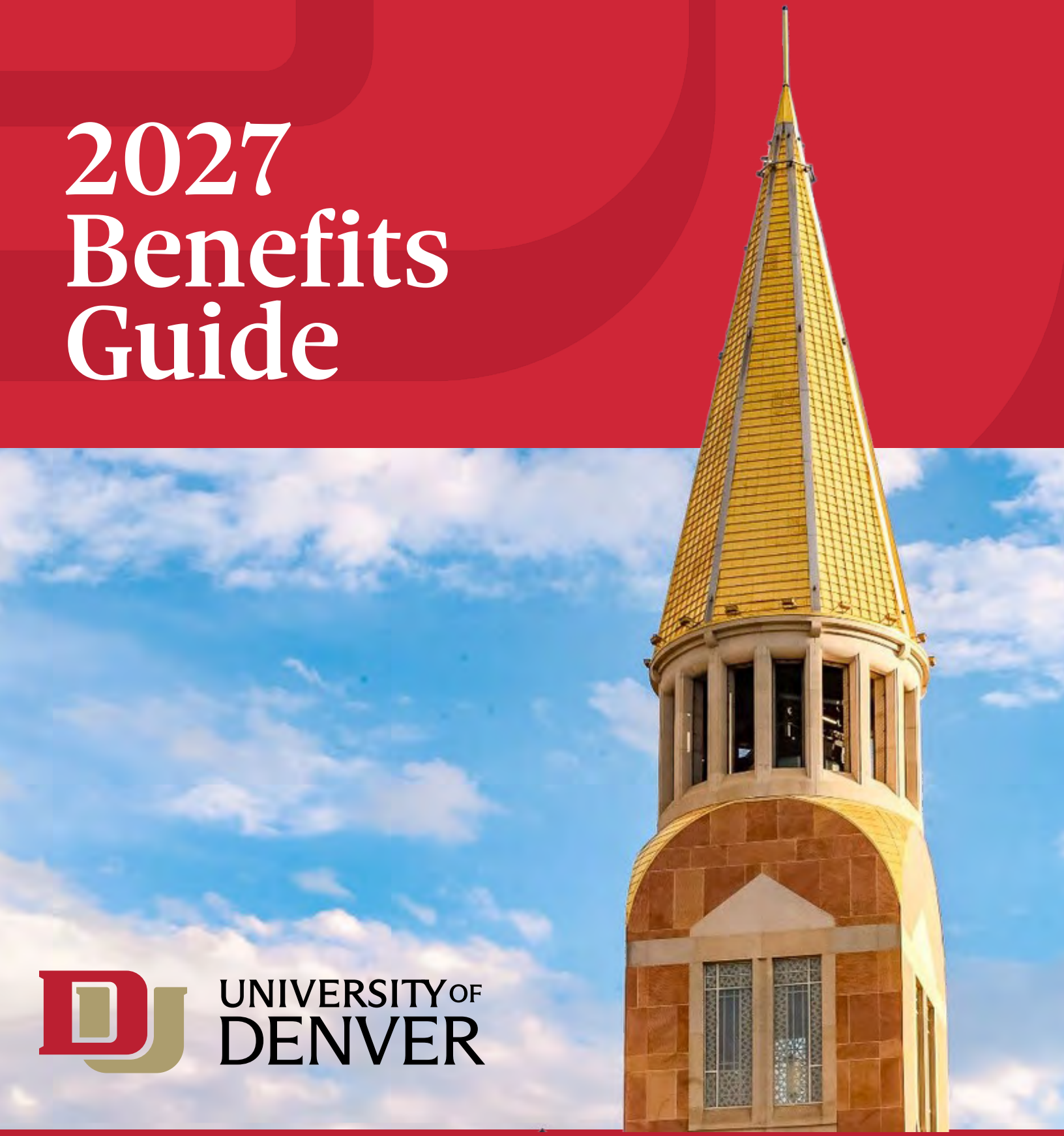
2027 Benefits Guide



UNIVERSITY OF DENVER

YOUR 2027 UNIVERSITY OF DENVER BENEFITS PROGRAM



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Overview

At the University of Denver, we believe that our greatest strength lies in our people. That's why we are committed to providing a comprehensive benefits program that is as diverse and dynamic as our community. Whether you're striving for a healthier lifestyle, planning for your financial future, or seeking balance in your personal and professional life, our benefits are designed to empower you at every stage. Together, we can achieve a better, healthier tomorrow.



The benefits highlighted in this guide are effective January 1, 2027 through December 31, 2027.

Eligibility

The University of Denver is proud to offer a comprehensive benefits package to employees holding a benefited position that is at least half time (20 hours per week). Many of the plans also offer coverage for your eligible dependents.

You and your dependents are eligible for the University of Denver benefit plans on the first day of the month following your date of hire into a benefited position. If your hire date occurs on the first of the month, you will have the choice for your benefits to begin on your hire date or the first day of the following month.

Eligible dependents include:

- Your legal spouse, including common-law and civil union, and domestic partner (both same and opposite sex).
- Your child who is less than 26 years of age. Children include your natural or legally adopted child, a stepchild, the child of your domestic partner or civil union, or a child who is less than 26 and has been placed under your legal guardianship.
- Your child, who satisfies the above definition of child, age 26 or older, and who is mentally or physically incapable of earning a living, and is primarily supported by you.

Elections made now will remain in effect until the next open enrollment unless you or your family members experience a qualifying life event. If you experience a qualifying life event, you must contact the Human Resources & Inclusive Community Benefits Team within 31 days of the event.

Qualifying Life Events

Each year, you have the opportunity to make changes to your benefits during the open enrollment period. You may make a change in your coverage during the plan year only if you have a qualified change in your family or employment status. You may change your coverage election upon the occurrence of one of the qualifying life events listed below, provided you apply for the change in coverage within 31 days of the qualifying life event:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of your spouse/partner or covered dependent
- Covered dependent no longer qualifies as an eligible dependent
- A significant change in the cost or coverage of your dependent's benefits
- Qualified Medical Child Support Order

For a complete listing of qualifying life events, visit **du.edu/human-resources/benefits**. Changes to your benefits must be made within 31 days of the event and must be consistent with your change in status.

Our complete benefits package is briefly summarized in this booklet. To view the plan documents, which give you more detailed information about each of these programs, please visit **du.edu/human-resources/benefits**.



Payroll & Leave Information

Exempt Employees (exempt from overtime)

Monthly payroll: All premiums are taken from each paycheck on the first of each month for coverage for that month.

Non-Exempt Employees (eligible for overtime)

Biweekly payroll: Medical insurance premiums are deducted from the first and second paychecks 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 previously. If you are on a leave without pay that results in your premiums not being taken from your payroll check and you wish to continue coverage, you are responsible for remitting payment for those premiums.

Premiums for faculty and other employees whose work schedules are on an academic year, or on another contract year basis, are taken from payroll as described previously 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.

Holiday, Vacation, Sick, and Leave of Absence

Paid Holidays: The University provides several paid holidays, including: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Juneteenth (June 19), Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Holiday, Chancellor's Holiday Party (Half Day), Winter Break (the last 5 week days of the calendar year).

Paid Vacation & Sick Leave

Benefited, non-faculty employees receive accrued paid time off.

Paid Parental Leave

The University provides up to 12 weeks of partially or fully paid Parental Leave for all benefited faculty and benefited staff to assist and support new parents with balancing work and family matters. The University will continue to pay the employer's portion of the employee's health insurance premium while the employee is on Parental Leave.

Please review the **Leave Policy** for details.

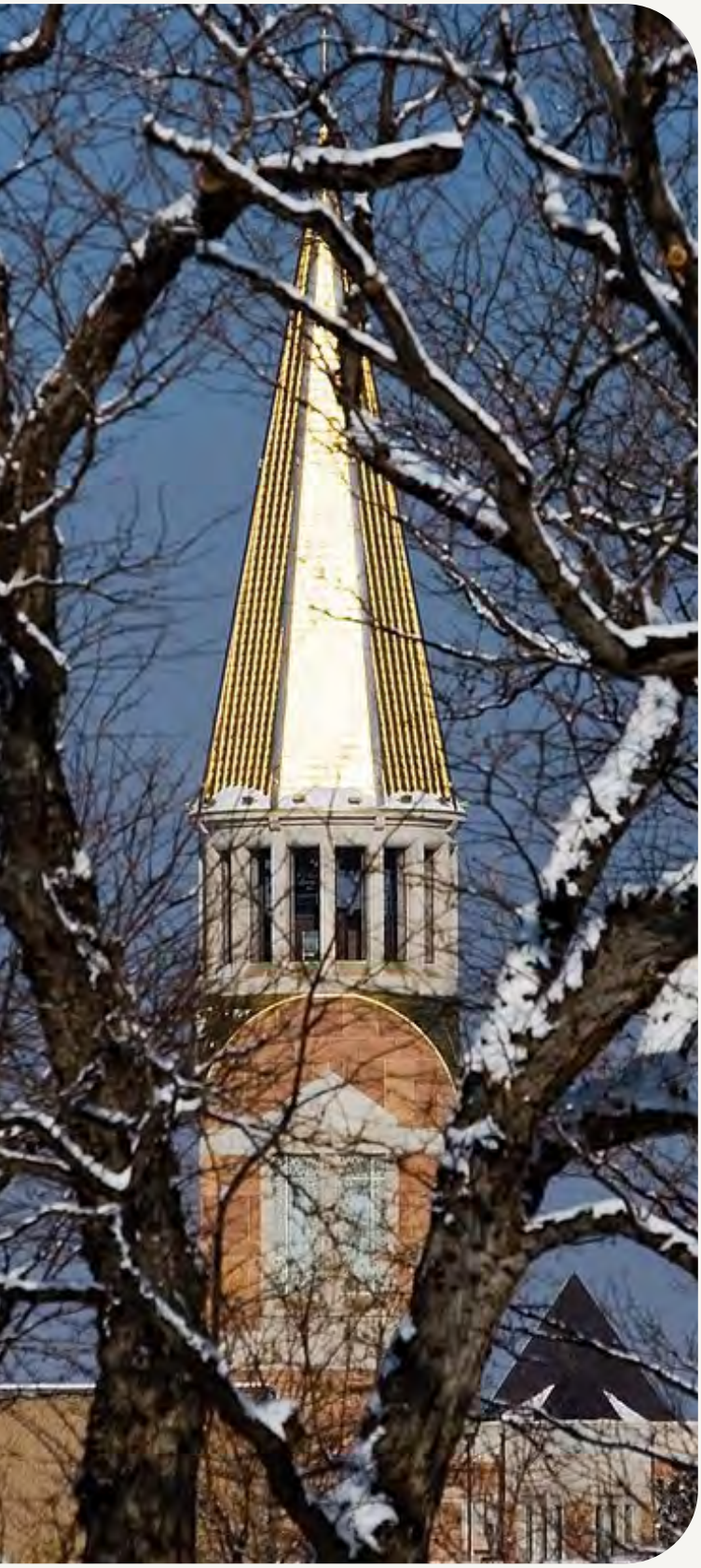
Other Forms of Leave

University policies provide for other kinds of leave, such as bereavement, jury duty, sabbaticals, military leave, etc.



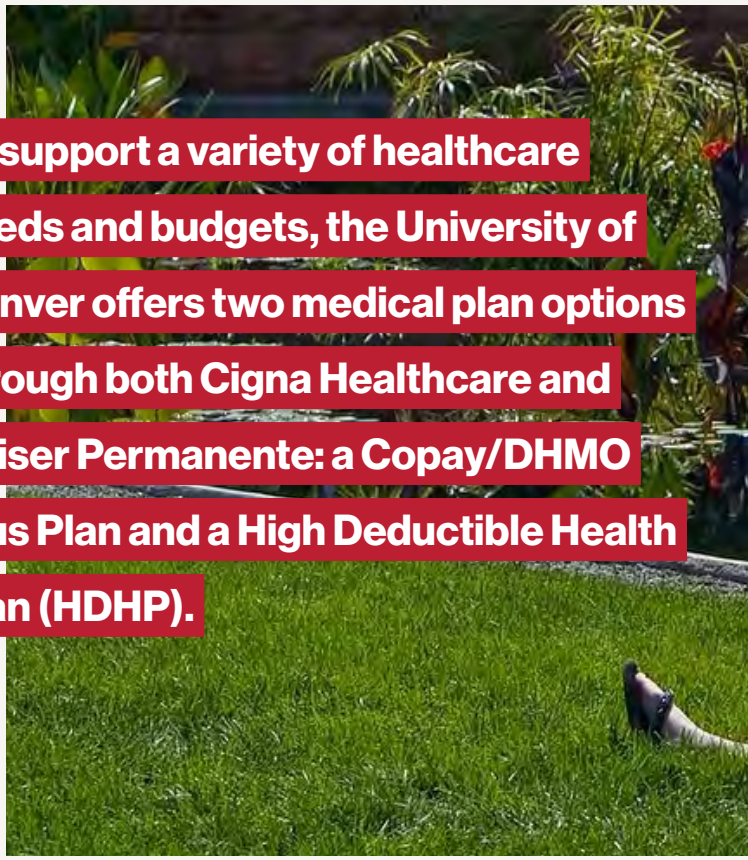
For more information, contact the Human Resources & Inclusive Community Benefits Team at 303.871.7420 or benefits@du.edu.

Medical Plan Options



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses, but identifying the problems early often allows them to be treated at minimal cost to you.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with excellent medical benefits through the University of Denver's medical plan offerings. You will have access to in-network benefits from healthcare providers and facilities.



To support a variety of healthcare needs and budgets, the University of Denver offers two medical plan options through both Cigna Healthcare and Kaiser Permanente: a Copay/DHMO Plus Plan and a High Deductible Health Plan (HDHP).

Which Plan is Best for You?

All Plans

Cover 100% of the cost for preventive care services like annual physicals and routine immunizations.

The Copay and DHMO Plus Plans

- Set copays for less expensive and most utilized services and a coinsurance for higher cost and lesser utilized services.
- Copays are a set cost and apply to your annual out-of-pocket maximum.
- Coinsurance is the percentage of costs of covered healthcare services you pay after you meet your deductible. The plan splits the cost of services with you (80% paid by the plan and 20% paid by you) up to the out-of-pocket maximum.
- If you reach your out-of-pocket maximum, all services are paid at 100% for the remainder of the year.

The High Deductible Health Plans (HDHP)

- Tax-qualified plan for a Health Savings Account (HSA). With an HSA you are able to set aside pre-tax funds into an account to be used for qualified medical expenses. For more information on how your HSA works, please see the HSA section of this booklet on pages 28 and 30.
- You pay the full negotiated, contract cost for medical services and prescription drugs until you meet your annual deductible (with the exception of preventive care which is covered at 100%).
- There are no copays with the exception of prescription drugs (once your deductible has been met).
- After the deductible is met, you and the plan share the costs (80% paid by the plan and 20% paid by you) until you reach the annual out-of-pocket maximum.
- If you reach your out-of-pocket maximum, all services are paid at 100% for the remainder of the year.



Copay and DHMO Plus Plans vs. High Deductible Health Plan (HDHP)

Whether you choose coverage through Cigna Healthcare or Kaiser Permanente, the Copay/DHMO Plus Plan and High Deductible Health Plan (HDHP) provide access to the same provider networks within each carrier. Both plan options cover 100% of eligible preventive care services, including annual wellness exams and routine immunizations.

The primary difference between the plans is how you pay for healthcare services. The Copay/DHMO Plus Plan offers predictable copays for many services, while the HDHP requires you to meet a deductible before most non-preventive services are covered, providing a different approach to managing healthcare costs.

Key differences in the plans:

	COPAY & DHMO PLUS PLANS	HDHP PLAN
Per-Paycheck Cost for Coverage	Highest	Lowest
Calendar Year Deductible	Lowest	Highest
Calendar Year Out-of-Pocket Maximum	Lowest	Highest
Using the Plan	Pay more with each paycheck and less when you need care	Pay less with each paycheck and more when you need care
Savings/Spending Account Options	Healthcare FSA	Health Savings Account (HSA) Limited Purpose FSA

Please see the example on pages 11-12, and 19-20 for further clarification on the differences between the Copay and DHMO Plus plans vs. the High Deductible Health Plans.



Cigna Medical Network Options

LocalPlus Provider Network

If you live in the LocalPlus service area, you will have access to Cigna's LocalPlus provider network. The LocalPlus network is designed to improve the quality of care that you receive from all of your medical providers. LocalPlus is designed to deliver cost-effective, quality care for today's busy, on-the-go families.

More providers make it easier to choose and use quality care. The LocalPlus provider network has roughly 5,000 primary care physicians and over 14,000 specialists in the Denver metro area alone. While traveling, or for dependents who live away from home and outside of the LocalPlus Network area, you will have full access to providers available through the Away From Home Care network. This feature provides coverage at the same in-network cost you would pay at home. There are no out-of-network benefits other than urgent and emergency care for the LocalPlus network.

To find out if your doctor is a participating provider in the LocalPlus network, please visit Cigna's website, cigna.com.

- **The LocalPlus network is available in the following CO Counties*:** Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Eagle, Jefferson, La Plata, Larimer, Mesa, Montezuma, Routt, Summit, Weld
- **The LocalPlus network includes the following major provider groups*:** New West Physicians, Optum Medical Group, Boulder Medical Center, Colorado Care Partners, PHPrime, Trinsic Clinically Integrated Network
- **The LocalPlus network includes the following major Hospitals* and Hospital Systems:**
  - **Front Range:** Boulder Community Health, Centura Health**, Children's Hospital Colorado, Craig Hospital, Denver Health Medical Center, HealthONE, National Jewish Health, SCL Health System, UCHealth
  - **Mountain (Eagle, Routt and Summit counties):** Centura St. Anthony Summit Medical Center, UCHealth Yampa Valley Medical Center, Vail Valley Medical Center West
  - **West (La Plata, Mesa and Montezuma counties):** Animas Surgical Hospital, Centura Mercy Regional Medical Center, Southwest Memorial Hospital, St. Mary's Medical Center

This listing is not all-inclusive. For a complete listing, contact the Cigna OneGuide by calling 800.CIGNA24 (800.244.6224) or visit cigna.com.

Open Access Plus (OAP) Provider Network

If you do not live or work inside the LocalPlus service area, you have access to the Cigna Open Access Plus provider network. The OAP Network contains participating physicians nationwide.

To find out if your doctor is a participating provider in the network, please visit Cigna's website, cigna.com.

* Listing is not all-inclusive. For a complete listing, contact your Cigna representative or visit Cigna.com.
** Colorado Health Neighborhoods practices in Denver Metro and Boulder counties only.

Cigna Medical Plan Options

	COPAY PLAN	HDHP PLAN
Network Type	Open Access Plus (OAP) and LocalPlus****	Open Access Plus (OAP) and LocalPlus****
Calendar Year Deductible*	$250 individual / $500 family	$2,250 individual / $4,500 family***
Calendar Year Out-of-Pocket Maximum	$3,000 individual / $6,000 family**	$4,500 individual / $9,000 family **
DOCTOR'S OFFICE		
Virtual Care Visit	$25 copay	20% after deductible
Primary Care Office Visit	$25 copay	20% after deductible
Specialist Office Visit	$50 copay	20% after deductible
Preventive Care	100% covered	100% covered
DIAGNOSTIC TESTING/IMAGING		
Diagnostic Lab and X-ray	Based on place of service	20% after deductible
Advanced Imaging (MRI, CT/PET Scan)	$100 copay	20% after deductible
HOSPITAL SERVICES		
Emergency Room	20% after deductible	20% after deductible
Urgent Care	$75 copay	20% after deductible
Inpatient	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Chiropractic Care (80 days per calendar year combined with cognitive, occupational, physical, pulmonary & speech therapy)	$25 copay	20% after deductible
PRESCRIPTION DRUGS		
Separate Rx Deductible	No Rx Deductible	Plan Deductible then,
Retail (30-Day Supply)		
Tier 1	$15 copay	$15 copay
Tier 2	$30 copay	$30 copay
Tier 3	$60 copay	$60 copay
Specialty	20% to a max of $300	20% to a max of $300
Mail Order (90-Day Supply)		
Tier 1	$30 copay	$30 copay
Tier 2	$60 copay	$60 copay
Tier 3	$120 copay	$120 copay

* Deductibles and out-of-pocket maximums reset every calendar year.

** Important: If you have other family members on the plan, each family member must meet their own individual deductible/out-of-pocket maximum until the total amount of expenses paid by all family members meets the overall family amount.

*** Important: All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

**** Important: The LocalPlus network does not cover out-of-network services other than urgent and emergency care. You will have a lower out-of-pocket cost when using in-network providers within the OAP network.

Cigna Copay Plan vs. HDHP Examples - Employee Only

	COPAY PLAN	HDHP
EXAMPLE OF EMPLOYEE ONLY COVERAGE WITH THREE CLAIMS THROUGHOUT THE PLAN YEAR		
Claim Examples – CIGNA Local Plus	**Copay Plan**	**HDHP**
Plan Deductibles	$250	$2,250
Annual Out-of-Pocket Maximum	$3,000	$4,500
Claim 1: Member goes for preventive care, annual physical, including routine lab work, utilizing an in-network provider		
Total Cost to Member	$0	$0
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$0
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Maximum	$0	$0
Preventive care provided by an in-network provider is covered at 100%		
Claim 2: Member goes to an in-network pharmacy for a 30-day supply of a tier 2 medication, at a cost of $200		
Total Cost to Member	$30 copay	$200 (toward deductible)
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$200
Remaining Deductible	$250	$2,050
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Maximum	$30	$200
Remaining Out-of-Pocket	$2,970	$4,300
Claim 3: Member is hospitalized at an in-network facility for two days, at a cost of $6,000		
Total Cost to Member	$1,400	$2,840
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$250	$2,050
Remaining Deductible	$0	$0
Amount Applied to Coinsurance	$1,150	$790
Amount Applied to Out-of-Pocket Maximum	$1,400	$2,840
Remaining Out-of-Pocket	$1,570	$1,460
Annual Employee Premium through Payroll Deductions	$1,173	$0
Total Annual Cost (Premium & Cost of Care)	**$2,603**	**$3,040**

These scenarios are not an actual representation of costs of services.

Cigna Copay Plan vs. HDHP Examples - Family

	COPAY PLAN	HDHP
EXAMPLE OF FAMILY COVERAGE WITH THREE CLAIMS THROUGHOUT THE PLAN YEAR		
Claim Examples – CIGNA Local Plus	**Copay Plan**	**HDHP**
Plan Deductibles	$250 individual / $500 family	$2,250 / $4,500
Annual Out-of-Pocket Maximum	$3,000 individual / $6,000 family	$4,500 / $9,000
Claim 1: Member and their 3 dependents go for preventive care, annual physicals, including age appropriate routine lab and immunizations, utilizing an in-network provider		
Total Cost to Member	$0	$0
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$0
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Maximum	$0	$0
Preventive care provided by an in-network provider is covered at 100%		
Claim 2: Member's spouse/partner goes to an in-network pharmacy for a 30-day supply of a tier 2 medication, at a cost of $200 (4 fills/year)		
Total Cost to Member	$120 copay	$800 (toward deductible)
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$800
Remaining Deductible	$250 individual / $500 family	$3,700 family
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Maximum	$120	$800
Remaining Out-of-Pocket	$2,880 individual / $5,880 family	$8,200 family
Claim 3: Member is hospitalized at an in-network facility for two days, at a cost of $6,000		
Total Cost to Member	$1,400	$4,160
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$250	$3,700
Remaining Deductible	$0 individual / $250 family	$0 individual / $0 family
Amount Applied to Coinsurance	$1,150	$460
Amount Applied to Out-of-Pocket Maximum	$1,400	$4,160
Remaining Out-of-Pocket	$1,600 individual/$4,480 family	$4,040 family
Annual Employee Premium through Payroll Deductions	$4,447	$3,689
Total Annual Cost (Premium & Cost of Care)	**$5,967**	**$8,649**

These scenarios are not an actual representation of costs of services.

Health Advocate

The University of Denver wants to ensure that you and your family have the information you need to make the best health and wellness decisions for you. To assist with this, the University offers 24/7 access to help when you need it for all your healthcare or medical bill needs – for you and your family, including parents and parents-in-law. Health Advocate offers you expert assistance with all of your insurance needs including medical, dental, vision, life & disability.

Health Advocate complements the services available from Cigna One Guide, and is the primary resource for individuals not enrolled in the Cigna medical plans.

Don't know where to turn? Let Health Advocate point the way.

- Find the right professionals based on your needs
- Locate specialists, schedule appointments, arrange tests or special treatments
- Answer questions about diagnoses, test results, treatments, medications and more

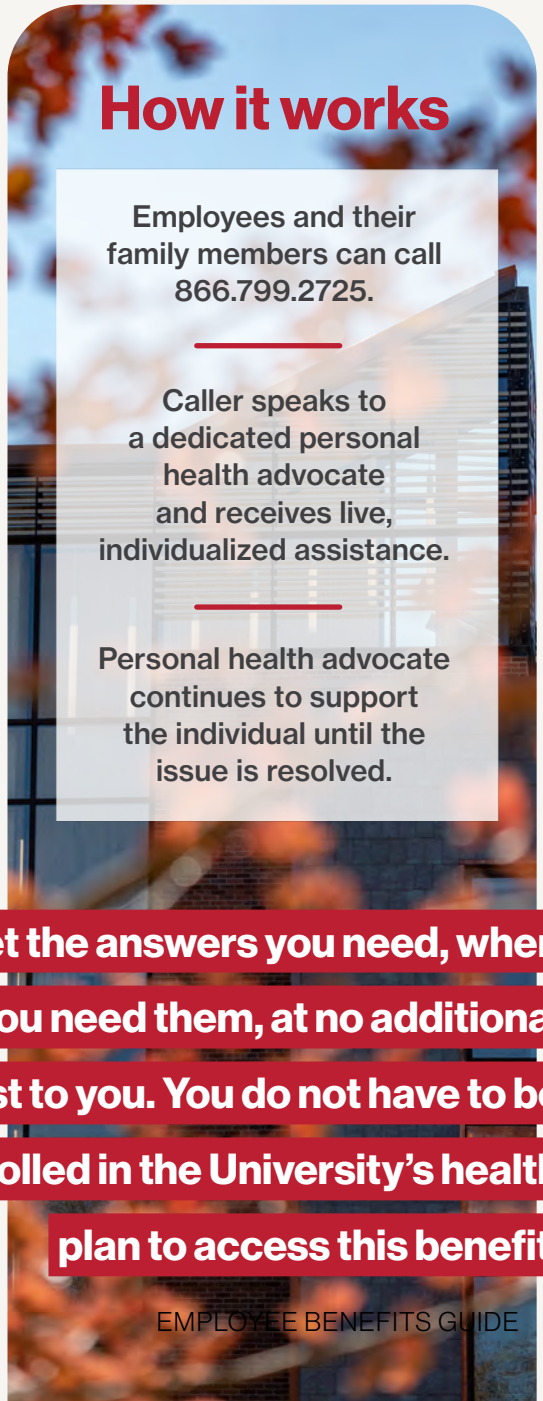
Want to maximize your benefit dollars? Health Advocate can help you save.

- Get the estimated fees for services in your area
- Find options for non-covered and alternative health services
- Receive information about generic drug options
- Address questions and concerns related to your medical bills
- Get help negotiating discounts on medical or dental bills over $400 not covered by insurance

Need eldercare or special needs services?

- Find in-home care, adult day care, group homes, assisted living and long-term care
- Get access to a range of services for parents of children with special needs or autism spectrum disorders
- Clarify or get help applying for Medicare, Medicare Supplement plans and Medicaid
- Coordinate care among multiple providers
- Arrange transportation to appointments

NOTE: Health advocacy services are NOT health insurance or medical services, and this program does not provide either for healthcare services or for the reimbursement for financial losses of healthcare services.



Get the answers you need, when you need them, at no additional cost to you. You do not have to be enrolled in the University's health plan to access this benefit.

Cigna One Guide

Navigating healthcare can be complex. With Cigna One Guide, employees don't have to do it alone. One Guide combines intelligent technology with empathetic human support to help guide employees to engage in their health and get the most value from their health plan.

It's personal, proactive and predictive.

One Guide leverages powerful data analytics that your One Guide team will use for everything from health status to communication preferences. As a result, One Guide can anticipate employees' needs and proactively recommend the programs and resources that are more relevant to them – such as incentives and coaching opportunities.

It's effective. The One Guide solution drives results such as:

133% higher utilization of preventive care

50% more use of high-value providers

21% more engagement in chronic condition coaching

7% lower overall medical costs*

* Based on those with highest engagement with One Guide.

Technology powers the experience.

Easier to navigate. Easier to use. Easier to manage benefits.

- **Personalized Opportunities**
  - Immediate access to information customers value most
  - Dynamic content based on each customer's plans
  - Content prioritized and displayed based on extensive user analytics
  - Account balances, coverage and claims information
  - Health assessments and incentives
- **Quick Access to Finding and Getting Care**
  - Guidance in finding the right doctor, lab, pharmacy or convenience care center
  - Easy connection to health coaches, case managers, pharmacists and other resources
- **One-click Access to Live Support**
  - Personal guides accessible via phone, app, web or click to chat
  - Dedicated one-on-one support in complex situations, for those who need it most
  - Education on plan features, ways to maximize benefits and earn incentives

If you are currently enrolled in a Cigna medical plan, you can start using Cigna's One Guide by downloading the myCigna app or call 800.244.6224 to talk with your personal guide.
If you are not currently enrolled in a Cigna medical plan, you can reach out to the One Guide pre-enrollment line at 888.806.5042.

myCigna and Well-Being Solution

Manage Your Health through myCigna

Your online account will be available once your eligibility is received by Cigna. myCigna gives you access to these features:

- Search for in-network providers, procedures, cost estimates, and more.
- See a list of your most recent claims, their status, and reimbursements.
- Make sure your contact information is up-to-date so you don't miss out on important notifications about your plan.

It's as easy as 1, 2, 3.

1. Visit mycigna.com using your computer or mobile device.
2. Follow the registration instructions. You will need your DU ID or Cigna ID number (found on the front of your ID card).
3. Start managing care for you and your family – find a doctor, schedule an appointment, transition your prescriptions and more.

Cigna Well-Being Solution

The University of Denver wants to assist you in achieving your health goals. When you get involved in wellness goals sponsored by the University through mycigna.com, you earn points as you complete eligible actions, unlocking up to four levels with increasing rewards that total up to $100 or $300. Incentives are given for completing the following activities:

- Health assessment
- Biometric screening
- Annual preventive exams
- Coaching journeys
- And a variety of other healthy activities

How Do I Participate in the Well-Being Solution Program?

1. Create an account on mycigna.com.
2. Once you reach the Home Dashboard, select the "Wellness" tab on the far right.
3. Click "Wellness Incentives" in the drop-down menu.
4. Scroll down to see your available incentives. Not all incentives are immediately listed, so make sure you select "View All Incentives."
5. Select "Let's Go" to begin completing each incentive.
6. Once an incentive is complete, select "Redeem."

Once you select "Redeem", this will initiate the mailing process for your gift card. For more information, please visit www.du.edu/human-resources/employee-wellbeing/cigna-motivateme.

Points Reached	Dollars Earned	
7,000	$10	$40
25,000	+$20	+$60
40,000	+$30	+$80
60,000	+$40	+$120
Maximum Total	$100	$300

The rest is up to you. Download the myCigna® app today!

For more information or help setting up your account, visit myCigna.com or call 800.244.6224. You can also find information by downloading the myCigna Mobile App for your mobile device.**

* Incentive awards may be subject to tax; you are responsible for any applicable taxes. Please consult with your personal tax advisor for assistance.

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Cigna Virtual Care Options

TeleHealth Through MDLive

Convenient, low cost option.

Virtual care for minor medical conditions costs less than the ER or urgent care visits, and may be even less than an in-office primary care provider visit.

- Get care via video or phone, 24/7/365 – even on weekends and holidays.
- Connect with board-certified doctors and pediatricians.
- Have a prescription sent directly to a local pharmacy, if appropriate.

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and Flu
- Shingles
- Sinus infection
- Sore throats
- Urinary tract infection
- and more

Cigna partners with MDLive for minor medical virtual care. This can be accessed via myCigna.com.

Virtual Behavioral Health

MDLIVE is available for behavioral/mental health virtual care too.

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Marriage and
- Relationship issues
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Stress
- Trauma/PTSD
- Women's issues

Schedule an appointment online with a counselor or psychiatrist within minutes by logging onto myCigna.com or call 888.726.3171.



Cigna Behavioral Programs

Challenges to mental well-being come in many forms, and so do the ways we can work through them. Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, Cigna offers a variety of behavioral support tools and services through myCigna to help ensure you get the support that works best for you.

Virtual Counseling

- Schedule appointments online with licensed counselors or psychiatrists through our virtual only provider groups.
- Get access to providers with a wide variety of specialties such as autism and substance use, as well as providers who specialize in treating emergency responders.
- Use new modality options, such as private text therapy with providers
- Receive confidential treatment for conditions such as stress and anxiety.

Cigna's Employee Assistance Program

- Up to three free face-to-face sessions with a licensed mental health provider in Cigna's network.
- On-demand seminars, community resources and referrals on a range of topics.
- Virtual behavioral care allows you to speak with a counselor on your phone, tablet or home computer.
- Self-service digital tools and resources
  - **Prevail:** provides on-demand coaching, personalized learning and caregiver support. Complete an assessment, receive a program tailored to your needs, and get connected to a peer coach.
  - **Happify:** self-directed program with activities, science based games and guided meditations, designed to help reduce anxiety, stress and boost overall health.
- Mental Health and Substance Use Centers of Excellence (COEs)
- Coaching & Support
- Modality options, such as private text messaging with providers
- Behavioral Awareness Series



Coaching and Support

- Understand a behavioral diagnosis.
- Address challenges with autism spectrum disorders, eating disorders, substance use, opioid use and pain management.
- Learn about treatment choices and how your choices can affect what you'll pay out of pocket.
- Identify and manage triggers that affect your condition.

Lifestyle Management Programs

- Smoking, obesity and stress pose significant threats to physical and behavioral wellness
- These conditions can be managed through healthy lifestyle habits, and we offer services that can help.

Meru Health: meruhealth.com/cigna

- 12-week app-based counseling program
- Daily support from licensed clinicians and anonymous peers to treat anxiety, depression and burnout.

Talkspace: talkspace.com/cigna

- An online therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist from anywhere, at any time.
- Unlimited text, video, and voice messages to your dedicated therapist via web browser or the Talkspace mobile app.

Kaiser Medical In-Person Care Options

Kaiser is now offered to employees that live and work in Colorado.

If you live in the Kaiser service area, you have access to Kaiser's provider network. The Kaiser provider network has 13,000+ Kaiser Permanente primary care physicians and over 14,000 affiliated plan providers across Colorado.

At most Kaiser Permanente medical offices, you can see a doctor, fill a prescription, and have lab and imaging services done in the same place.

Kaiser Away From Home Care

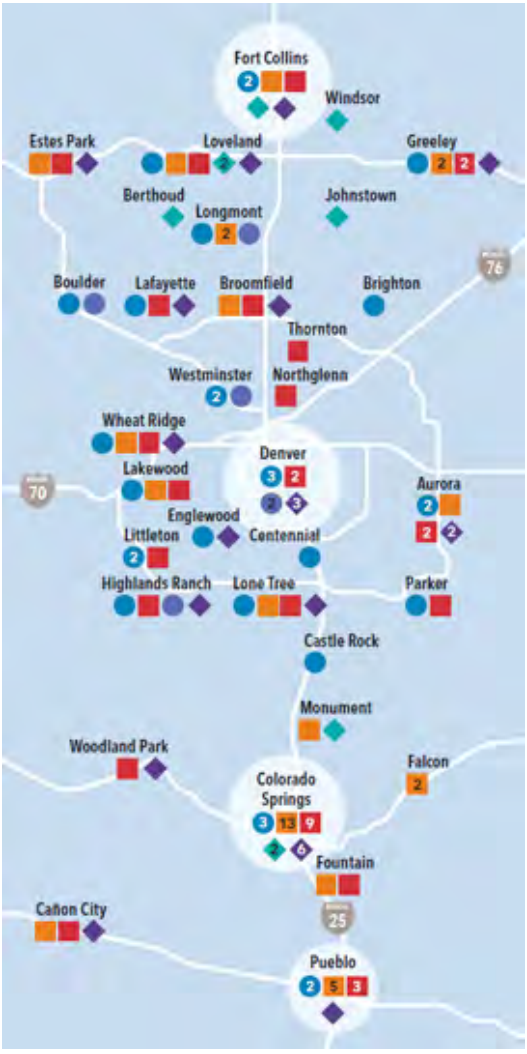
If you are traveling or have dependents that will be living outside of the Kaiser Colorado service area, you have full access to the Kaiser Away From Home Care program. This program provides coverage at the same in-network cost you would pay at home. Outside of the Kaiser Permanente Colorado Service area, members can get urgent and emergency care through Cigna's PPO network providers and urgent care at various MinuteClinic (in select CVS and Target stores) and Concentra urgent care centers.

For the most up-to-date information, visit kp.org/travel or call the Away From Home Travel Line at 951.268.3900.

Note: There are no out-of-network benefits other than urgent and emergency care for the Kaiser Network.

For the most up-to-date list of providers and facilities included in your plan, visit kp.org/locations or call:

- Denver/Boulder: 303.338.3800
- Northern Colorado: 844.201.5824
- Southern Colorado: 888.681.7878
- TTY 711



Colorado medical facilities

30	Kaiser Permanente medical offices
35	Urgent care facilities
35	Emergency care facilities
6	Behavioral health offices
9	Affiliated providers with extended hours
24	Affiliated hospital/inpatient care

* Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change.

Kaiser Medical Plan Options

	DHMO PLUS PLAN	HDHP PLUS PLAN
Network Type	Kaiser Providers	Kaiser Providers
Calendar Year Deductible*	$250 individual / $500 family	$2,250 individual / $4,500 family***
Calendar Year Out-of-Pocket Max	$3,000 individual / $6,000 family**	$4,500 individual / $9,000 family**
DOCTOR'S OFFICE		
Virtual Care Visit	100% covered	100% covered
Primary Care Office Visit	$25 copay	20% after deductible
Specialist Office Visit	$50 copay	20% after deductible
Preventive Care	100% covered	100% covered
DIAGNOSTIC TESTING/IMAGING		
Diagnostic Lab and X-ray	Based on place of service	100% covered
Advanced Imaging (MRI, CT/PET Scan)	$100 copay	20% after deductible
HOSPITAL SERVICES		
Emergency Room	20% after deductible	20% after deductible
Urgent Care	$75 copay	20% after deductible
Inpatient	20% after deductible	20% after deductible
Ambulatory Surgical Center	10% after deductible	10% after deductible
All Other Outpatient Facilities	20% after deductible	20% after deductible
Chiropractic Care (80 days per calendar year combined with cognitive, occupational, physical, pulmonary & speech therapy)	$25 copay	20% after deductible
PRESCRIPTION DRUGS		
Separate Rx Deductible	Combined with Medical	Plan Deductible then,
Tier 1	$15 copay	$15 copay
Tier 2	$30 copay	$30 copay
Tier 3	$60 copay	$60 copay
Specialty	20% to max $300	20% up to $300
Mail Order (90-Day Supply)		
Tier 1	$30 copay	$30 copay
Tier 2	$60 copay	$60 copay
Tier 3	$120 copay	$120 copay

* Deductibles and out-of-pocket maximums reset every calendar year.

** Important: If you have other family members on the plan, each family member must meet their own individual deductible/out-of-pocket maximum until the total amount of expenses paid by all family members meets the overall family amount.

*** Important: All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

**** Within your first year with Kaiser, you have the opportunity to take advantage of the PLUS benefits where you can choose to see any licensed provider. Services can include primary care, specialty care, and mental health office visits. Plus Benefits outside the Kaiser Network offers 20 service visits and 10 prescriptions per member per year. For more information, please visit choiceproducts-Colorado.kp.org.

Kaiser DHMO Plus Plan vs. HDHP Plus Examples - Employee Only

	DHMO PLUS PLAN	HDHP PLUS PLAN
EXAMPLE OF EMPLOYEE ONLY COVERAGE WITH THREE CLAIMS THROUGHOUT THE PLAN YEAR		
Claim Examples – Kaiser Permanente	**DHMO Plus Plan**	**HDHP Plus Plan**
Plan Deductibles	$250	$2,250
Annual Out of Pocket Maximum	$3,000	$4,500
Claim 1: Member goes for preventive care, annual physical, including routine lab work, utilizing an in-network provider		
Total Cost to Member	$0	$0
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$0
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Max	$0	$0
Preventive care provided by an in-network provider is covered at 100%		
Claim 2: Member goes to an in-network pharmacy for a 30-day supply of a tier 2 medication, at a cost of $200		
Total Cost to Member	$30 copay	$200 (toward deductible)
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$200
Remaining Deductible	$250	$2,050
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Max	$30	$200
Remaining Out-of-Pocket	$2,970	$4,300
Claim 3: Member is hospitalized at an in-network facility for two days, at a cost of $6,000		
Total Cost to Member	$1,400	$2,840
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$250	$2,050
Remaining Deductible	$0	$0
Amount Applied to Coinsurance	$1,150	$790
Amount Applied to Out-of-Pocket Max	$1,400	$2,840
Remaining Out-of-Pocket	$1,500	$1,460
Annual Employee Premium through Payroll Deductions	$1,173	$0
Total Annual Cost (Premium & Cost of Care)	**$2,603**	**$3,040**

These scenarios are not an actual representation of costs of services.

Kaiser DHMO Plus Plan vs. HDHP Plus Examples - Family

	DHMO PLUS PLAN	HDHP PLUS PLAN
EXAMPLE OF FAMILY COVERAGE WITH THREE CLAIMS THROUGHOUT THE PLAN YEAR		
Claim Examples – Kaiser Permanente	**DHMO Plus Plan**	**HDHP Plus Plan**
Plan Deductibles	$250 individual / $500 family	$2,250 / $4,500
Annual Out of Pocket Maximum	$3,000 individual / $6,000 family	$4,500 / $9,000
Claim 1: Member and their 3 dependents go for preventive care, annual physicals, including age appropriate routine lab and immunizations, utilizing an in-network provider		
Total Cost to Member	$0	$0
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$0
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Max	$0	$0
Preventive care provided by an in-network provider is covered at 100%		
Claim 2: Member's spouse/partner goes to an in-network pharmacy for a 30-day supply of a tier 2 medication, at a cost of $200 (4 fills/year)		
Total Cost to Member	$120 copay	$800 (toward deductible)
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$0	$800
Remaining Deductible	$250 individual / $500 family	$3,700 family
Amount Applied to Coinsurance	$0	$0
Amount Applied to Out-of-Pocket Max	$120	$800
Remaining Out-of-Pocket	$2,880 individual / $5,880 family	$8,200 family
Claim 3: Member is hospitalized at an in-network facility for two days, at a cost of $6,000		
Total Cost to Member	$1,400	$4,160
Cost Breakdown: (Member Responsibility)		
Amount Applied to Deductible	$250	$3,700
Remaining Deductible	$0 individual /$250 family	$0 individual /$0 family
Amount Applied to Coinsurance	$1,150	$460
Amount Applied to Out-of-Pocket Max	$1,400	$4,160
Remaining Out-of-Pocket	$1,600 individual/$4,480 family	$4,040 family
Annual Employee Premium through Payroll Deductions	$7,685	$3,689
Total Annual Cost (Premium & Cost of Care)	**$9,205**	**$8,649**

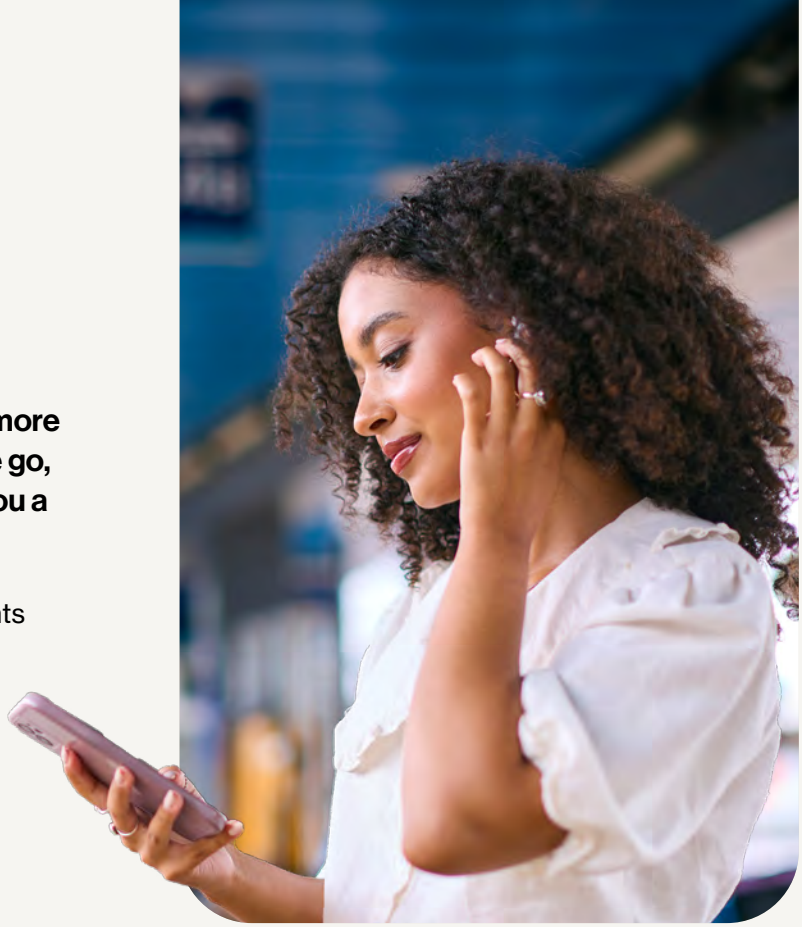
These scenarios are not an actual representation of costs of services.

Kaiser Resources

Manage Your Health through Kaiser's Website and App

Managing your health online has never been more convenient. Whether you're at home or on the go, kp.org and the Kaiser Permanente app give you a simple, secure way to keep up with your care

- Schedule, view, and cancel routine appointments and see information about past visits.
- View your medical history, including allergies and immunizations, ongoing health conditions, and most lab test results.
- Refill most prescriptions, check the status of a prescription order, and see a list of all your medications.



Kaiser New Member Connect Team

We understand that joining a new healthcare organization can be disruptive which is why we want to make sure each member has an enjoyable experience. All new Kaiser members will have access to the New Member Connect Team to help with transitioning your care. Connect at anytime by using the following:

- Website: kp.org/newmember
- Phone: 844.639.8657
  Monday through Friday, 8 a.m.-5 p.m.
- Email: UniversityOfDenver@kp.org

Kaiser Permanente DigiDeck – Digital Resource Guide

With Kaiser, you have access to the University of Denver DigiDeck to help you make an informed healthcare decision for you and your family with resources available in one convenient location. Resources include:

- Easy ways to transition care through New Member Connect
- Wellness Resources
- Benefits
- And much more!

To access, click on the link below or scan the QR code.
University of Denver DigiDeck

Kaiser Virtual Care Options

You may not always feel like you have time to visit the doctor. Kaiser's doctors are committed to getting you care however it works best for you — from home, work, or in person.

PHONE:
Save yourself an office visit by scheduling a call with a doctor.

EMAIL:
Message your doctor's office with non-urgent questions anytime.

E-VISIT:
Fill out a short online questionnaire about your symptoms and a nurse will get back to you - usually within 6 hours. Great for coughs, colds, nausea, allergies and more.

VIDEO VISIT:
An online alternative to an in-person appointment.

IN-PERSON:
Same-day or next-day appointments are often available.
Call 303-338-4545 (TTY 711)

CHAT ONLINE:
Connect in real time with a physician by logging into www.kp.org and click "Chat". Available Mon-Fri 7am to 10pm and Sat-Sun 8am to 10pm.



Virtual Behavioral Health

Everyone needs support for total health – mind, body, and spirit. These wellness apps can help you navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more. It's self-care made easy, designed to help you live well and thrive.

Calm: The number one app for sleep and meditation—designed to help lower stress, anxiety, and more.

Headspace Care: Text 1:1 with an emotional support coach anytime, anywhere. Support is just a text message away.

myStrength: Build a personalized support plan to strengthen your emotional health whenever, wherever you need to.

Cigna and Kaiser Care Options

From strains to pains, you never know when you might need treatment. But when that time comes, you can get the care that's right for you by choosing from a number of options that meet your care and financial needs.



For minor illness or injury at times when you can't see your doctor, a call to a nurse helpline or your telemedicine advocate or a visit to a retail clinic may be able to provide the care you need, saving you time and the high costs of an urgent care or an emergency room visit.

VIRTUAL CARE $

Access a doctor by phone when, where, and how it works best for you. Get treatment for minor conditions like allergies, cold/flu, and rashes at your finger tips.

- Sinus infections
- Allergies
- Rashes
- Cold/Flu symptoms
- Diarrhea
- UTI

PRIMARY CARE $$

Your best place to go for routine or preventive care, medication tracking, or getting a referral for unique services e.g. durable medical equipment etc.

- Preventive care
- Lab services
- Non-urgent treatment
- Medication concerns
- Minor to moderate illnesses

DISPATCHHEALTH $$$

DispatchHealth brings comfortable healthcare to your home or location convenient to you. They treat everything an urgent care center can, plus more! Hours of care are 8 AM to 10 PM*. Visit www.dispatchhealth.com or download the phone app.

- Cold/flu symptoms
- Asthma & respiratory
- Nausea, vomiting, diarrhea
- UTI
- Stitches & minor fractures
- Back, neck & joint pain

URGENT CARE $$$

Sometimes you need medical care fast but a trip to the emergency room may not be necessary. Visit a Cigna or Kaiser in-network urgent care center when you can't get in to see your primary doctor and are in need of after-hours care. Urgent care centers can generally treat many minor illnesses and injuries while saving you the time and expenses of an emergency room visit.

- Sprains, dislocations, fractures
- Concussions
- Minor allergic reactions
- Minor to moderate asthma attacks
- Sore throats, ear pain
- Small cuts

EMERGENCY ROOM $$$$

When you feel you need immediate treatment for critical injuries or illnesses that may result in serious injury or are life threatening. If you believe you are experiencing a medical emergency, go to the nearest emergency room or call 911.

- Heavy bleeding
- Heart attack/chest pain
- Difficulty breathing
- Stroke
- Spinal injuries

Dental Plan Options

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health conditions. The University of Denver offers you a choice of two dental plans with Delta Dental and a Patient Direct discount plan.

Delta Dental of Colorado

With the Delta Dental options, you and your family members may visit any licensed dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider. If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the difference between the total amount the provider charges and the approved amount (this is called balance-billing*). When you see a Delta Dental PPO or Premier provider, you are protected from balance-billing.
To find a dental provider visit deltadentalco.com.

The two Delta Dental plans include the Right Start 4 Kids program. This program provides all covered services for children up to their 13th birthday at 100% with no deductible when you see a PPO or Premier provider (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). Orthodontia is not covered at 100% but at the plan's listed coinsurance.

Patient Direct

The **Patient Direct plan** is a network-only dental discount program that provides an average of up to 70% savings on the most commonly performed dental procedures (including cleanings, fillings, crowns, root canals, and even orthodontia for children and adults). Refer to the Plan's fee schedule to see how much each procedure will cost. To take advantage of the savings, you and your family can see one of over 700 Colorado providers. Your provider must be selected at enrollment, but can be changed during the year anytime you wish.

	DELTA BASE PPO PLAN	DELTA ENHANCED PPO PLAN	PATIENT DIRECT PLAN
Calendar Year Deductible	$50 individual / up to $150 family	$50 individual / up to $150 family	N/A
Calendar Year Benefit Maximum	$1,000 per member	$1,500 per member	Unlimited
PREVENTIVE DENTAL SERVICES			
Oral exam, cleanings, sealants, x-rays	Covered at 100%	Covered at 100%	See fee schedule
BASIC DENTAL SERVICES			
Fillings, simple extractions, oral surgery, endodontics, periodontics	20% after deductible	20% after deductible	See fee schedule
MAJOR DENTAL SERVICES			
Crowns, dentures, bridges, implants	50% after deductible	50% after deductible	See fee schedule
Orthodontia Services Adult & children	Not Covered	50% to a $1,500 lifetime max per member	See fee schedule
Late Entrant Waiting Period**	Not applicable for preventive service, 6 months on basic services and 12 months on major and orthodontia services		None

* Balance-billing applies if you see an out-of-network provider. The amount you may owe is the difference between the provider's billed charges and the payment received by Delta Dental based off of their "Maximum Allowable Charge" schedule.

** Those who do not enroll in the dental plan when initially eligible as a new hire, or re-enroll, will be considered Late Enrollees and will be subject to a waiting period. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 30 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.

Vision Plan Options

Your eyes can provide a window to your overall health. Through routine exams your provider may be able to detect general health problems in their early stages along with determining if you need corrective lenses. The University of Denver knows your vision care is personal and so is your relationship with your eye doctor. That's why The University of Denver has partnered with EyeMed to provide you with access to affordable care and quality eyewear at an extensive number of retail and independent providers. To search for providers or to learn more visit eyemed.com.

	EYEMED BASE PLAN		EYEMED ENHANCED PLAN	
	In-Network	**Out-of-Network Reimbursement**	**In-Network**	**Out-of-Network Reimbursement**
EYE EXAM	Under age 19: Twice every plan year; Age 19+: Once every plan year			
Exam	$10 copay	Up to $45	Plan pays 100%	Up to $45
LENSES	Under age 19: Twice every plan year; Age 19+: Once every plan year			
Single Vision **Bifocal** **Trifocal**	$25 copay	Up to $35 Up to $50 Up to $65	$10 copay	Up to $35 Up to $50 Up to $65
FRAMES	Once every two plan years		Once every plan year	
Frames*	Up to $130 allowance; then 20% off balance	Up to $90	Up to $150 allowance; then 20% off balance	Up to $104
CONTACT LENSES	Once every plan year			
Elective	Up to $130 allowance; then 15% off balance	Up to $104	Up to $150 allowance; then 15% off balance	Up to $120
Medically Necessary	Covered in full	Up to $210	Covered in full	Up to $210
Laser Correction	15% off retail price or 5% off promo price	N/A	15% off retail price or 5% off promo price	N/A
ADDITIONAL DISCOUNTS				
Additional in-network discounts	40% off complete pair of prescription eyeglasses, 20% off non-prescription sunglasses, 20% off remaining balance beyond plan coverage			

* Freedom Pass Special Offer. As an extra benefit, Target Optical locations offer a $0 out-of-pocket option allowing you to select any available frame, any brand – no matter the original retail price point.

Members are required to complete a frames purchase, which is covered based on the benefits (outlined in the vision benefits above). However, members are still responsible for lenses. This may include an additional copay. Discounts are not insured benefits. Proof of offer is required at time of purchase. Use code 17253.

To view a full list of providers, visit eyemed.com.

Premium Contributions

The table below shows the monthly employee contributions for the medical, dental, and vision plans. Your portion of the cost(s) will be deducted from your paycheck on a pre-tax basis. The portion of the premiums paid by employees for civil union or domestic partner coverage will be withheld on a post-tax basis. The University portion of the premium paid for a civil union or domestic partner will be added to your earnings as taxable income.

Medical: Cigna

	COPAY PLAN		HDHP with HSA*	
	University Contributes	Employee	University Contributes	Employee
Employee Only	$995.02	$97.76	$894.38	$0.00
Employee & Spouse/Partner	$1,770.53	$407.24	$1,606.80	$174.52
Employee & Child(ren)	$1,595.40	$365.32	$1,444.19	$159.68
Family	$2,405.51	$640.40	$2,183.26	$307.40

Medical: Kaiser

	DHMO PLUS PLAN		HDHP PLUS with HSA*	
	University Contributes	Employee	University Contributes	Employee
Employee Only	$759.02	$97.76	$662.78	$0.00
Employee & Spouse/Partner	$1,306.32	$407.24	$1,151.05	$174.52
Employee & Child(ren)	$1,176.89	$365.32	$1,033.33	$159.68
Family	$1,758.59	$640.40	$1,548.39	$307.40

*If you enroll in the HDHP and open a health savings account (HSA) through Rocky Mountain Reserve the University will contribute $27.64 per month to your HSA.

Dental: Delta Dental and Beta Health

	DELTA BASE PPO PLAN	DELTA ENHANCED PPO PLAN	PATIENT DIRECT PLAN
Employee Only	$34.33	$57.30	$11.25
Employee & Spouse/Partner	$67.66	$112.95	$20.25
Employee & Child(ren)	$81.40	$135.85	$23.25
Family	$127.06	$211.74	$29.75

Vision: EyeMed

	BASE PLAN	ENHANCED PLAN
Employee Only	$6.80	$9.50
Employee & Spouse/Partner	$12.95	$18.04
Employee & Child(ren)	$13.64	$19.01
Family	$20.05	$27.93

Health Savings Accounts (HSA)

A Health Savings Account (HSA) is an individually owned, tax-advantaged account that you can use to pay for current or future IRS- qualified medical expenses. With an HSA you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self- directed investment options. Your HSA is administered through Rocky Mountain Reserve.

Are you eligible for an HSA?

Your HSA is administered through Rocky Mountain Reserve (RMR). You can open and contribute to an HSA if you:

- Are covered by an HSA-qualified health plan (HDHP);
- Are not covered by other health insurance (with some exceptions);
- Are not enrolled in Medicare;
- Are not enrolled in TriCare;
- Are not eligible to be claimed as a dependent on another person's tax return;
- Have not received health benefits from the Veterans Administration with the exception of services for a "service related disability" or an Indian Health Services facility within the last three months; and
- Are not covered by your own or your spouse/partner's Healthcare FSA.

How does an HSA Account work?

- You can contribute to your HSA via payroll deductions, an online banking transfer, or send a personal check to RMR. Your employer or a third party, such as a spouse/partner or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your debit card directly to your medical provider or pay out-of-pocket. You can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds may be withdrawn for any purpose without a penalty but will be subject to ordinary income taxes.

How much can you contribute to your HSA?

Any contributions made by all parties cannot exceed the IRS annual HSA limit. Below are the IRS limit amounts for the 2027 calendar year.

	IRS 2027 MAXIMUM CONTRIBUTION	THE UNIVERSITY OF DENVER CONTRIBUTION	EMPLOYEES MAXIMUM CONTRIBUTION
Self Only	$4,500	$331.68 ($27.64 per month)	$4,168.32
Family	$9,000		$8,668.32
Catch-Up		Age 55+ may contribute an additional $1,000*	

* Employees age 55 or older anytime in 2027, who are not enrolled in Medicare, may contribute an additional $1,000 to their HSA account. Spouses/Partners who are 55 or older and covered under the employee's medical insurance through the University of Denver may also make a catch-up contribution into a separate HSA account in their own name. If you enroll in Medicare mid-year, your catch-up contribution should be prorated.

You must be enrolled in the Cigna or Kaiser HDHP plan to be eligible to open and contribute to an HSA (Health Savings Account).

Flexible Spending Accounts (FSA)

FSAs allow employees to use pre-tax dollars for healthcare or child/dependent care expenses not covered by insurance plans. Employees contribute a portion of each paycheck to an FSA and save significantly on taxes. Money in an FSA can be used to pay for out-of-pocket medical, dental, and vision expenses, or dependent care expenses. Employees do not need to be enrolled in the employer's health plan to have an FSA. Your FSAs are administered through Rocky Mountain Reserve (RMR).

Healthcare FSA

A healthcare FSA is used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. It's a smart, simple way to save money while keeping you and your family healthy and protected. The IRS sets a limit on how much you can contribute to this account each year. For 2026, the contribution limit is $3,400.

Limited Purpose FSA

A limited purpose FSA (LPFSA) reimburses you for eligible dental and vision expenses. An LPFSA is available to employees who are enrolled in a high deductible health plan (HDHP); you may enroll in both the LPFSA and the HSA. By establishing an LPFSA, you can save money on taxes by using your LPFSA dollars for your dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future. For 2026, the contribution limit is $3,400.

Dependent Care FSA

A dependent care FSA is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. A Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so that you can continue to work. The 2026 IRS contribution limit is $7,500 if married and filing jointly or single as head of household or $3,750 if married and filing separately.

How does an FSA work?

- You decide the annual amount (up to the set limit for each account) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
- Elections are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA. Your entire annual election is available immediately after the beginning of the plan year for the healthcare FSA and LPFSA. For the dependent care FSA you can only receive the amount that is in your account when your claim is paid.
- For eligible healthcare and dependent care expenses you can pay with the Healthcare FSA or LPFSA debit card or submit a claim form for reimbursement. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
- You are reimbursed from your FSA, so you actually pay your expenses with tax-free dollars.
- At the end of the calendar year, any unused amount in your Healthcare FSA will be forfeited with the exception of a maximum $680 rollover to be used for the next calendar year. The $680 rollover does not apply to the Dependent Care FSA.
- You can use the LPFSA only for dental and vision expenses.

If you have extra dollars left at the end of the plan year, check out www.FSAstore.com or www.directfsa.com to find eligible products that you and/or your family may purchase in lieu of forfeiting funds. Cosmetic procedures such as teeth whitening will not be covered.

HSA and FSA Comparison

	HSA	HEALTHCARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Eligibility	HDHP	Cigna Copay Plan or Kaiser DHMO Plan	HDHP Plan	All employees
2027 Contribution limits	$4,500 and $9,000	$3,400		Up to $7,500, see page 29 for details
Who can contribute?	Employer, employee, spouse/ partner, family members**	Employee		Employee
Rollover	100%	Up to $680		N/A
Changing contribution	Anytime	Only at open enrollment or with a qualifying event		
Funds available	Once funded	Immediately		Once funded
Receipts needed for reimbursement	No, you should save your bills and receipts for tax purposes	Yes for some expenses		
Is the account portable?	Yes, all funds belong to the account owner	No		
Eligible expenses	Medical, dental & vision expenses*, and some insurance premiums such as LTC and COBRA	Medical dental & vision expenses*, but no insurance premiums	Dental & vision expenses*, but no insurance premiums	Work-related daycare and elder care
Can I use the funds for non-eligible expenses	Penalty of 20% on the used amount, if 65+ income tax is applied	No		
Saving/investment options	Yes	No		

* For a full list of qualified expenses visit https://www.irs.gov/publications/p502.
** Spouses/partners and covered children over age 19 must contribute to their own individually-owned HSA account.

Life and AD&D Insurance

Basic Life & Accidental Death and Dismemberment (AD&D) Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by the University of Denver. The University provides basic life insurance of 1x your current salary to a maximum of $100,000 at no cost to you. Benefits will begin to reduce at age 65.

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The University of Denver provides AD&D coverage of 1x your current salary to a maximum of $100,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

New York Life provides additional valuable programs that give you the tools and information that you need to help you be healthy, feel secure, and prepare for life changes. For more information, visit newyorklife.com/group-benefit-solutions/universityofdenver/programs.



IDENTITY THEFT	WILL PREP
Provides tools and personal guidance to help with identity theft prevention, detection and resolution. Includes a free 30-minute consultation with a Fraud Resolution Specialist.	Award-winning legal forms makes it easy to take charge of difficult life and healthcare legal decisions. You have access to hundreds of intelligent, state-specific, web- based forms, including your last will and testament, living will, powers of attorney, and more.
LIFE ASSISTANCE PROGRAM	**BEREAVEMENT**
Help with life challenges from personal, work and family, caregiving, bereavement, legal, financial to pet care issues, just to name a few.	Support for employees, their household members and death claim beneficiaries at time of need and from Day One, even if a claim is never submitted.

Voluntary Life and AD&D

Voluntary Life Insurance

You may purchase life insurance in addition to your company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You and your spouse/partner are guaranteed coverage as outlined below without answering medical questions if you enroll when you are first eligible. If you elect coverage over the guarantee issue amount the coverage is not effective until evidence of insurability is approved by New York Life.

EMPLOYEE

- Increments of $10,000 up to $500,000 or five times annual salary, whichever is less.
- Guarantee issue: lesser of 5x salary or $250,000

SPOUSE/PARTNER

- Increments of $5,000 up to $250,000, not to exceed the employee covered amount.
- Guarantee issue: $50,000

CHILD(REN)

- Dependents up to age 26, increments of $2,500 up to $10,000.
- Guarantee issue: $10,000

Voluntary Accidental Death & Dismemberment (AD&D)

You may purchase AD&D insurance in addition to your company-provided coverage. You may also purchase AD&D insurance for your dependents if you purchase additional coverage for yourself.

EMPLOYEE

- Increments of $10,000 up to $500,000 or 10 times annual salary, whichever is less.

SPOUSE/PARTNER

- Increments of $5,000 to $300,000
  - 60% of the employee covered amount if you **do not** have children covered under this policy.
  - 50% of the employee covered amount if you **have** children covered under this policy.

CHILD(REN)

- Increments of $2,500 to $50,000
  - 15% of the employee covered amount if you **do not** have spouse/partner covered under this policy.
  - 10% of the employee covered amount if you have spouse/partner covered under this policy.



Disability Insurance

Short-Term Disability (STD)

Short-term disability insurance can provide you with the peace of mind that a protected paycheck brings, if you are unable to work because of an illness or injury that occurs off the job. The University of Denver provides STD coverage of at no cost to you. The New York Life short-term disability plan provides income, after satisfying the elimination period, if you become disabled due to an injury or illness. Once enrolled in the plan, you can take advantage of the following benefits:

Elimination Period:	14 days
Benefit Amount:	60% of base weekly salary
Benefit Maximum:	Up to $1,500 per week
Benefit Period:	Up to 11 weeks of benefit (without the elimination period); Up to 13 weeks (with 2 weeks elimination period)

Long-Term Disability (LTD)

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Long-term disability insurance provides protection for your most valuable asset – your ability to earn an income. The University of Denver provides LTD coverage of at no cost to you.

Elimination Period:	90 days
Benefit Amount:	60% of base monthly salary
Benefit Maximum:	$12,500 per month

This amount may be reduced by other deductible sources of income or disability earnings.

* Durations are set up to last until Social Security Normal Retirement Age. Please see the LTD Insurance Certificate document for complete details.



Voluntary Benefits

Voluntary Accident

Accidental Injury insurance can provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered accident. While you can't predict life's unexpected events, you can plan for them by choosing benefits that can help protect your financial future.

Regular expenses, big and small, can add up. Think about your ability to pay for those expenses if you or your family member were seriously injured in a covered accident. The plan pays benefits directly to you. What you do with the money is up to you.

This benefit will pay a lump sum in the event of a covered accident. Examples include:

- Fractures
- Dislocation
- Surgery
- Ambulance Transport
- Coma
- Burns
- Laceration
- X-Ray
- And more



VOLUNTARY ACCIDENT RATES	
Employee Only	$9.92
Employee & Spouse/Partner	$17.96
Employee & Child(ren)	$22.90
Family	$30.95

Voluntary Critical Illness

The University offers you the opportunity to purchase Critical Illness insurance on a voluntary basis to ease the financial impact of a major illness. If you or a covered family member is diagnosed due to an illness and meets the group policy and certificate requirements, you will receive a payment to use as you see fit. It can be used to help cover your health insurance deductibles, copays, incidental hospital charges (e.g. TV, phone, etc.) or for any purpose you choose. Critical Illness provides payments for illnesses such as organ/kidney failure, arteriosclerosis, carcinoma in situ, benign brain tumor, cancer, heart attack, stroke, etc.

MONTHLY RATES PER $10,000 & BASED ON EMPLOYEES AGE	EMPLOYEE ONLY	EMPLOYEE & SPOUSE/ PARTNER	EMPLOYEE & CHILD(REN)	FAMILY
0-29	$2.49	$3.98	$3.71	$5.22
30-39	$4.42	$6.84	$5.65	$8.07
40-49	$8.16	$12.75	$9.39	$13.98
50-59	$16.19	$25.77	$17.42	$27.01
60-69	$25.85	$41.31	$27.08	$42.53
70-79	$45.53	$70.56	$46.76	$71.78
80+	$72.33	$109.99	$73.57	$111.23

Voluntary Benefits

Voluntary Hospital Indemnity

Hospital Indemnity insurance pays cash benefits when you or a covered family member experiences a covered hospital admission or confinement due to an illness or injury. These benefits are paid in addition to medical plan benefits and can be used for any purpose.

The plan provides:

- **Hospital admission**: $1,200 on the first day of a covered confinement, payable up to two times per calendar year
- **Daily inpatient hospital confinement**: $200 per day, beginning on day two, for up to 30 days
- **Intensive care unit confinement**: $400 per day, beginning on day two, for up to 15 days
- **Rehabilitation facility confinement:** $50 per day, beginning on day two, for up to 30 days
- **Short stay or observation unit**: $50 per day for a stay of at least four consecutive hours, up to three days per calendar year
- **Newborn/healthy baby confinement**: $50 per day, beginning on day two, for up to three days

The plan includes coverage for maternity, mental health and nervous conditions, and substance use treatment.

A $50 health screening benefit is also available once per calendar year for each covered person who completes an eligible screening.



VOLUNTARY HOSPITAL INDEMNITY RATES	
Employee Only	$20.83
Employee & Spouse	$40.38
Employee & Child(ren)	$38.26
Family	$62.43

Important Note

Accident, critical illness, and hospital indemnity insurance are limited-benefit policies. They are not medical insurance and do not satisfy the Affordable Care Act requirement for minimum essential coverage. Benefits, definitions, exclusions, limitations, and availability may vary by state. Review the official plan documents for complete details about covered services and conditions.

How To File a Claim

Your accident, critical illness and hospital indemnity insurance benefits are there for you during times of need – so we've made the process of filing a claim easy and hassle-free, so you can focus on getting well.

You've had a need to use your benefits

You or a covered loved one has an illness, injury or hospitalization that's covered by your benefits.

It's time to file your claim

- You can submit a claim online at myNYLGBS.com. If it's your first visit to the site, be sure to click "Register here" to set up your online account.
- Please note that in most cases, we'll need you to include documentation to support your claim, such as medical records, doctor's notes, or hospital discharge summary.
- Submitting your claim through myNYLGBS.com allows for the fastest claim process. Make sure to have direct deposit or EFT (Electronic Funds Transfer) set up ahead of time, so that you receive your claim payment faster.
- You can also submit by phone at (888) 842-4462 or (866) 562-8421 (español), or by mail (print a claim form and mail it to us).

We review your claim

- Once your claim has been received, one of our claim managers carefully reviews it.
- Sometimes, additional information is needed to help us make a claim decision. We will let you know if there's anything else needed, and you can easily send us any missing documentation through myNYLGBS.com.

We notify you of our claim decision

- You'll be notified as soon as we've made a decision on your claim.
- Approved claim payments will be issued via direct deposit if you've signed up for Electronic Funds Transfer (EFT) or by mailed check.

If you need to file a claim for your health screening benefit

- Provide the date and type of screening – claims can be approved and paid within 48 hours. Make sure to choose direct deposit to get your money even faster.

Helpful Tips:



Sign up for text & email notifications online at myNYLGBS.com after you've submitted your claim.



You can also sign up for direct deposit at myNYLGBS.com. Signing up for direct deposit means getting your payment faster and easier.



Business Travel Accident

The University of Denver provides a $200,000 Business Travel Accident (BTA) policy through Prudential. Prudential also partners with IMG Global to provide Travel Assistance Services and insured Evacuation coverages that wrap around the Prudential plan. This benefit gives you 24/7 access to medical and travel assistance services around the world, while on official University business. That way, you never have to worry where you're covered and only about the situation at hand.

EMERGENCY MEDICAL ASSISTANCE	PRE-TRIP INFORMATION	EMERGENCY PERSONAL SERVICES
• Medical referrals • Medical monitoring • Medical evacuation • Repatriation • Traveling companion assistance • Dependent children assistance • Visit by a family member or friend • Return of mortal remains	• Visa and passport requirements • General information on local customs and business etiquette • Foreign currency exchange rates • Embassy and consular referrals	• Emergency travel arrangements • Emergency cash • Locating lost items • Bail advancement • Pet housing & return

Multilingual Assistance 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 180 days or less.



Legal and Identity Theft Protection

We have partnered with LegalShield to provide legal and identity theft protection services for a low monthly cost to employees.

Legal Plan Membership

You have access to a variety of legal services including: advice on unlimited personal legal issues, attorney letters or calls made on your behalf, contract and document review and so much more. See details

Dedicated On-Call Law Firm

After you become a member, just contact our provider law firm to speak to a lawyer in your area that is experienced in most fields of law and can provide you advice and counsel on an unlimited number of personal legal issues. We even provide 24/7 access for covered emergencies. Proven, professional advice is just a phone call away, when you need it!

For more information on the plans and to enroll online, visit www.legalshield.com/info/du



Pet Insurance

We care about all of your dependents—even the four legged ones! No matter what unpredictable antics your furry family member gets into, your family isn't complete without them. You can enroll in the MetLife Pet Insurance and feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet.

Why MetLife Pet Insurance?

- Flexible coverages with up to 100% reimbursement and freedom to visit any U.S. licensed vet
- 24/7 access to Telehealth Concierge Services – because accidents and illnesses don't always wait for your vet to be open
- Discounts up to 30% and additional offers on pet care, where available
- Coverage of previously covered preexisting conditions when switching providers
- MetLife Pet mobile app to submit and track claims, manage your pet's health and wellness and find nearby pet services

How does MetLife Pet Insurance work?

- Select and enroll in the coverage that's best for you
- Download the mobile app
- Take your pet to the vet
- Pay the bill within 30 days and send it with your claim documents via mobile app, online portal, email, fax, or mail.
- Receive reimbursement by check or direct deposit if the claim expense is covered under the policy.

Get a quote or enroll today.

Scan the QR code to visit
metlife.com/getpetquote
or call 1-800-GET-MET8.



403(b) Retirement Plan

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 can be 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. You are also able to contribute on a post-tax basis which will reduce your tax liability during retirement. For biweekly-paid employees, retirement contributions will be deducted from each paycheck. Participation in this plan is entirely voluntary.

Eligibility

As an eligible employee of the University, you may elect to make contributions beginning on the first day of the month following your date of hire or date of appointment, whichever is earlier. You will be eligible to receive matching contributions on the first day of the month following the day you have completed 12 months of service with the University.

If you were a retirement benefits-eligible employee and completed one year of service (in a 12-month consecutive month period) with another educational or teaching institution prior to your employment with the University, you will be eligible to receive matching contributions as soon as administratively possible following receipt of required documentation.

Your Contributions

As an eligible employee you may elect to defer a portion of your compensation each year instead of receiving that amount in cash. Your total deferrals in any taxable year may not exceed a dollar limit which is set by law. The limit for 2026 is $24,500*.

Ages 50–59 & 64+: Up to $32,500 total (includes a standard $8,000 catch-up). Ages 60–63: Up to $35,750 total (includes an $11,250 “super catch-up” if your plan permits).

There are two types of deferrals: pre-tax 403(b) deferrals and Roth 403(b) deferrals. You can make either or both to the plan.

Pre-tax 403(b) deferrals: If you elect to make pre-tax 403(b) deferrals, then your taxable income is reduced by the deferral contributions so you pay less in federal income taxes. Later, when the plan distributes the deferrals and earnings, you will pay the taxes on those deferrals and the earnings. Therefore, federal income taxes on the deferral contributions and the earnings are only postponed. Eventually, you will have to pay taxes on these amounts.

Roth 403(b) deferrals: If you elect to make Roth 403(b) deferrals, the deferrals are subject to federal income taxes in the year of deferral. However, the deferrals and, in most cases, the earnings on the deferrals are not subject to federal income taxes when distributed to you. In order for the earnings to be tax free, you must meet certain conditions. Please refer to the summary plan description for further information.

* Subject to change pending the release of the 2027 maximum contribution amounts from the IRS.

403(b) Retirement Plan

Employee Match Feature

Appointed and tenure relinquishment employees are eligible to enroll in the employer match feature of the retirement plan at any time after completing one year of service with the University. Employees may also waive this service requirement with prior service at another qualified educational institution. This service requirement is defined as one year of service as a full-time, retirement benefits eligible employee. 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.

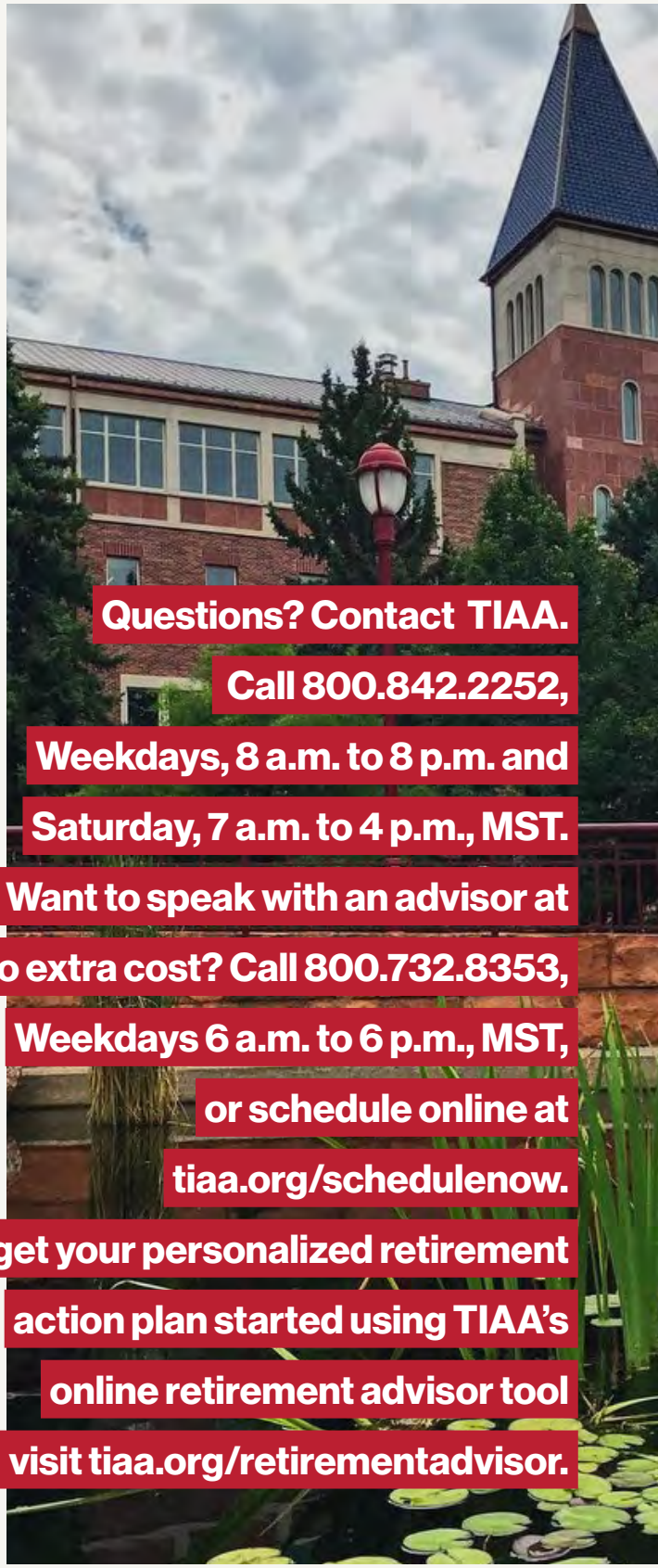
If an employee contributes and is eligible for the employer match feature, the employee will receive any matching contribution made by the University. The matching contribution is discretionary and may vary as determined by the University. If you have questions regarding the matching contribution, please contact the Human Resources & Inclusive Community Benefits Team at 303.871.7420 or benefits@du.edu.

Employee Contribution Feature

Both appointed and non-appointed employees may enroll in the employee contribution feature at any time. You may terminate participation in the contribution feature at any time. A wide array of investment options are available through TIAA. 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. While employed, you may request a distribution of employee contributions for financial hardship, disability, or qualified military service. At age 59 1/2 or older, you may also request a distribution of certain contributions made before January 1, 2015, including a one-time distribution of up to 10% of your matching account. Please refer to the summary plan description for further information.



Student Loan Forgiveness

A student loan forgiveness solution from TIAA and Savi

Are you feeling overwhelmed by student debt? Or trying not to think about it? Public Service Loan Forgiveness (PSLF) is a federal program designed to reduce the burden of student loan debt for people who work in public service. University of Denver is considered a public service employer for the purposes of these programs.

Simply put, PSLF pairs the immediate relief of an income-driven repayment plan (to make your monthly payments affordable) with the longer-term relief of loan forgiveness. You've probably heard some negative press about the difficulties borrowers have faced in attempting to realize the benefits from these programs. TIAA has joined forces with Savi, a social impact technology company, to help University of Denver employees benefit from forgiveness programs like PSLF. The service helps eligible borrowers to understand their choices, lower their monthly payments, and enroll in a forgiveness program. You can think of them as an advocate – someone who cares as much as you do about finding a good outcome.

What to expect when applying for forgiveness

Savi streamlines the entire process, from helping you enroll in forgiveness programs to ongoing support and payment tracking, ensuring you remain on track from start to forgiveness – all for a small fee.* Here's a snapshot of what will happen.

- First, you need to enroll in Savi Essential Service.
- Next, provide your basic information. From there, Savi handles the rest – from checking your forgiveness application for accuracy and completion all the way to submission.
- After some verifications with us, which Savi handles, everything is sent to your loan servicer.
- You'll receive reminders from Savi for ongoing things you may need to do afterward, like an annual submission to the PSLF program. That way you stay in compliance with all the particulars that go along with forgiveness programs.

If you haven't yet, take a minute and find out how much you could lower your monthly payment.

Try the free calculator today to see if you might qualify.

Money saved is money in your pocket to use for other financial goals, whether it's building up an emergency fund, saving more for retirement, or paying off other debts.

Visit TIAA.org/du/student today to calculate your savings.

* A portion of the fee may be shared with TIAA to offset costs to support the program. In addition, TIAA has a minority ownership interest in Savi.



Employee Assistance Program (EAP)

The University of Denver provides an Employee Assistance Program through SupportLinc to all benefited employees at no cost. The EAP program is a health benefit, separate from medical insurance to help you manage life's daily challenges. The EAP is 100% confidential.



You and your immediate family members may receive up to 6 visits per issue per year. SupportLinc can refer you to professional counselors, services and resources that will help you resolve a broad range of personal and work-related concerns such as:

Counseling

- Depression, stress or anxiety
- Relationship problems
- Grief and loss
- Family and parenting issues
- Substance abuse

Work-Life Benefit

- In-person or telephonic legal consultation with a licensed attorney
- Financial consultation
- Identity theft consultation
- Dependent care referral
- Guidance and referrals for daily living resources such as: home improvement, entertainment services, pet care, auto repair, wellness, travel, handyman, volunteer opportunities, etc.

Access SupportLinc services by calling the 24/7 phone line at 888.881.LINC (5462) and connect with a Clinician directly. They can further connect you to a Counselor in your area or counseling services via telehealth. They also can address your immediate needs. Please see website details below.
For questions, email benefits@du.edu.

Visit the portal at: supportlinc.com
Username: universityofdenver or call: 888.881.5462.

Tuition Waiver Program

The Tuition Waiver program is designed to enable benefited employees, their spouse/partners, and/or their dependent children under the age of 25, to enroll in "for-credit" courses at the University of Denver with reduced or no tuition charges.

Upon hire, employees' tuition waiver eligibility is automatically post-dated for the first term following 6 months of benefited service at the University. Waivers will automatically be available to that spouse/partner or child each term following, according to the employee and spouse/partner's eligibility. Documentation is required in order to verify the relationship of the student to the employee and can include a Common Law Affidavit, Affidavit of Domestic Partnership, recent tax return, birth certificate or documentation of legal guardianship. Tuition Waiver benefits for graduate students are subject to Federal, State and FICA taxation. As such, the value of the tuition waiver benefit for graduate spouse/partners and children will be reported as taxable income on employees' paychecks. A tax advisor should be consulted for further information about taxation.



EMPLOYEE AND SPOUSE/PARTNER

EMPLOYEE WORK SCHEDULE	PLAN YEAR CREDIT MAXIMUM* FALL THROUGH SUMMER	SPOUSE/PARTNER'S ELIGIBILITY PER ACADEMIC PERIOD
Full-time (.93-1.0 FTE)	20 credits/individual	2 classes (5 credits max)
3/4-time (.75-.92 FTE)	16 credits/individual	2 classes (4 credits max)
1/2-time (.50-.74 FTE)	12 credits/individual	2 classes (3 credits max)

* 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 Fall period.

PRORATED ANNUAL MAXIMUMS FOR NEWLY ELIGIBLE EMPLOYEES

EMPLOYEE WORK SCHEDULE	WINTER PERIOD	SPRING PERIOD	SUMMER PERIOD
Full-time (.93-1.0 FTE)	15 credits	10 credits	5 credits
3/4-time (.75-.92 FTE)	12 credits	8 credits	4 credits
1/2-time (.50-.74 FTE)	9 credits	6 credits	3 credits

DEPENDENT CHILD

EMPLOYEE WORK SCHEDULE	EMPLOYEES WITHOUT TENURE / LESS THAN 5 YEARS OF SERVICE	EMPLOYEES WITH TENURE / 5 YEARS OF SERVICE OR MORE
	Undergraduate Child / Graduate Child	Undergraduate Child / Graduate Child
Full-time (.93-1.0 FTE)	70% / 50%	90% / 50%
3/4-time (.75-.92 FTE)	45% / 35%	60% / 35%
1/2-time (.50-.74 FTE)	35% / 25%	45% / 25%

Further information about eligibility guidelines, restrictions, definition of terms, how to use the tuition waiver benefits, and legal/tax considerations can be found at https://www.du.edu/human-resources/benefits/tuition-waiver or contact the Human Resources & Inclusive Community Benefits Team at 303.871.7420 or benefits@du.edu.

Additional Perks

These discount offers are open to all University employees unless specifically stated and are subject to change and/or discontinue without notice from the vendor. You may be required to present your University I.D. to receive the advertised discounts. The University does not endorse any of the goods or services offered, nor guarantee any of the offers. For further information about any of the discounts listed you must contact the vendors directly.



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.

DU Athletics and Recreation

Exclusive discount opportunities for admission to select DU Athletic events are available to DU faculty, staff, and retirees during the year.

DU Coors Fitness Center

DU employees enjoy discounts at the Coors Fitness Center, as well as in association with selected Ritchie Center Programs. Discounted Coors Fitness Center memberships are available to faculty, staff and their families, and a 10% discount is available for popular programs such as School Days Off, P.A.S.S. Camp and more.

RTD EcoPass

The EcoPass provides free and unlimited ridership on RTD buses and light rail lines (with certain designated exceptions) as well as discounts on the RTD airport shuttle. For further information, contact the Human Resources & Inclusive Community Benefits Team at 303.871.7420 or benefits@du.edu.

DU Discounts Marketplace

DU has partnered with Working Advantage to offer the best deals on products, services, and experiences that include electronics, rental cars, fitness memberships, theme parks, and more. To access, please visit du.edu/human-resources/content/employee-discounts and create an account with your DU Email address.



For more information visit

du.edu/human-resources/benefits

Benefit Advocate Center (BAC)

At no cost to you, the University of Denver is pleased to announce an incredibly valuable benefit – Gallagher Benefit Advocate Center (BAC), offered through our benefits broker, Gallagher.

One-stop-shop, complete support

Have you ever felt like you wanted a personal assistant to help coordinate information about your benefits? Our fully licensed advocates will be available to answer your questions, provide support, and offer a one-stop-shop for maximizing your benefits plan and your health.

Find comfort in knowing you're speaking with experts.

From finding an in-network provider, to teaching you the difference between a Flexible Spending Account (FSA) and a Health Savings Account (HSA), or providing assistance. Any conversations with an advocate will be conducted in a confidential manner, fully protecting your privacy.

Start using now!

You can begin using the Gallagher Benefit Advocate Center, effective now. Simply call the dedicated toll free number at 833.355.8939, Monday through Friday, 7:00 a.m. to 5:00 p.m. MST. You can also email at BAC.duadvocates@ajg.com. Language assistance is available.

ASK YOUR ADVOCATE TEAM

Gallagher Benefit Advocate Center is ready to help you get the most from your benefit program by providing support. Get assistance with:

EXPLANATION OF BENEFITS

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

PRESCRIPTION CHALLENGES

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization from a medication?

BENEFITS QUESTIONS

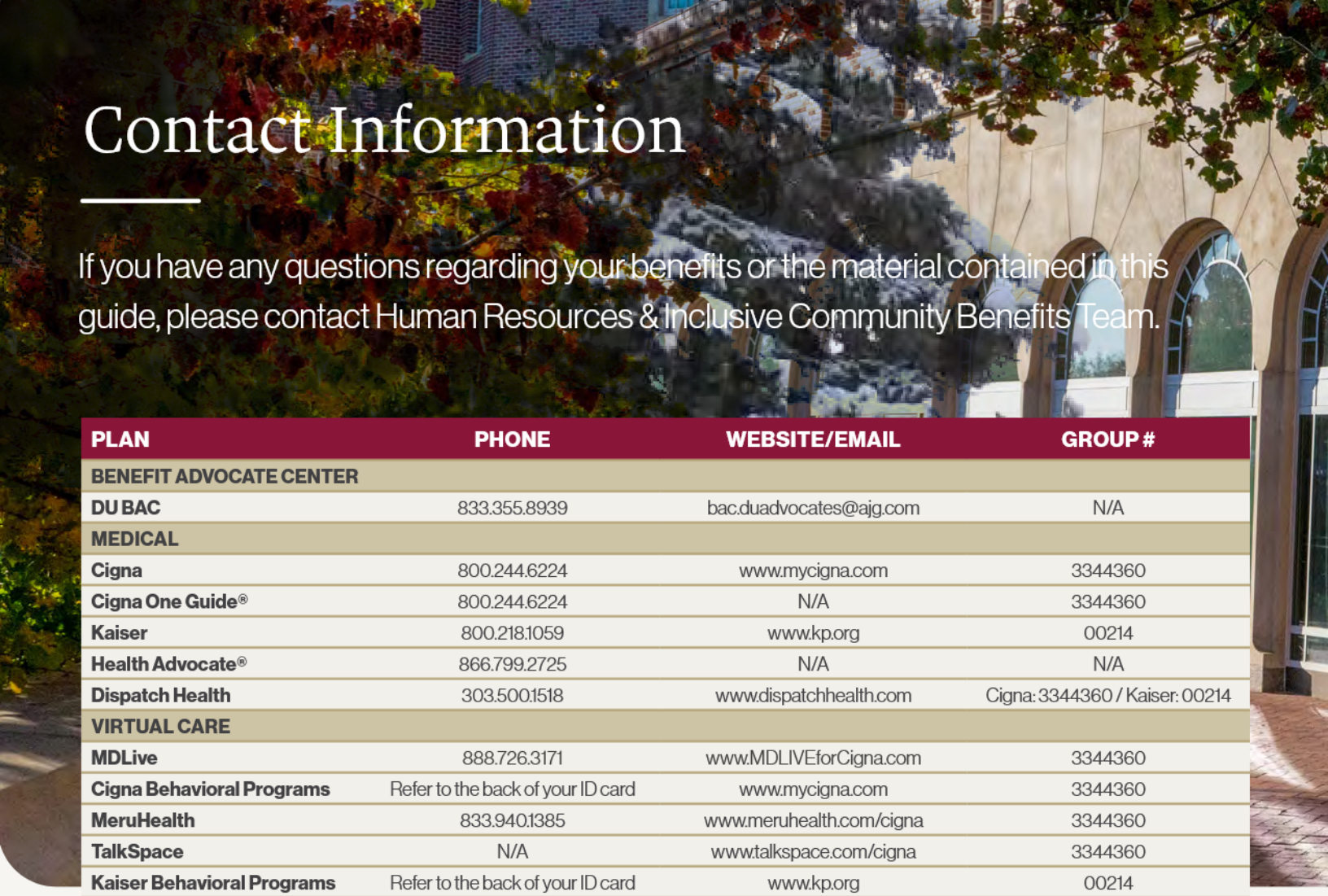
Are you unsure if the insurance company will pay for a certain procedure?

CLAIMS ISSUES

Did you receive a bill from a doctor but don't know why?

DIFFICULT SITUATIONS

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?



Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact Human Resources & Inclusive Community Benefits Team.

PLAN	PHONE	WEBSITE/EMAIL	GROUP #
BENEFIT ADVOCATE CENTER			
DU BAC	833.355.8939	bac.duadvocates@ajg.com	N/A
MEDICAL			
Cigna	800.244.6224	www.mycigna.com	3344360
Cigna One Guide®	800.244.6224	N/A	3344360
Kaiser	800.218.1059	www.kp.org	00214
Health Advocate®	866.799.2725	N/A	N/A
Dispatch Health	303.500.1518	www.dispatchhealth.com	Cigna: 3344360 / Kaiser: 00214
VIRTUAL CARE			
MDLive	888.726.3171	www.MDLIVEforCigna.com	3344360
Cigna Behavioral Programs	Refer to the back of your ID card	www.mycigna.com	3344360
MeruHealth	833.940.1385	www.meruhealth.com/cigna	3344360
TalkSpace	N/A	www.talkspace.com/cigna	3344360
Kaiser Behavioral Programs	Refer to the back of your ID card	www.kp.org	00214
DENTAL			
Delta Dental of Colorado	800.610.0201	www.deltadentalco.com	8826
Patient Direct Plan	800.610.0201	www.deltadentalco.com/patientdirect	8826
VISION			
EyeMed	866.723.0514	www.eyemed.com	9846650
HEALTH SAVINGS ACCOUNT & FLEXIBLE SAVINGS ACCOUNT			
Rocky Mountain Reserve	888.722.1223	www.rockymountainreserve.com	N/A
LIFE AND DISABILITY			
New York Life	800.362.4462	www.newyorklife.com	Life: FLX969778 AD&D: OK971218 STD: LK752793 LTD: LK966486
VOLUNTARY ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY			
New York Life	888.842.4462	www.newyorklife.com	GAI100576, GCI100576, GHI100576
BUSINESS TRAVEL ACCIDENT			
Prudential	855.847.2194 Anywhere Toll Free 317.927.6881	www.imglobal.com	42711
PET INSURANCE			
MetLife	800.438.6388	www.metlife.com/getpetquote	N/A
403(B) RETIREMENT SAVINGS PLAN			
Teachers Insurance & Annuity Association (TIAA)	800.842.2252	www.tiaa.org	N/A
EMPLOYEE ASSISTANCE PROGRAM			
SupportLinc	888.881.5462	www.supportlinc.com	Username: UniversityOfDenver



Gallagher

Insurance | Risk Management | Consulting

BG_DU_MM_08009

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.