



2020 Benefits Overview Guide



- Eligibility
- How to Enroll
- Medical, Dental & Vision Plans
 - Income Protection
- Flexible Spending Accounts/
Health Savings Accounts
 - 403(b) Retirement Plan
 - Sick & Vacation Benefits



**National Jewish
Health®**

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Whether at work or at home, your quality of life is important to us. National Jewish Health is proud to offer affordable health and group benefits and a retirement plan that helps you save for your future.

This guide provides a general overview of your benefit choices and enrollment information. We encourage you to take the time to review this Benefit Overview to educate yourself about your benefit options and choose the best coverage that's right for you.

Eligibility

You are eligible to participate in National Jewish Health's benefit plans if you are a regular, full-time or part-time employee working 20 hours or more per week. Under the Affordable Care Act, employees deemed eligible for benefits due to working 30 hours per week or greater during National Jewish Health's standard measurement period are notified by Human Resources of their eligibility.

DEPENDENT ELIGIBILITY

Eligible dependents include your:

- Spouse or domestic partner.
- Child(ren) (up to age 26 for medical, dental and vision) regardless of marital or student status.
- Unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you.

You'll be required to provide proof of eligibility for any new dependent you want to add to your coverage. Supporting documentation must be submitted by the end of your enrollment period.

National Jewish Health will continue to collect Social Security numbers of dependents who are covered by NJH -provided medical plans.

How to Enroll

Benefits Open Enrollment is available online via Oz from **8:00 a.m. MT on Friday, November 8, through 11:59 p.m. MT on Friday, November 22, 2019.**

FROM WORK

- Go to the NJH Spyderweb and click on the Oz icon
- Then select the HR/Payroll Icon (the Wizard Hat)
- Log in using your NJH network credentials
- Select **Employee Self Service**, then select the **Benefits Tile**, then **Benefits Enrollment**.

Making Changes During the Year

The benefit choices that you make during Open Enrollment and during your new hire window will remain in effect for the entire plan year unless you have a change in family status or a qualifying event. If you experience a qualified change in family status you will have the opportunity to make mid-year changes to your benefit elections.

Examples of a qualified change in family status include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in employment for you or your spouse that affects your benefit eligibility
- Loss of other health coverage

It is your responsibility to notify National Jewish Health Benefits Department within 31 days after a qualifying event. You will need to provide documentation of the event, such as a marriage license or birth certificate. Benefit changes must be directly related to the qualified change in family status.



My Health and Wellness

National Jewish Health offers several medical plan choices through Kaiser Permanente. To help you better understand your plan options, a list of helpful definitions are below:

COPAY

This is the flat dollar amount you will pay your healthcare provider for a covered service.

How it works: If your copay for a PCP office visit is \$30, you will pay this amount when you check in at the time of your visit. If additional services are provided within that doctor's office, these additional services will be billed separately as they will apply to your deductible.

DEDUCTIBLE

A deductible is the amount you pay for health care services before your health insurance begins to pay.

How it works: If your plan's deductible is \$1,500, you will pay 100% of eligible health care expenses until the bills total \$1,500. After that, you share the cost with your plan by paying coinsurance.

COINSURANCE

Coinsurance is your share of the costs of a health care service. It's a percentage of the amount allowed to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

How it works: You've paid \$1,500 in health care expenses and have met your deductible. When you go to the doctor, instead of paying all costs, you and your plan share the cost. For example, your plan pays 80%, you pay 20%. The 20% you pay is considered your coinsurance. You will then pay 20% co-insurance up to your out of pocket maximum.

OUT OF POCKET MAXIMUM (OOP MAX)

Your out of pocket maximum is the amount of money you will pay for covered services within the plan year (calendar year). Once you have paid your full out of pocket maximum your insurance will pay 100% of covered services.

How it works: Once you have met your out of pocket maximum, you will no longer owe anything further until the next plan year- or January 1st of the following year. This includes co-pays, prescription costs, everything. Keep in mind, the out of pocket maximum does not include your monthly premiums, non-covered services, or services received outside of the Kaiser network.

Kaiser Medical Plans

National Jewish Health offers Colorado employees four comprehensive medical plan options through Kaiser Permanente.

KAISER PLUS BENEFIT

Enrollment in the \$1,500 Deductible Plan allows you access to the Plus Benefit feature. This feature allows you to see a doctor outside of the Kaiser Network, with no referral. Each covered family member may receive services from a non-Kaiser doctor Provider, up to 10 visits per calendar year. The following services/items will count as a separate Plus Benefit visit:

- Routine Office Visits provided by non-Kaiser Plan providers
- Diagnostic radiology services and laboratory tests
- Speech/Physical/Occupational therapy visits

The Plus Benefit does not cover services like hospitalization, surgery or outpatient procedures. You will have to stay in-network for these benefits. See the Plus Benefit flyer on the Spyderweb for more details.



Kaiser Medical (Colorado Employees Only)

	\$500 DEDUCTIBLE PLAN (DHMO)		\$1,500 DEDUCTIBLE PLAN (DHMO PLUS)		HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	
Covered Providers	Kaiser Providers Only		Kaiser Providers with Plus Benefit		Kaiser Providers Only	
Calendar Year Deductible	\$500 Individual; \$1,000 Family		\$1,500 Individual; \$4,500 Family		\$2,000 Individual; \$4,000 Family	
Coinsurance (portion of eligible costs you will pay)	20%		20%		10%	
Annual Out-of-Pocket Maximum	\$4,500 Individual; \$9,000 Family		\$4,000 Individual; \$8,000 Family		\$3,000 Individual; \$6,000 Family	
Preventive Care	No charge		No charge		No charge	
Primary Care Office Visits	No copay Ded/20% Coinsurance for covered services rec'd during a visit		\$30 copay Ded/20% Coinsurance for covered services rec'd during a visit		Ded/10% Coinsurance	
Specialist Visits (no referral needed)	\$75 copay Ded/20% Coinsurance for covered services rec'd during a visit		\$50 copay Ded/20% Coinsurance for covered services rec'd during a visit		Ded/10% Coinsurance	
Inpatient Hospital Services	Ded/20% Coinsurance		Ded/20% Coinsurance		Ded/10% Coinsurance	
Outpatient Hospital Services	Ded/20% Coinsurance at Plan Hospital/ \$500 Copay if at Franklin or Lone Tree		Ded/20% Coinsurance at Plan Hospital/ \$500 Copay if at Franklin or Lone Tree		Ded/10% Coinsurance at Plan Hospital or Ded/No Coinsurance if at Franklin or Lone Tree	
Emergency Room	Ded/20% Coinsurance		\$250 copay (waived if admitted)		Ded/10% Coinsurance	
Diagnostic Lab & X-Ray	100% at Kaiser Facility, Ded/20% Coinsurance if at plan Hospital		100% at Kaiser Facility, Ded/20% Coinsurance if at plan Hospital		Ded/10% Coinsurance	
MRI, CT, PET Scans	\$100 copay per scan		Ded/20% Coinsurance		Ded/10% Coinsurance	
Vision Exams	\$25 copay		\$30 copay		Ded/10% Coinsurance	
PRESCRIPTION DRUGS — RETAIL						
Generic	\$10 copay		\$10 copay		\$10 copay after deductible	
Preferred Brand	\$35 copay		\$30 copay		\$30 copay after deductible	
Non-Preferred Brand	\$70 copay		\$50 copay		50% copay after deductible	
Specialty drugs (including self-injectables)/Mail Order	20%, max \$250 out of pocket per drug. Mail order prescription drugs are available.		20%, max \$250 out of pocket per drug. Mail order prescription drugs are available.		20% after deductible. Mail order prescription drugs are available.	
EMPLOYEE PAYS PER PAYCHECK						
FULL-TIME (30-40 HRS); PART-TIME (20-29 HRS)	FULL-TIME PART-TIME		FULL-TIME PART-TIME		FULL-TIME PART-TIME	
Employee	\$52.82	\$132.44	\$9.76	\$89.38	\$25.33	\$104.95
Employee + 1	\$135.94	\$261.07	\$66.82	\$191.95	\$88.31	\$213.44
Family	\$213.34	\$411.59	\$93.86	\$292.11	\$140.65	\$338.90

POINT OF SERVICE	POINT OF SERVICE	POINT OF SERVICE
Kaiser Providers	PHCS Network	Any non-network provider you choose
\$1,000 Individual; \$3,000 Family	\$1,000 Individual; \$3,000 Family	\$2,000 Individual; \$6,000 Family
10%	10%	30%
\$2,500 Individual; \$5,000 Family	\$2,500 Individual; \$5,000 Family	\$6,000 Individual; \$12,000 Family
No charge	No charge	\$70 copay
\$35 copay Ded/10% Coinsurance for covered services rec'd during a visit	\$35 copay Ded/10% Coinsurance for covered services rec'd during a visit	Ded/30% Coinsurance
\$50 copay Ded/10% Coinsurance for covered services rec'd during a visit	\$50 copay Ded/10% Coinsurance for covered services rec'd during a visit	Ded/30% Coinsurance
Ded/10% Coinsurance	Ded/10% Coinsurance with precertification	Ded/30% Coinsurance with precertification
Ded/20% Coinsurance at Plan Hospital/\$500 Copay if at Franklin or Lone Tree	Ded/10% Coinsurance with precertification	Ded/30% Coinsurance with precertification
Ded/10% Coinsurance	Ded/10% Coinsurance	Ded/30% Coinsurance
100% at Kaiser Facility, Ded/10% Coinsurance if at plan Hospital	Ded/10% Coinsurance with precertification	Ded/30% Coinsurance
Ded/30% Coinsurance	Ded/10% Coinsurance with precertification	Ded/30% Coinsurance with precertification
\$35 copay	Not covered	Not covered

\$10 copay	Covered only if a "MedImpact Network Pharmacy" is used \$15 copay, \$30 copay, 50% coinsurance, 20% max \$250, out of pocket per drug	Covered only if a "MedImpact Network Pharmacy" is used \$15 copay, \$30 copay, 50% coinsurance, 20% max \$250, out of pocket per drug
\$30 copay		
\$50 copay		
20%, max \$250 out of pocket per drug. Mail order prescription drugs are available up to a 90-day supply, subject to two copays through Kaiser mail order	Mail order prescription drugs are available up to a 90-day supply, subject to two copays through Walgreens mail order	Mail order prescription drugs are available up to a 90-day supply, subject to two copays through Walgreens mail order

POINT OF SERVICE	
FULL-TIME	PART-TIME
\$195.14	\$274.75
\$408.15	\$533.28
\$621.72	\$819.97

Regional Office Medical Plan

	OUT OF AREA PPO IN-NETWORK	OUT OF AREA PPO NON-NETWORK
Covered Providers	PHCS Network	Any provider you choose
Calendar Year Deductible	\$1,000 Individual; \$3,000 Family	\$2,000 Individual; \$6,000 Family
Coinsurance (portion of eligible costs you will pay)	20%	40%
Annual Out-of-Pocket Maximum	\$3,000 Individual; \$6,000 Family	\$4,000 Individual; \$8,000 Family
Preventive Care	No charge	\$70 copay
Physician Office Visits	\$30 copay	Ded/40% Coinsurance
Specialist Visits (no referral needed)	\$40 copay	Ded/40% Coinsurance
Inpatient Hospital Services	Ded/20% Coinsurance with precertification	Ded/40% Coinsurance with precertification
Outpatient Hospital Services	Ded/20% Coinsurance with precertification	Ded/40% Coinsurance with precertification
Emergency Room	Ded/20% Coinsurance	Ded/40% Coinsurance
Lab & X-Ray	Ded/20% Coinsurance	Ded/40% Coinsurance
MRI, CT, PET Scans	Ded/20% Coinsurance with precertification	Ded/40% Coinsurance
Vision Exams	\$30 copay	Ded/40% Coinsurance
PRESCRIPTION DRUGS — RETAIL		
Specialty drugs (including self-injectables)	Covered only if a "MedImpact Network Pharmacy" is used \$10 copay, \$30 copay, \$50 copay, 20% max, \$250, out of pocket per drug Mail order prescription drugs are available up to a 90-day supply, subject to two copays through Walgreens mail order	Covered only if a "MedImpact Network Pharmacy" is used \$10 copay, \$30 copay, \$50 copay, 20% max, \$250, out of pocket per drug Mail order prescription drugs are available up to a 90-day supply, subject to two copays through Walgreens mail order

	OUT OF AREA PPO	
EMPLOYEE PAYS PER PAYCHECK	FULL-TIME (30-40 HRS)	PART-TIME (20-29 HRS)
Employee	\$44.85	\$161.59
Employee + 1	\$165.54	\$343.18
Family	\$288.92	\$542.12

Interested in lowering your taxable income while paying for eligible expenses? Then take advantage of the Flexible Spending Account (FSA) or Health Savings Account (HSA) options.

Spending and Savings Accounts

You can contribute to your Health Care or Dependent Care FSA before taxes are withheld from your paycheck. That means you decrease your taxable income, which could save you hundreds of dollars per year. With a convenient FSA debit card, you can quickly pay for eligible expenses. Plus, the full amount of your Health Care FSA is immediately available to you as of January 1. Employees can participate in a:

HEALTH CARE FSA

Used to pay for eligible out-of-pocket medical, dental, and vision care expenses for you and your eligible dependent(s). The annual contribution limit for 2020 is \$2,750.

As a reminder, the Health FSA now includes a feature that lets you carry over up to \$500 of unused funds to the next plan year. Unused funds greater than \$500 will be forfeited. IRS rules do not allow a Dependent Care FSA to have a carryover feature.

DEPENDENT CARE FSA

Used to pay for eligible child care expenses for your dependent child up to age 13 or a dependent adult. The annual contribution limit for 2020 is \$5,000 per household.

HEALTH SAVINGS ACCOUNT

If you're enrolled in the National Jewish Health High Deductible Health Plan (HDHP), you may contribute to an HSA. The HSA allows you to put aside money on a pre-tax basis to pay for out-of-pocket medical expenses today or even in retirement. HSA funds remain in your account and roll over from year to year. You will also receive a debit card so you can access your funds quickly and easily. For individuals who are approaching Medicare eligibility, there are special considerations related to HDHP's and HSA's. Please contact Medicare directly to ensure you are eligible to participate in an HSA.

2020 HSA LIMITS

Individual	\$3,550
Family	\$7,100
Catch-up (age 55 +)	\$1,000

Dental Plans

National Jewish Health offers dental options that promote and encourage preventive dental care and provide benefits for services that are essential to good oral health. With the Cigna High PPO you are free to choose any dentist. The Low PPO plan benefits are highest when you use an in-network dentist within the Cigna Advantage or Cigna PPO networks. The DHMO requires that you use an in-network Cigna DHMO provider.

CIGNA DENTAL PLAN FEATURES

	DHMO	LOW PPO IN-NETWORK	LOW PPO OUT-OF-NETWORK	HIGH PPO
Annual Deductible	None	\$50 individual \$150 family	\$100 individual \$300 family	\$50 individual \$150 family
Office Visit Copay	\$6	None	None	None
Preventive Services (exams, X-rays, cleanings)	100% covered	100% covered	Covered person pays 30% after deductible	100% covered
Basic Services	Flat Fee*	Covered person pays 20% after deductible	Covered person pays 70% after deductible	Covered person pays 20% after deductible
Major Services	Flat Fee*	Covered person pays 50% after deductible	Covered person pays 70% after deductible	Covered person pays 50% after deductible
Maximum Annual Benefit	Unlimited	\$1,500	\$1,500	\$2,000
Orthodontia	Flat Fee*, covers both Children and Adults	50% with \$2,000 lifetime maximum for covered children and adults	50% with \$2,000 lifetime maximum for covered children and adults	50% with \$2,000 lifetime maximum for covered children under age 20

DENTAL PLAN PREMIUMS

DENTAL PLAN RATES	FULL-TIME (30-40 HOURS) PER PAY PERIOD COSTS			PART-TIME (20-29 HOURS) PER PAY PERIOD COSTS		
	EMPLOYEE	EMPLOYEE + 1	FAMILY	EMPLOYEE	EMPLOYEE + 1	FAMILY
DMO	3.39	\$11.23	\$23.43	\$5.15	\$12.99	\$25.19
Low PPO	\$14.11	\$31.61	\$58.82	\$15.87	\$33.37	\$60.58
High PPO	\$22.28	\$47.12	\$85.77	\$24.04	\$48.88	\$87.53

Vision Plan

National Jewish Health offers you and your dependents vision coverage through VSP. This information is only a summary of your vision coverage; go to [the NJH Spyderweb](#) for more information about the vision plan.

VSP BENEFITS SUMMARY

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	\$15.00	Every 12 months
Prescription Glasses		\$15.00	See Frame and Lenses
Frame	<ul style="list-style-type: none"> • \$155 allowance for a wide selection of frames • \$175 allowance for featured frame brands • 20% savings on the amount over your allowance • \$80 Costco® frame allowance 	Included in Prescription Glasses	Every 24 Months
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses 	Included in Prescription Glasses	Every 12 Months
Lens Enhancements	<ul style="list-style-type: none"> • Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$0 \$55 \$95-\$105 \$150-\$175	Every 12 Months
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> • \$155 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 Months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

VSP VISION PLAN PREMIUMS

FULL-TIME AND PART-TIME PER PAY PERIOD COSTS	EMPLOYEE	EMPLOYEE + 1	FAMILY
VSP	\$4.50	\$8.00	\$11.50

Please see the **VSP Benefit Summary on the SpyderWeb for Out-of-Network Coverage and Costs**

VSP Vision Savings Pass

All benefit eligible employees who do not elect vision benefits through the traditional VSP Insurance will have access to VSP Vision Savings Pass. Discounted exams, lenses, frames, sunglasses, contact lenses and laser vision correction are available by seeing a VSP provider. **There is no cost for the discount program.**

VSP VISION SAVINGS PASS

SERVICE	REDUCED PRICE OR SAVINGS
WellVision Exam®	<ul style="list-style-type: none"> • \$50 with purchase of a complete pair of prescription glasses. • 20% off without purchase. • Once every calendar year.
Retinal Screening	<ul style="list-style-type: none"> • Guaranteed pricing with WellVision Exam, not to exceed \$39.
Lenses	With purchase of a complete pair of prescription glasses: <ul style="list-style-type: none"> • Single vision \$40 • Lined bifocals \$60 • Lined trifocals \$75 • Polycarbonate for children \$0
Lens Enhancements	<ul style="list-style-type: none"> • Average savings of 20-25% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings.
Frames	<ul style="list-style-type: none"> • 25% savings when a complete pair of prescription glasses is purchased.
Sunglasses	<ul style="list-style-type: none"> • 20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam.
Contact Lenses	<ul style="list-style-type: none"> • 15% savings on contact lens exam (fitting and evaluation).
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

EMPLOYEE ASSISTANCE PROGRAM

National Jewish Health offers an employee assistance program to help employees balance both their personal and professional lives. The program supports employees with emotional, parenting, aging, healthy living, substance abuse, financial, and professional challenges. Included in the program are five counseling sessions with a licensed counselor. EAP resources are available 24 hours a day to both employees and your family at no cost.

My Voluntary Benefits

ID WATCHDOG

ID Watchdog offers Identity Monitoring, Identity Theft Detection, and Resolution Services to protect you and your family from becoming the next victim. By scouring millions of databases and billions of transactions, ID Watchdog can uncover identity fraud at its inception. **This benefit is provided at no cost to employees.** You may cover your family members for \$5.85 per pay period.

UNUM CRITICAL ILLNESS

Group voluntary critical illness coverage from Unum provides a lump-sum cash benefit to assist with the out-of-pocket expenses associated with certain medical conditions covered by the plan. For example, cancer, heart attack, stroke, blindness, and end-stage kidney failure. Spouse coverage can only be purchased if employee has purchased coverage. Children are automatically covered for 50% of coverage. There is a pre-existing condition clause on this benefit, please see the flyer on the Spyderweb for more detailed plan information. **There are 3 coverage options available: \$10,000, \$20,000 or \$30,000.**

CRITICAL ILLNESS- PER \$10,000, PER PAYCHECK		
AGE	NON-TOBACCO USER	TOBACCO USER
< 25	\$1.36	\$1.36
25 - 29	\$1.67	\$1.94
30 - 34	\$2.10	\$2.52
35 - 39	\$2.77	\$3.64
40 - 44	\$3.73	\$4.92
45 - 49	\$4.77	\$7.02
50 - 54	\$6.17	\$9.35
55 - 59	\$8.34	\$13.08
60 - 64	\$11.70	\$18.37
65 - 69	\$17.22	\$24.27
70 - 74	\$26.78	\$35.33
75 - 79	\$39.36	\$50.39
80 - 84	\$56.82	\$68.84
85+	\$91.34	\$107.77

UNUM HOSPITAL INDEMNITY

Group voluntary hospital indemnity from Unum provides financial assistance to enhance your current coverage in the event of a hospital admission that is not fully covered by your medical plan. There is a pre-existing condition clause on this benefit. Please see the flyer on the Spyderweb for more detailed plan information.

COVERAGE LEVEL	UNUM HOSPITAL INDEMNITY PER PAY PERIOD RATES
Employee	\$11.34
Employee and Spouse	\$21.93
Employee and Dependent Children	\$14.98
Family	\$25.57

UNUM ACCIDENT INSURANCE

Group voluntary accident coverage from Unum pays cash benefits for expenses associated with accidental injury and can help protect hard-earned savings should an off-the-job accidental injury occur.

COVERAGE LEVEL	UNUM ACCIDENT PER PAY PERIOD RATES
Employee	\$4.60
Employee and Spouse	\$7.36
Employee and Dependent Children	\$9.11
Family	\$11.88



Disability

Disability insurance protects your income if you are out of work for an extended period of time.

UNUM VOLUNTARY SHORT TERM DISABILITY

Choose from three plan options:

- With Option 1, if you are not able to work after 7 consecutive days of disability due to an eligible injury or illness, this benefit pays 60% of your weekly base earnings, up to a weekly maximum of \$3,000, for up to 25 weeks.
- Option 2 pays the same benefit amount, but the waiting period is 14 consecutive days and the benefit duration is up to 24 weeks.
- Option 3 pays the same benefit amount, but the waiting period is 30 consecutive days and the benefit duration is up to 22 weeks.

Accrued Sick Leave must be exhausted before the benefits are payable. This plan does not cover pre-existing conditions. Please see the flyer on the Spyderweb for more detailed information.

STD Option 1 (7 Day)	\$0.385 semi-monthly rate per \$10 of weekly covered benefit
STD Option 2 (14 Day)	\$0.35 semi-monthly rate per \$10 of weekly covered benefit
STD Option 3 (30 Day)	\$0.23 semi-monthly rate per \$10 of weekly covered benefit

UNUM LONG TERM DISABILITY

This benefit pays a portion of your income if you continue to be disabled and your short-term disability benefits end. To qualify, you must be disabled for more than six months. LTD benefits provide you with 60% of your annual base pay up to a \$6,000 monthly maximum (\$14,000 for Faculty and Executives).

National Jewish Health pays the full cost of this coverage.

BUY-UP LONG TERM DISABILITY

You may purchase additional LTD coverage through the Buy-Up LTD plan with after-tax dollars. This option pays a benefit equal to 66.67% of your base salary to a monthly maximum of \$6,670 (\$15,556 for Faculty and Executives).

Buy-Up LTD	\$0.07 per \$100 per pay period
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UNUM LONG TERM CARE

Long-Term Care insurance is offered by Unum and provides a benefit for employees who need assistance with daily living. Coverage is available for you, your spouse, children, parents/ in-laws and grandparents, or siblings. Please review the plan details and enroll on-line at <http://unuminfo.com/nationaljewish>

Life Insurance and Accidental Death and Dismemberment

UNUM BASIC LIFE INSURANCE AND AD&D

National Jewish Health provides you with basic life insurance in the amount of one times your annual salary (up to \$500,000) and AD&D coverage in the amount of one times your annual salary (up to \$500,000).

UNUM SUPPLEMENTAL LIFE INSURANCE AND AD&D

You can purchase additional life insurance and AD&D insurance for yourself, your spouse, and your child(ren). How much your family needs depends on your personal situation (other income, monthly expenses, short- and long-term debt such as credit card or mortgage expenses, etc.).

The employee rate for additional AD&D is \$.01 per thousand of coverage (per pay period). The family rate for additional AD&D is \$.02 per thousand of coverage (per pay period). Additionally, rates will be calculated when enrolling online.

LIFE INSURANCE FEATURES

	BASIC EMPLOYEE	VOLUNTARY EMPLOYEE	VOLUNTARY SPOUSE	VOLUNTARY CHILD
Amount Covered	1x annual salary up to \$500,000 (NJH Paid)	1 to 6x your salary up to \$1,000,000	\$25,000, \$50,000, \$75,000 or \$100,000	\$5,000, \$10,000 or \$20,000 (Coverage for children between 14 days and 6 months of age is limited to \$1,000)
Guarantee Issue (Available during initial enrollment, no EOI)	N/A	1, 2 or 3x your annual salary (during initial enrollment)	\$25,000, \$50,000 (during initial enrollment)	All coverage levels
Age Reductions	65% reduction at age 65; 50% reduction at age 70	65% reduction at age 65; 50% reduction at age 70	65% reduction at age 65; 50% reduction at age 70	Coverage available until age 19, or up to age 25 if a full-time student

SUPPLEMENTAL LIFE PREMIUMS

EMPLOYEE AND SPOUSE	RATES PER \$1,000 PER PAY PERIOD	EMPLOYEE AND SPOUSE	RATES PER \$1,000 PER PAY PERIOD	CHILD	RATES PER PAY PERIOD
Ages <25	\$0.025	Ages 45-49	\$0.114	\$5,000 Coverage	\$0.625
Ages 25-29	\$0.03	Ages 50-54	\$0.19	\$10,000 Coverage	\$1.25
Ages 30-34	\$0.04	Ages 55-59	\$0.281	\$20,000 Coverage	\$2.50
Ages 35-39	\$0.0495	Ages 60-64	\$0.3535		
Ages 40-44	\$0.0685	Ages 65-69	\$0.6535		
		Ages 70+	\$1.14		

My Financial Wellness

403(B) RETIREMENT PLAN

National Jewish Health provides a 403(b) Retirement Savings plan to help you secure your financial future and makes it convenient to save through payroll deductions.

After two years of service, National Jewish Health will begin making contributions to your account whether you contribute your own money or not. If you do not make an investment election, these contributions will be invested in a default fund selected by National Jewish Health. You're 100% vested in your own contributions immediately and in the company's contributions when they are made. You can enroll at any time during the year.

Employees may choose to invest their contributions with Fidelity or TIAA. For more information, visit the [NJH Spyderweb](#).

Faculty/Executives

NJH contributes 6% of earnings up to the Social Security wage base, then 11% of earnings up to the IRS compensation limit.

Staff

NJH contributes 5% of earnings up to the Social Security wage base, then 10% of earnings up to the IRS compensation limit.

457 PLAN

Eligible employees who earn a minimum of the Social Security Wage Base are able to participate in this plan. In addition to participating fully in the 403(b) plan, the 457 plan allows eligible employees to defer additional contributions on a pre-tax basis.



My Extras

SICK

Benefit eligible employees will begin receiving sick accruals upon their hire date, per the chart below, based on their Standard Hours. Sick time can be used for illness or injuries to care for you, your spouse or domestic partner, child, parent, and parent in-laws.

VACATION

Benefit eligible employees will begin receiving vacation accruals after completing 90 days of employment, per the chart below. Management Position accruals begin at the 3 to 5 year rate. Senior Management and Executive Position accruals begin at the 6+ year rate.

SICK TIME ACCRUALS PER PAY PERIOD

STANDARD HOURS	ACCRUALS	MAXIMUM
40	4.00	1040
35-39	3.72	967
30-34	3.20	832
25-29	2.72	707
20-24	2.20	572

VACATION ACCRUALS PER PAY PERIOD

STANDARD HOURS	ACCRUALS YEARS 1-2	ACCRUALS YEARS 3-5	ACCRUALS YEARS 6+	ACCRUALS MAXIMUM
40	4.34	6.00	7.67	240
35-39	4.01	5.55	7.09	222
30-34	3.47	4.80	6.14	192
25-29	2.93	4.05	5.18	162
20-24	2.39	3.30	4.22	132

Postdoctoral, Associates, Fellows and Predoctoral Trainees receive vacation on a 'use it or lose it' basis on July 1st of every fiscal year. Please refer to the "Vacation Pay-Researchers" policy on the Spyderweb for more details.

Faculty Members do not accrue Holiday or Vacation hours. Faculty members are expected to work 46 weeks out of the 52 weeks in a fiscal year (July 1 through June 30).



ARAG LEGAL INSURANCE

Legal insurance helps you address everyday situations like dealing with traffic tickets, consumer and property protection, estate planning, buying a home, adoption or divorce. Access a network of 10,000 attorneys for unlimited legal advice. This benefit is available to both employees and your family for \$8.50 per pay period.

AUTO/HOME INSURANCE

This voluntary benefit program provides you with access to special savings on auto and home insurance, exclusively available to NJH employees. Plus, you can choose the convenience of paying your premiums through automatic payroll deduction. You can request free quotes from the following trusted names: Liberty Mutual Insurance and MetLife Auto & Home by visiting the NJH Benefits Spyderweb page.

TUITION REIMBURSEMENT

After 6 months of service, full-time and part-time employees are eligible for Tuition Reimbursement. Please review the policy for plan information.

EMPLOYEE DISCOUNTS

National Jewish Health partners with many local companies, organizations and restaurants for discounted services. Please check the Benefits Spyderweb page for the most current partnerships.

SONIC BOOM WELLNESS

Sonic Boom is a wellness program available for all benefits eligible employees! Sonic Boom provides tons of tools, resources, contests and challenges to help you focus on optimal nutrition, physical activity, stress reduction and more. The challenges are fun and you can earn some cool recognition and rewards along the way! Register at www.sonicboomwellness.com.



Know How to Get More Information

BENEFIT VENDOR	GROUP	TELEPHONE	WEBSITE
ARAG Legal Plan	18114	1-800-247-4184	www.ARAGLegalCenter.com Access Code: 18114njh
Cigna Dental	3339271	1-800-244-6224	www.cigna.com
ID Watchdog	2539	1-866-513-1518	www.idwatchdog.com
Kaiser Medical Plans			
Member Services	31512	303-338-3800	www.kp.org
Appointments, After-Hours Care and Medical Advice (non-emergency)	31512	303-338-4545	www.kp.org
Pharmacy Call Center	31512	303-338-4503	www.kp.org
Kaiser Point of Service and OOA PPO Plan Concierge	31512	1-800-495-4662 email: njh@kp.org	www.multiplan.com/kaiser
Retirement Plans			
Fidelity Investments	56826	1-800-343-0860	www.fidelity.com
TIAA	407042	1-800-842-2776	www.tiaa.org/njh
Rocky Mountain Reserve FSA/HSA (Health Care and Dependent Care FSAs and Health Spending Accounts)		1-888-722-1223 Fax: 1-866-557-0109	www.rockymountainreserve.com Employer ID: RMRNJH
Sonic Boom Wellness		1-877-766-4208	www.sonicboomwellness.com email: support@sbwell.com
Unum Accident/Critical Illness/Hospital Indemnity		1-800-635-5597	https://services.unum.com/ SelfReg/SelfReg_Claimant.aspx
Unum Employee Assistance Program		1-866-799-2485	HealthAdvocate.com/members
Unum Life, AD&D, LTD Insurance	608753	1-800-421-0344	https://services.unum.com/ SelfReg/SelfReg_Claimant.aspx
Unum Short Term Disability	614240	1-800-421-0344	https://services.unum.com/ SelfReg/SelfReg_Claimant.aspx
Unum Long-Term Care	553798	1-800-331-1538	unuminfo.com/nationaljewish
Vision Service Plan	12065169	1-800-225-3665	www.vsp.com

NOTES





ABOUT THIS GUIDE

This Guide is a Summary of Material Modifications (SMM) providing information on various National Jewish Health benefit plans and outlining changes that take effect January 1, 2020. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an employee of National Jewish Health. If any information in this Enrollment Guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. National Jewish Health reserves the right to amend, modify or terminate these plans at any time. This Enrollment Guide does not constitute a contract or employment.



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Breathing Science is Life.®

