Frequently Asked Questions on New Benefit Plans
UCHealth Central (formerly UCH or University Colorado Hospital)

UCHealth Central currently provides two benefit packages: Creative Options for those hired before September 1, 2012 and UCHA benefits for those hired on or after that date. Beginning July 1, 2013, we will all have the same benefits and time off policies.

As part of our effort to become one UCHealth System, we are moving to one system-wide benefits platform for all employee groups. This new health and welfare platform will allow us to offer an affordable and sustainable benefits package that is among the most competitive in our industry.

The following FAQs describe more about the 2013-2014 benefits open enrollment changes.

1. Q: When will we enroll in the benefits for the new plan year (July 1, 2013-June 30, 2014)?
   A: Open enrollment will be May 6 – May 24, 2013.

2. Q: Who is eligible to enroll?
   A: All regular employees with a FTE status of .5 or more are eligible.

3. Q: Do I have to enroll?
   A: Yes, everyone must actively enroll this year. Current coverage will NOT carry over.

4. Q: What if I don’t enroll?
   A: You will receive only “default” coverage: Employee-only coverage in the CU Health Plan – High Deductible medical option, along with basic UCHA-provided coverage for Life, AD&D and Disability. You must enroll to elect Medical coverage for your dependents, as well as for Dental, Vision, Optional Life and AD&D Insurance, Supplemental STD and LTD Insurance, Accident Insurance, Critical Illness Insurance, Group Legal and Flexible Spending Account participation.

5. Q: Is the definition of a full-time employee changing?
   A: Yes, the definition of full-time status is changing from .9 FTE to .8 FTE. Part-time employees are those regularly scheduled to work .5 FTE to .79 FTE.

6. Q: Will we still have Creative Options benefit credits (flex credits)?
   A: No; we are moving to one system-wide benefits program for all employees. You will not receive benefit credits for the 2013-2014 plan year.

7. Q: Who will administer our medical and pharmacy benefits as of July 1?
   A: Anthem Blue Cross Blue Shield (BCBS) will replace Cigna as our claims administrator for the CU Health Plan – Exclusive and the CU Health Plan – High Deductible options. The CU Health Plan – Kaiser option will also continue to be offered.

8. Q: Are our medical and pharmacy benefits changing?
   A: No, there will be no change in the deductibles, copays or coinsurance amounts. The only difference will be that Anthem BCBS will administer our networks, and they will process claims instead of CIGNA.

9. Q: Will I have to find a new doctor?
   A: Probably not. More than 98% of providers in the current Cigna networks also participate in the Anthem BCBS networks, so there’s a good chance your provider is in the Anthem BCBS network, too.
10. Q: Will I still need to name a Primary Care Physician (PCP) for every covered family member if I enroll in the Exclusive EPO medical option?
   A: Yes. Because we are changing administrators, everyone will need to re-enroll and name a PCP, even if it's the same PCP that you have now. Each family member can choose his or her PCP from any Exclusive provider in the state.

11. Q: Will bariatric surgery still be covered?
   A: Yes. Coverage for bariatric surgery will be the same under the medical plan options for 2013-2014 — only the administrator is changing.

12. Q: Are there any changes to our medical coverage?
   A: The CU Health Plan – Exclusive option is being enhanced to cover hearing aids and there will be no copays for diabetic drugs and supplies. Because we are still finalizing plan design at this time, we will let you know— before Open Enrollment — if it is determined that any of your other medical benefits will be different.

13. Q: What about prescription drugs? Will we be able to fill prescriptions at Walgreens with Anthem BCBS?
   A: Yes you will. The contractual issue with Walgreens has been settled, and you will be able to use Walgreens — or any other participating pharmacy.

14. Q: Will the amount I have paid toward my deductible carry over?
   A: You are required to meet the deductible every plan year, and that is not changing. You “start over” in meeting the deductible every July 1st.

15. Q: Do I have to elect dental coverage if I want medical coverage?
   A: Medical and dental coverage will no longer be “grouped together,” so you will be able to select one and waive the other if you like.

16. Q: Will I still be required to have medical coverage elsewhere in order to waive medical coverage with UCHealth?
   A: Yes. If you select “Waive Medical Coverage” when you enroll online, you are certifying that you have other coverage. The only difference is that you will no longer receive flex credits for waiving coverage.

17. Q: What if I am currently receiving treatment that will go beyond July 1? How will my treatment transition to Anthem BCBS?
   A: Transition of Care forms will be posted on The Hub as we get closer to July 1. If you are receiving treatment (chemotherapy, prenatal care, physical therapy, etc.) that will continue beyond June 30, you should complete this form and return it directly to Anthem BCBS.

18. Q: What if I receive care before July 1 but get the bill after that date?
   A: Claims for care received before July 1 will need to be sent to Cigna. You will have 180 days — until the end of the calendar year — to file any final claims with Cigna.

19. Q: Are our dental and vision benefits changing?
   A: At this time, we do not believe there will be any changes to your dental or vision coverage options.

20. Q: Are our life insurance and disability benefits changing?
   A: You will have new choices for purchasing optional Life and Accidental Death and Dismemberment (AD&D) Insurance. However, there will be no evidence of insurability (proof of good health) requirement for any amount of life insurance you currently have in effect with Hartford — even if it is above the guaranteed issue amount for the new options.

   Beginning July 1, 2013, UCHA will provide — at no cost to you — Short Term Disability (STD) coverage of 60 percent income replacement for up to 180 days of disability and Long Term Disability (LTD) coverage of 50 percent income replacement if you remain disabled after STD benefits expire. The waiting period for STD will be reduced from 20 days to 7 days, and you’ll be eligible for disability coverage after 90 days of continuous service (currently 12 months of continuous service). Supplemental — or “buy up” — options for extra income replacement will be available, too. See your enrollment materials for more information.
21. Q: What is happening to EIP?
A: If you currently have an Extended Illness Program (EIP) balance, beginning July 1, 2013, you will no longer accrue EIP, and any remaining balance can be used only to supplement your pay when you are receiving Short Term Disability (STD) benefits. (EIP is not available for use with family members.) UCHealth South (Memorial Hospital) and UCHealth North (Poudre Valley Health) have already frozen their separate sick pay banks. According to industry research, “best practice” is to move away from sick pay banks, like our Extended Illness Plan (EIP), and enrich Short Term Disability (STD) benefits with earlier eligibility and shorter waiting periods instead (as outlined in Question 20 above).

22. Q: Are there other changes related to paid time off?
A: Beginning July 1, all UCHealth employees will receive Paid Time off (PTO) benefits — for paid vacation, sick time and holiday hours — based on the following schedule:

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>PTO Hours / Hour Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 12 months</td>
<td>.0731 hours</td>
</tr>
<tr>
<td>13 – 36 months</td>
<td>.1059 hours</td>
</tr>
<tr>
<td>37 – 60 months</td>
<td>.1135 hours</td>
</tr>
<tr>
<td>61 – 120 months</td>
<td>.1256 hours</td>
</tr>
<tr>
<td>121+ months</td>
<td>.1504 hours</td>
</tr>
</tbody>
</table>

PTO will have a cap of 420 hours. Once you reach 420 hours of accumulated PTO time, accruals stop until some time is used and the accumulated amount falls below 420.

In addition, some of our other policies that provide paid time off are being redesigned, including:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Related Paid Time Off</th>
</tr>
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<tbody>
<tr>
<td>Adoption Assistance</td>
<td>• FT – 72 hours/plan year</td>
</tr>
<tr>
<td></td>
<td>• PT – 36 hours/plan year</td>
</tr>
<tr>
<td></td>
<td>(if more than one child is adopted in the same fiscal year, above hour amounts double)</td>
</tr>
<tr>
<td>Bereavement Leave</td>
<td>• FT – 40 hours/fiscal year</td>
</tr>
<tr>
<td></td>
<td>• PT – 24 hours/fiscal year (coded as 7BV on Kronos)</td>
</tr>
</tbody>
</table>

You will receive more details as updated policies are posted on The Hub.

23. Q: Are tuition reimbursement benefits changing?
A: Tuition Assistance is increasing — from 90% reimbursement to 100% reimbursement, based on the following schedule:

<table>
<thead>
<tr>
<th>Length of Service</th>
<th>Full-time Employees</th>
<th>Part-time Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 years</td>
<td>100% up to $3,000/year</td>
<td>100% up to $2,000/year</td>
</tr>
<tr>
<td>3 – &lt; 5 years</td>
<td>100% up to $3,000/year</td>
<td>100% up to $2,250/year</td>
</tr>
<tr>
<td>5+ years</td>
<td>100% up to $4,000/year</td>
<td>100% up to $3,000/year</td>
</tr>
</tbody>
</table>
24. Q: What was the process UCHealth used when making these benefit changes?
   A. UCHealth hired an independent benefits consulting firm (Mercer) who:
      - inventoried all existing benefit programs at our three institutions,
      - compared those programs against benefits of similar health care organizations locally and nationally, and
      - established new programs leveraging the best practices within the health care industry to provide competitive and leading edge programs for our workforce.

25. Q: When will I receive more information about what benefits are changing and what coverage will be available?
   A: You will receive a “What’s New” mailer in mid-April with a summary of the changes for all of your health and welfare benefits. And, you will receive an enrollment packet in early May. Please make sure your address is correct in your Lawson profile on Employee Self Service to avoid delays. Open Enrollment Employee Forums will be offered beginning May 7, 2013. A schedule will be posted on The Hub.

If you have other questions regarding your 2013-2014 benefits, please email them to uch-hrgenquestions@uch.edu or call the UCH Call Center at 720-848-6800. We will update these FAQs as more information becomes available.

Updated 3/22/13