



2026 Benefits Guide

Early Retiree

YOUR 2026 UNIVERSITY OF DENVER BENEFITS PROGRAM



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Eligibility

The University of Denver is proud to offer you, as an eligible retiree, access to valuable benefits you earned through years of service.

Employees hired prior to January 1, 1992, who have attained age 55 with at least 10 years of service, are eligible for early retiree medical benefits. Employees hired January 1, 1992 and later, who have attained age 55 with at least 20 years of service, are eligible for early retiree medical, dental and vision benefits.

If you are enrolled in the DU group health, dental, and/or vision plan the day preceding your official retirement and you are under the age of 65, you will be eligible to continue your health, dental, and/or vision insurance. Coverage will be continued for the eligible dependents of the retiree, even in the event that the retiree predeceases the dependents, given that they were enrolled on the University group health plan at the time of retirement or the retiree's death. These eligible dependents are responsible for paying each month's total premium following the retiree's death. The retired employee or surviving dependent's premium share is due on the first of each month.

As a retiree, the University will pay \$60.00 per month toward the cost of your health insurance premium. Your portion of the insurance premium may change at future benefits contract renewals each year. Open Enrollment will occur each year in November for the retiree non-Medicare health, dental, and vision plans. If at any time the University's group health plan coverage is canceled the retiree and dependents cannot re-enroll in the

group plan. At this time, retirees would have to enroll in an individual non-DU plan. At retirement, dental and vision can be continued or canceled. If canceled, the retiree can re-enroll during open enrollment. Please see page 24 for premium contribution information. If you have been employed with the University for 30 years or longer and/or have obtained Emeritus Status, you will be eligible to continue your group life insurance during retirement. The University will continue to pay for your Basic Life Insurance coverage and you may elect to continue to pay for any Voluntary Life Insurance coverage that you have at the time of retirement. Both of these reduce to a 65% payout at age 65 and then terminate at age 70. You may also elect to "Port" or "Convert" your Basic and/or Supplemental Life Insurance coverage within 31 days of your retirement. To learn more about this process, please contact Human Resources at benefits@du.edu or 303.871.7420.

Please Note: Retiree First will be the University's retiree billing administrator. WEX will be the HRA Administrator through RetireeFirst.

All early retirees (those under age 65) are now offered medical plans through both Cigna and Kaiser. You will receive open enrollment details from our retiree plan billing administrator, RetireeFirst.

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.




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.



**The University of Denver offers you
a choice of two plans through
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 starting on page 25.
- 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. HDHP

Depending on which carrier you decide to enroll with (Cigna or Kaiser), the Copay/DHMO, and HDHP (High Deductible Health Plan) plans use the same doctors and hospitals. Both options cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you plan for care is different with each plan.

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 9 and 10 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.

New physical ID cards will be mailed to your home for the 2026 plan year.

* Listing is not all-inclusive. For a complete listing, contact your Cigna representative or visit [Cigna.com](https://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 Max	\$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 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	\$1,570	\$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 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	\$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 compliments 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.

How it works

Employees and their family members can call 866.799.2725.

Caller speaks to a dedicated personal health advocate and receives live, individualized assistance.

Personal health advocate continues to support the individual until the issue is resolved.

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:



* 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](https://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 inoffice 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, sciencebased 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.

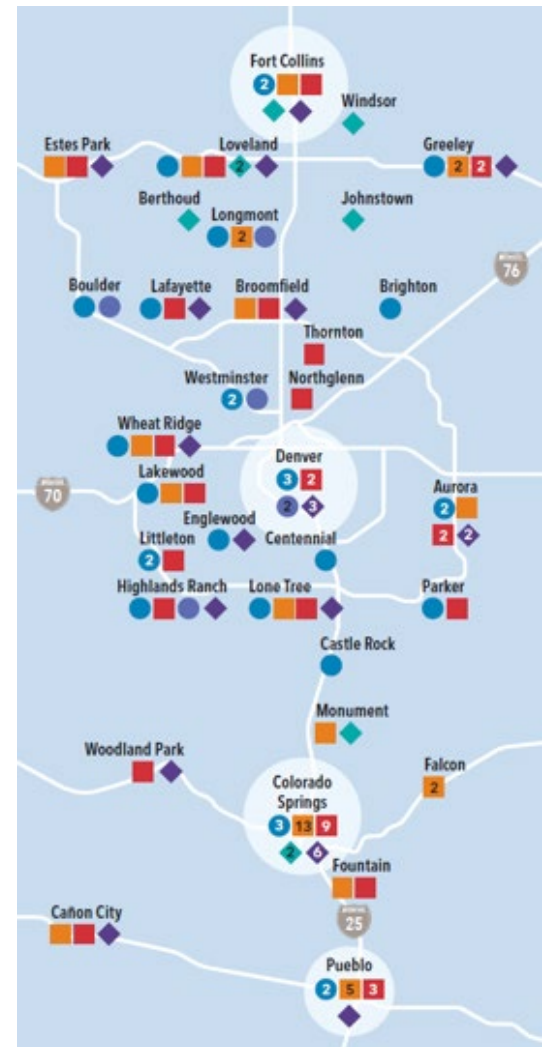
For the most up-to-date information, visit kp.org/travel or call the Away From Home Travel Line at 951.268.3900.

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

New physical ID cards will be mailed to your home for the 2026 plan year.



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	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
Ambulatory Surgical Center	10% after deductible	20% after deductible
All Other Outpatient Facilities	20% after deductible	10% 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

	COPAY PLAN	HDHP
EXAMPLE OF EMPLOYEE ONLY COVERAGE WITH THREE CLAIMS THROUGHOUT THE PLAN YEAR		
Claim Examples – Kaiser Permanente	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 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

	COPAY PLAN	HDHP
EXAMPLE OF FAMILY COVERAGE WITH THREE CLAIMS THROUGHOUT THE PLAN YEAR		
Claim Examples – Kaiser Permanente	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 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.

**Get the right care –
when you need it and
how you want it.**

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 afterhours 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	\$25 copay	Up to \$35	\$10 copay	Up to \$35
Bifocal		Up to \$50		Up to \$50
Trifocal		Up to \$65		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.

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 (all parts);
- 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 can not exceed the IRS annual HSA limit. Below are the IRS limit amounts for the 2026 calendar year.

IRS 2026 MAXIMUM CONTRIBUTION

Self Only	\$4,400
Family	\$8,750
Catch-Up	Age 55+ may contribute an additional \$1,000*

* Employees age 55 or older anytime in 2026, 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).

Premium Contributions

Medical: Cigna LocalPlus	University of Denver's Contribution	Cigna Copay Plan LocalPlus		Cigna HDHP Plan LocalPlus	
		Retiree Contribution	Total Cost	Retiree Contribution	Total Cost
Retiree Only	\$60.00	\$803.29	\$863.29	\$602.26	\$662.26
Spouse/Partner Only	N/A	\$863.29	\$863.29	\$662.26	\$662.26
Retiree & Spouse/Partner	\$60.00	\$1,660.43	\$1,720.43	\$1,660.43	\$1,720.43
Retiree & Child(ren)	\$60.00	\$1,488.96	\$1,548.96	\$1,488.96	\$1,548.96
Family	\$60.00	\$2,346.26	\$2,406.26	\$2,346.26	\$2,406.26
Medical: Cigna Open Access Plus	University of Denver's Contribution	Cigna Copay Plan OAP		Cigna HDHP Plan OAP	
		Retiree Contribution	Total Cost	Retiree Contribution	Total Cost
Retiree Only	\$60.00	\$876.84	\$936.84	\$665.46	\$725.46
Spouse/Partner Only	N/A	\$936.84	\$936.84	\$725.46	\$725.46
Retiree & Spouse/Partner	\$60.00	\$1,814.59	\$1,874.59	\$1,391.92	\$1,451.92
Retiree & Child(ren)	\$60.00	\$1,627.42	\$1,687.42	\$1,627.42	\$1,687.42
Family	\$60.00	\$2,565.22	\$2,625.22	\$2,565.22	\$2,625.22
Medical: Kaiser	University of Denver's Contribution	Kaiser DHMO Plan		Kaiser HDHP Plan	
		Retiree Contribution	Total Cost	Retiree Contribution	Total Cost
Retiree Only	\$60.00	\$723.06	\$783.06	\$545.91	\$605.91
Spouse/Partner Only	N/A	\$783.06	\$783.06	\$605.91	\$605.91
Retiree & Spouse/Partner	\$60.00	\$1,506.12	\$1,566.12	\$1,151.82	\$1,211.82
Retiree & Child(ren)	\$60.00	\$1,349.51	\$1,409.51	\$1,030.64	\$1,090.64
Family	\$60.00	\$2,132.57	\$2,192.57	\$1,636.55	\$1,696.55

Dental and Vision	Delta Dental			EyeMed Vision	
Retiree's Cost	Base PPO Plan	Enhanced PPO Plan	Patient Direct Plan	Base Plan	Enhanced Plan
Retiree/Spouse/Partner Only	\$34.33	\$57.30	\$11.25	\$6.80	\$9.50
Retiree & Spouse/Partner	\$67.66	\$112.95	\$20.25	\$12.95	\$18.04
Retiree & Child(ren)	\$81.40	\$135.85	\$23.25	\$13.64	\$19.01
Family	\$127.06	\$211.74	\$29.75	\$20.05	\$27.93

Retiree Billing Administration

The University of Denver has partnered with RetireeFirst to offer retiree billing and administration to all retirees that enroll in the benefit plan offerings.

Upon becoming an eligible retiree, you will receive a welcome kit which includes benefit summaries. Payments for your benefit premiums will be submitted directly to RetireeFirst. Here a few items to know:

- RetireeFirst bills the premium for your covered benefits on a monthly basis.
- You may only pay on a monthly basis by via Electronic Funds Transfer (EFT). Quarterly payments, credit cards, paypal, and monthly checks are not accepted.
- RetireeFirst does not accept Credit Card or PayPal payments. Payments can be withdrawn on a monthly basis via EFT directly from your bank account. RetireeFirst will only withdraw one month at a time if this option is chosen. Payments can also be submitted by check on a yearly basis.

For general questions regarding your benefit plan offerings or billing, please contact RetireeFirst at (720) 770-0677 (TTY 711) or toll free at (855) 423-3275 (TTY 711).



Contact Information

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

PLAN	PHONE	WEBSITE/EMAIL	GROUP #
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			
Rocky Mountain Reserve	888.722.1223	www.rockymountainreserve.com	N/A
RETIREE BILLING & HRA ADMINISTERED BY WEX			
RetireeFirst	(720) 770-0677 (TTY 711) toll free (855) 423-3275 (TTY 711)	N/A	N/A



Gallagher

Insurance | Risk Management | Consulting

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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.