>$0.90</td>
<td>$10,000—$2.00</td>
</tr>
<tr>
<td>40–44</td>
<td>$1.70</td>
<td>$1.00</td>
<td></td>
</tr>
<tr>
<td>45–49</td>
<td>$2.80</td>
<td>$1.50</td>
<td></td>
</tr>
<tr>
<td>50–54</td>
<td>$4.70</td>
<td>$2.30</td>
<td></td>
</tr>
<tr>
<td>55–59</td>
<td>$7.70</td>
<td>$4.30</td>
<td></td>
</tr>
<tr>
<td>60–64</td>
<td>$9.60</td>
<td>$6.60</td>
<td></td>
</tr>
<tr>
<td>65–69</td>
<td>$16.60</td>
<td>$12.70</td>
<td></td>
</tr>
<tr>
<td>70–74</td>
<td>$27.00</td>
<td>$20.60</td>
<td></td>
</tr>
<tr>
<td>75–79</td>
<td>$41.60</td>
<td>$20.60</td>
<td></td>
</tr>
</tbody>
</table>

Voluntary AD&D Insurance

<table>
<thead>
<tr>
<th></th>
<th>Per $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.22</td>
</tr>
<tr>
<td>Family</td>
<td>$0.33</td>
</tr>
</tbody>
</table>
Disability Insurance

Short- and Long-Term Disability Insurance

The University is pleased to provide short- and long-term disability insurance at no cost to you through The Hartford. Short-term disability (STD) insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Long-term disability (LTD) insurance provides salary continuation in the event your disability continues beyond the STD period.

**Short-Term Disability**
- **Elimination Period:** 15 days
- **Benefit Duration:** 11 weeks
- **Benefit Amount:** 60% of basic salary (up to $600 per week)

**Long-Term Disability**
- **Elimination Period:** 90 days
- **Benefit Duration:** Up to social security normal retirement age (SSNRA)
- **Benefit Amount:** 60% of basic salary (up to $10,000 per month)

Business Travel AD&D Insurance

All appointed University employees are covered by a $200,000 AD&D policy during travel on official University business. This benefit through Prudential Insurance Company is provided at no cost to employees.

Employee Assistance Program (EAP)

This program provides confidential counseling resources for all faculty and staff. The EAP includes an intake visit and up to five counseling sessions per year, as well as support groups, and education to assist you in achieving your personal and professional goals.

The EAP can provide you with confidential support and information for personal and work-life issues. For more information, call The Health and Counseling Center at 303-871-2205 or visit www.du.edu/duhealth.
The University offers a retirement plan under section 403(b) of the Internal Revenue Code (IRC) to enable you to invest in your retirement via the convenience of regular automatic payroll contributions.

Contributions are made on a pre-tax or tax-deferred salary reduction basis, which means that your current taxable income is reduced by the amount of your contributions, and that taxes on those contributions and their investment earnings are deferred until they are paid back to you in the form of retirement benefits or other distributions from these plans. For biweekly-paid employees, retirement contributions will be deducted from each paycheck. Participation in this plan is entirely voluntary.

**Employer Match Feature**

Appointed employees are eligible to enroll in the Employer Match feature of the Retirement Plan at any time after completing one year of continuous employment with the University. Employees may also waive this one-year service requirement with prior service at another qualified educational institution. This service requirement is defined as a minimum of one year (12 consecutive months) of service and working at least 1,000 hours in that 12-month period. A qualified educational institution (per IRC Section 170(b)(1)(A)(ii)) is defined as an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on.

To participate in the match feature you must contribute 4 percent of your appointed salary to your account in this plan. You may direct your contributions into a wide array of investment options available through TIAA-CREF, the investment company selected by the University to service this plan. Additional contributions are not permitted.

The University will match your 4 percent contributions to this plan with an 8 percent match, for a combined contribution equal to 12 percent of your appointed salary. Vesting of the match dollars is immediate at 100 percent upon enrollment.

**Employee Contribution Feature**

Both appointed and non-appointed employees may enroll in the employee contribution feature at any time. You may also terminate your participation at any time. A wide array of investment options are available through TIAA-CREF.

Note: Contributions under the employee contribution feature are not matched by the University.

**Distributions**

Distributions from this plan are available only upon termination of employment from the University, except for a one-time “in-service” lump sum distribution of up to 10 percent of your account, which you can request at age 59 1/2 or older. Any distribution from this plan that does not qualify as a “periodic payment” under the IRC, or as a qualifying “roll-over” or “direct transfer” to another qualifying retirement plan must be “rolled-over” to an IRA, which can then be used as the vehicle for cash withdrawals.
**Additional Benefits**

**Tuition Waiver**
The tuition waiver program is designed to enable benefited employees, their spouses, and/or their dependent children, to enroll in “for-credit” courses at the University of Denver with reduced or no tuition charges.

**Employee and Spouse Eligibility**
An employee and their spouse become eligible to use the Tuition Waiver on the first day of the academic term (quarter or semester) following the employee’s completion of six months of benefited service.

<table>
<thead>
<tr>
<th>Employee’s Work Schedule</th>
<th>Employee Eligibility per Academic Period</th>
<th>Plan Year Credit Maximum* Summer through Spring</th>
<th>Spouse’s Tuition Waiver Credits per Academic Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time .93–1.0 FTE</td>
<td>2 classes (9 credits max)</td>
<td>20 credits</td>
<td>5 credits</td>
</tr>
<tr>
<td>3/4-time .75–.92 FTE</td>
<td>2 classes (7 credits max)</td>
<td>16 credits</td>
<td>4 credits</td>
</tr>
<tr>
<td>1/2-time .50–.74 FTE</td>
<td>2 classes (5 credits max)</td>
<td>12 credits</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

*If an employee becomes eligible to use the tuition waiver mid-way through a plan year, the annual credit maximum is prorated for the remaining plan year. The annual limit will renew each summer period.

**Pro-rated Annual Maximum for Employees Newly Eligible in:**

<table>
<thead>
<tr>
<th>Employee’s Work Schedule</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time .93–1.0 FTE</td>
<td>15 credits</td>
<td>10 credits</td>
<td>5 credits</td>
</tr>
<tr>
<td>3/4-time .75–.92 FTE</td>
<td>12 credits</td>
<td>8 credits</td>
<td>4 credits</td>
</tr>
<tr>
<td>1/2-time .50–.74 FTE</td>
<td>9 credits</td>
<td>6 credits</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

**Dependent Child Eligibility**
A dependent child (as defined by IRS regulations) becomes eligible to use the Tuition Waiver on the first day of the academic term (quarter or semester) following the employee’s completion of one year of benefited service.

<table>
<thead>
<tr>
<th>Employee’s Hours Worked per Week</th>
<th>Employees Without Tenure/Less than 5 Years of Service:</th>
<th>Employees With Tenure/5 Years of Service or More:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Undergraduate Child</td>
<td>Graduate Child</td>
</tr>
<tr>
<td>35+ (Full-time)</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>28–34 (3/4-time)</td>
<td>45%</td>
<td>35%</td>
</tr>
<tr>
<td>20–27 (1/2-time)</td>
<td>35%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Tuition waiver benefits utilized by graduate-level students may be considered taxable by the IRS.

Please note that it is the right and responsibility of all employees and their dependents to familiarize themselves with the full board of Trustee Approved Tuition Waiver Policy prior to utilizing the benefit.

Further information about eligibility guidelines, restrictions, definition of terms, how to use the tuition waiver benefit, and legal/tax considerations can be found on the DU website > Human Resources > Benefits.
**Additional Benefits**

**Paid Holidays**
The University provides several paid holidays. Please refer to the DU website > Human Resources for details.

**Paid Vacation and Sick Leave**
Appointed, non-faculty employees receive accrued paid time off. Please contact Human Resources for further details. Union employees, please refer to the union contract.

**Paid Parental Leave**
The University offers up to 10 weeks of paid parental leave for faculty and staff based on years of service. This enables a mother or father to take time off for birth, adoption, or foster placement of a child. Contact the Total Rewards Office at 303-871-7420 or visit the DU website > Human Resources for details. Whenever possible, faculty and staff intending to take a leave should inform their dean, chair, supervisor, or department head no later than three months prior to the proposed beginning of leave. If this is not possible because of pre-term delivery, sudden availability of adoption, or other unpredictable changes in family status, leave will still be granted.

**Other Forms of Leave**
University policies provide for other kinds of leaves, such as for funerals, jury duty, sabbaticals, military, etc. Contact the Total Rewards Office at 303-871-7420 for additional information.

**Pioneer ID Card**
The Pioneer ID card provides many privileges such as discounts to the University bookstore, library access, and reduced prices for the Newman Center for the Performing Arts and DU athletic events.

**RTD Ecopass**
The EcoPass provides free and unlimited ridership on RTD bus and light rail lines (with certain designated exceptions) as well as discounts on the RTD airport shuttle. There is no cost to the employee; however, the pass must be surrendered to Human Resources when an employee terminates from the University (subject to fees to the employee). For further information, contact the DU Transportation Center at 303-871-7433 or the Total Rewards Office at 303-871-7420.

**Other Discounts Available**
As an employee, you have access to many other discounts, including restaurants, hotels, and cell phone services. A detailed overview of these discounts can be found in the links provided below:

- Miscellaneous Vendors: [http://www.du.edu/hr/benefits/DUVendorDiscounts.pdf](http://www.du.edu/hr/benefits/DUVendorDiscounts.pdf)
- The DU Zone: [http://www.du.edu/communityvisitors/duzone/index.html](http://www.du.edu/communityvisitors/duzone/index.html)
- DU Zone cards can be picked up at several locations:
  - Ritchie Center—Coors Fitness Center front desk
  - Ritchie Center—North Box Office
  - Human Resources
  - Newman Center Box Office
  - Leo Block Alumni Center
  - Public Service Credit Union

Please contact Total Rewards at 303-871-7420 or totalrewards@du.edu for more information.

**Employee Wellness Program**
Move more, eat better, and relax! The well@du program is actively creating a culture of wellness at the University of Denver. The program focuses on proactive and preventive employee health aimed at enhancing individual and community well-being while mitigating health care costs. Learn more about current programming, workshops, and the annual wellness incentive program at [www.du.edu/wellness](http://www.du.edu/wellness).

**HelloWallet**
Say “hello” to your money. HelloWallet is an online tool to help you manage your day-to-day expenses, build your savings, and plan for the future. All benefited University of Denver employees are eligible to utilize this resource free of charge. Enroll and learn more at [www.helloworld.com/uofdenver](http://www.helloworld.com/uofdenver).
**Key Terms**

**Brand-Name Prescription**—A prescription drug that is marketed with a specific brand name by the company that manufactures it. These drugs are covered at a higher copay than generic drugs.

**Coinsurance**—A form of medical cost-sharing in a health insurance plan that requires a member to pay a stated percentage of medical expenses after the deductible, if applicable, has been paid.

**Copayment**—A form of medical cost-sharing in a health insurance plan that requires a member to pay a fixed dollar amount when a medical service is received. The insurance plan is responsible for paying the remaining cost of the service received.

**Consumer Driven Health Plan**—A type of medical plan that pays for covered services only after you meet your annual deductible. After you meet your deductible, you pay coinsurance until you meet your out-of-pocket maximum. Once you meet your out-of-pocket maximum, expenses are paid 100% by the plan. The plan covers preventive care at 100%—no deductible, no coinsurance, and no copay.

**Coordination of Benefits (COB)**—A group policy provision that helps determine the primary carrier in situations when a member is covered by more than one policy.

**Deductible**—A fixed dollar amount during the benefit period (i.e., calendar year for all DU plans) that the member must pay before the insurance plan will begin making payments for covered medical and dental services. Plans may have both per individual and family deductibles. Deductibles may differ if services are received in network versus out of network.

**Explanation of Benefits**—The statement sent to a health plan member after services have been received, which lists the services received, amounts paid by the plain, and the total amount billed to the member (patient).

**Generic Prescriptions**—The chemical equivalent to a brand-name drug. Generic drugs cost the insurance plan less, and the savings are passed on to members in the form of a lower copay.

**Health Maintenance Organization (HMO)**—A type of medical plan that provides comprehensive health care to members in a particular geographic location by member physicians. Typically, HMO members must select a primary care physician (PCP) who coordinates all aspects of their care. HMO plans provide in-network benefits only.

**In-Network**—Describes a provider or health care facility that is part of a health plan’s network. When applicable, insured individuals usually pay less when using a network provider.

**Network**—Refers to a specified group of physicians, hospitals, medical clinics, and other health care providers that a plan may require members to use in order to receive any coverage at all under the plan, or that the plan may encourage members to use because it pays more of the bill if a network provider is used.

**Out-of-Network**—Describes a provider or health care facility that is not part of a health plan’s network. Insured individuals usually pay more when using an out-of-network provider.

**Out-of-Pocket Maximum**—The maximum amount the member will have to pay during a specified period of time (i.e., calendar year) for allowable covered expenses under a health plan. Depending on the contract, the out-of-pocket maximum may or may not include the deductible and copayments.

**Point of Service (POS)**—A type of managed care plan that allows members to choose, at the point when care begins, to receive services from an in-network or out-of-network provider, with a financial incentive for choosing an in-network provider.

**Pre-Certification**—Pre-admission review and approval of the appropriateness and medical necessity of hospitalization or other treatment.

**Preferred Provider Organization (PPO)**—A managed care plan that contracts with employers, insurance companies, or other third-party administrators to provide comprehensive medical services. Providers exchange discounted services for increased volume and prompt payment. Your out-of-pocket costs are usually lower than under a fee-for-service plan.

**Provider**—Any person or entity providing health care services, including hospitals, physicians, home health agencies, and nursing homes. A provider is typically licensed by the state.

**Qualifying Event**—An occurrence such as marriage/divorce, death, termination of employment, child birth/adoption, involuntary loss of coverage, etc., which triggers an eligible employee’s ability to make changes to their benefit elections any time during the plan year.

**Usual, Customary, and Reasonable (UCR) Charges**—UCR charges mean that the charge is the provider’s usual fee for a service that does not exceed the customary fee in that geographic area, and is reasonable based on the circumstances. Expenses incurred outside the plan’s provider network will pay at a certain percentile of UCR.
This guide contains highlights of the benefits options available to you through the University of Denver. They are not complete descriptions of the benefits. The University may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official Plan Document(s), the official documents will govern.

Photos courtesy of the University of Denver