
2021 Benefits Overview Guide



**National Jewish
Health®**

Breathing Science is Life.®

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What's Changing and What's New in 2021

WHAT'S NEW	WHAT IT MEANS TO YOU
Limited Purpose Flexible Spending Accounts	Employees who elect a High Deductible Health Plan will have an opportunity to also enroll in a Limited Purpose Flexible Spending Account that can be used for eligible dental and vision expenses.
Employer Health Savings Account Contribution	Employees who elect the SureFit High Deductible Health Plan will receive a contribution from National Jewish Health to seed their HSA account.
Working Spousal Surcharge	If your spouse has access to medical coverage through his or her employer but waives that coverage and instead enrolls in a National Jewish Health Medical Plan, a spousal surcharge of \$250 per month will apply.
Bright Horizons - Back-up Child, Adult & Elder Care	Next time school is unexpectedly closed, you're between care solutions, or you or your regular caregiver isn't available, high-quality back-up care is just a click or call away. Register for free, and Bright Horizons will secure reliable care when and where you need it.
Acupuncture and Chiropractic Benefits	12 Visits per year covered at your PCP Office Visit Copay or Deductible

WHAT'S CHANGING	WHAT IT MEANS TO YOU										
Medical Insurance	<p>National Jewish Health will be changing our Medical insurance from Kaiser to Cigna. Please see page X for plan details.</p> <p>Support will be provided in finding a new provider and transitioning your care to Cigna throughout Open Enrollment. Stay tuned to your email for important information!</p>										
How to Cover Your Dependents	<p>When enrolling, you will have expanded coverage tiers to choose how to cover your dependents.</p> <table border="0"> <thead> <tr> <th><u>Old</u></th> <th><u>New</u></th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>Employee</td> </tr> <tr> <td>Employee + 1</td> <td>Employee + Spouse</td> </tr> <tr> <td>Family</td> <td>Employee + Child(ren)</td> </tr> <tr> <td></td> <td>Family</td> </tr> </tbody> </table>	<u>Old</u>	<u>New</u>	Employee	Employee	Employee + 1	Employee + Spouse	Family	Employee + Child(ren)		Family
<u>Old</u>	<u>New</u>										
Employee	Employee										
Employee + 1	Employee + Spouse										
Family	Employee + Child(ren)										
	Family										
Accident, Critical Illness, and Hospital Indemnity Insurance	Voluntary benefit administration will be changing from Unum to Cigna. This change will provide intergrated administration with National Jewish Health's Cigna medical insurance. Please see page X for detailed plan information and benefits.										

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 the National Jewish Health 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 The National Jewish Health 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.



WORKING SPOUSE SURCHARGE

Current law requires most employers to offer medical coverage to their full-time employees. This means many more spouses and domestic partners have health care coverage available at their own place of work. When National Jewish Health provides coverage to working spouses or partners who have other coverage available, this creates higher costs for employees and National Jewish Health alike. We want to make sure coverage is available to those who need it most. So National Jewish Health, like many large employers, has added a working spouse surcharge.

To avoid paying the surcharge, your spouse or partner can enroll in his or her employer's medical plan. You'll want to compare coverage and total costs both ways to see what makes sense for your family.

Does the surcharge apply to you?

If your spouse has access to medical coverage through his or her employer but waives that coverage and instead enrolls in a National Jewish Health Medical Plan, a spousal surcharge of \$250 per month will apply. During enrollment, employees will be asked if their spouse has coverage through their own employer.

The surcharge does not apply if your spouse:

- Is not employed
- Works at National Jewish Health
- Is covered under COBRA
- Is covered by Medicare, Medicaid, Tricare, Tribal health insurance, or other state assistance program
- Works but is not eligible for medical coverage through their employer



How to Enroll

During Annual Open Enrollment – You can elect or make changes only one time each year during open enrollment, unless you have a family status change or other qualifying event. **This year's open enrollment period is November 9 – November 25, 2020.** Benefit elections made during the annual open enrollment period will be effective on January 1st.

When you first become eligible – For example, when you're hired, or if you switch from working Pool/PRN to a benefits eligible position, you must enroll within 31 days of your event date. Your benefits will take effect on the first day of the month following your date of hire or change in benefit eligibility.

FROM WORK

- Go to the NJH Spiderweb 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**.

FROM HOME

- Go to <https://pshcm.njhealth.org/ps/signon.html>
- 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.

Medical Insurance

National Jewish Health offers several medical plan choices through Cigna. 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 health care provider for a covered service.

How it works: If your copay for a PCP office visit is \$50, 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 \$2,000, you will pay 100% of eligible health care expenses until the bills total \$2,000. 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 \$2,000 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)

The most an individual or family will pay during the calendar year for covered healthcare services. Once you've reached your out-of-pocket maximum, the plan pays 100% of the allowed amount for covered services the remainder of the year.

How it works: You've paid \$4,000 in health care expenses. The next time you incur an eligible healthcare expense it will be covered at 100%. This includes co-pays and prescription costs

Medical Plan Options

National Jewish Health offers a range of medical plan options so you can pick the plan that best works for you and your family. Your medical plan options are:

- Cigna SureFit \$1000 Plan (Colorado Residents Only)
- Cigna SureFit HDHP (Colorado Residents Only)
- Cigna Open Access HDHP (Colorado and Regional Office Residents)

NETWORK PROVIDERS

Cigna SureFit Network – is a network designed to make quality health care more affordable and more personal. It's built around a local network of doctors and hospitals, who work together for your health and well-being with personalized and coordinated care. Plus, you get Cigna One Guide® service to help you with everything from choosing a plan to getting the most out of it. The Cigna SureFit network is for Colorado residents only.

Cigna One Guide® is a service to that guides you through the complexities of the healthcare system, and helps you avoid costly missteps. Personalized assistance is provided to help you

- Easily Understand the basics of Healthcare
- Identify the types of health plans available to you
- Check if your doctors are in-network
- Get answers to any other questions you may have about the plans or provider networks available to you.

Call 888.806.5042 to speak with a Cigna One Guide representative.

Cigna Open Access Network – is a network that lets you choose which doctors to see and when. You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork. This network is available both in Colorado and out of state.



Cigna Medical (Colorado Residents Only)

	SUREFIT \$1000 PLAN		SUREFIT HDHP PLAN	
	IN NETWORK ONLY		IN NETWORK ONLY	
Calendar Year Deductible	Individual: \$1,000 Family:\$3,000		Individual: \$2,000 Family:\$4,000	
Coinsurance (portion of eligible costs you will pay)	20%		20%	
Annual Out-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000		Individual: \$4,000 Individual In a Family: \$7,000 Family: \$8,000	
Preventive Care	No charge		No charge	
Primary Care Office Visits	\$50 copay; must designate PCP		Ded/20% Coinsurance; must designate PCP	
Specialist Visits	\$75 copay; referral required		Ded/20% Coinsurance; referral required	
Inpatient Hospital Services	Ded/20% Coinsurance		Ded/20% Coinsurance	
Outpatient Hospital Services	Ded/20% Coinsurance		Ded/20% Coinsurance	
Emergency Room	Ded/20% Coinsurance		Ded/20% Coinsurance	
Urgent Care	\$100 copay		Ded/20% Coinsurance	
MRI, CT, PET Scans	Ded/20% Coinsurance		Ded/20% Coinsurance	
PRESCRIPTION DRUGS – RETAIL (30-DAY SUPPLY)				
Generic	\$10 copay		\$10 copay after deductible	
Preferred Brand	\$50 copay		\$50 copay after deductible	
Non-Preferred Brand	\$20% up to a maximum of \$120		20% after deductible to a maximum of \$120	
PRESCRIPTION DRUGS – RETAIL AND HOME DELIVERY (90-DAY SUPPLY)				
Generic	\$20 copay		\$20 copay after deductible	
Preferred Brand	\$100 copay		\$100 copay after deductible	
Non-Preferred Brand	\$20% up to a maximum of \$120		20% after deductible to a maximum of \$120	
	CIGNA SUREFIT \$1000		CIGNA SUREFIT HDHP	
EMPLOYEE PAYS PER PAYCHECK	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME
Employee	\$50.31	\$140.45	\$0.00	\$90.14
Employee + Spouse	\$186.36	\$333.16	\$80.71	\$227.51
Employee + Child(ren)	\$122.85	\$278.99	\$27.26	\$183.40
Family	\$225.74	\$433.28	\$82.36	\$289.90

Cigna Medical (Colorado and Regional Office Residents)

	OPEN ACCESS HDHP PLAN	
	IN NETWORK ONLY	OUT-OF-NETWORK
Calendar Year Deductible	Individual: \$1,000 Family:\$4,000	Individual: \$4,000 Family:\$8,000
Coinsurance (portion of eligible costs you will pay)	20%	50%
Annual Out-of-Pocket Maximum	Individual: \$4,000 Individual-In a Family: \$7,000 Family: \$8,000	Individual: \$8,000 Individual-In a Family: \$16,000 Family: \$16,000
Preventive Care	No charge	No charge (for ages 12 and under) Ded/50% Coinsurance (for ages 13 and up)
Primary Care Office Visits	Ded/20% Coinsurance	Ded/20% Coinsurance; must designate PCP
Specialist Visits	Ded/20% Coinsurance	Ded/50% Coinsurance
Inpatient Hospital Services	Ded/20% Coinsurance	Ded/50% Coinsurance
Outpatient Hospital Services	Ded/20% Coinsurance	Ded/50% Coinsurance
Emergency Room	Ded/20% Coinsurance	Ded/50% Coinsurance
Urgent Care	Ded/20% Coinsurance	Ded/50% Coinsurance
MRI, CT, PET Scans	Ded/20% Coinsurance	Ded/50% Coinsurance
PRESCRIPTION DRUGS – RETAIL (30-DAY SUPPLY)		
Generic	\$10 copay	50%
Preferred Brand	\$50 copay	50%
Non-Preferred Brand	\$20% up to a maximum of \$120	50%
PRESCRIPTION DRUGS – RETAIL AND HOME DELIVERY (90-DAY SUPPLY)		
Generic	\$20 copay	Not covered
Preferred Brand	\$100 copay	Not covered
Non-Preferred Brand	\$20% up to a maximum of \$120	Not covered

	CIGNA OAP HDHP	
EMPLOYEE PAYS PER PAYCHECK	FULL-TIME	PART-TIME
Employee	\$97.07	\$166.21
Employee + Spouse	\$271.33	\$382.23
Employee + Child(ren)	\$210.93	\$328.87
Family	\$353.09	\$508.22

Spending and Savings Accounts

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) allows you to put aside money on a pre-tax basis to pay for out-of-pocket medical expenses today, such as deductibles, coinsurance and copays. HSA funds remain in your account and roll over from year to year. Once enrolled in Medicare, participants are no longer eligible to contribute to an HSA. However, the funds in the Health Savings Account are still owned by the account holder and can be used to pay for medical expenses tax-free.

HSA Employer Contribution

If enrolled in the [Cigna SureFit HDHP](#) plan, National Jewish Health will make an annual contribution in January to your HSA to assist with healthcare expenses.

National Jewish Health Annual Contribution

Employee	\$200
Employee + Spouse	\$300
Employee + Child(ren)	\$350
Family	\$400

Employees who become eligible outside of open enrollment (new employees, status changes) will receive a prorated contribution after completing 90 days of employment.

HSA Employee Contribution

Employees may also contribute to their HSA account if enrolled in either the Cigna SureFit HDHP or Cigna Open Access Plan.

2021 HSA LIMITS

Individual	\$3,600
Family	\$7,200
Catch-up (Age 55+)	\$1,000

IMPORTANT: Contribution limits include both employee and employer dollars.

Spending and Savings Accounts

HEALTH CARE FSA

Employees who are enrolled in the Cigna SureFit \$1000 plan may participate in a Healthcare FSA account. FSA accounts are used to pay for eligible out-of-pocket medical, dental, and vision care expenses for you and your eligible dependent(s). As a reminder, the Healthcare FSA includes a feature that lets you carry over up to \$550 of unused funds to the next plan year. Unused funds greater than \$550 will be forfeited. The annual contribution limit for 2021 is \$2,750.

LIMITED PURPOSE FSA

Employees who are enrolled in a HDHP Plan may only participate in a “Limited Purpose” FSA not a “general” Healthcare FSA. A Limited Purpose FSA can only be used to pay for out of pocket dental and vision expenses.

Special note: Employees who elect the Cigna SureFit HDHP for January 1, 2021 and have an existing 2020 FSA Healthcare account will have their balance up to \$550 automatically rolled over to a Limited Purpose FSA.

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 2021 is \$5,000 per household. IRS rules do not allow a Dependent Care FSA to have a carryover feature.

COMPARE YOUR OPTIONS, HSA VS. FSA

	HSA	HEALTHCARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Enrolled in a Cigna SureFit HDHP or OPEN ACCESS HDHP	✓ Yes	✗ No	✓ Yes	✓ Yes
Enrolled in Cigna SureFit \$1000	✗ No	✓ Yes	✗ No	✓ Yes
Funds available in January of the plan year	✗ No, your contributions are available as deposited per paycheck. The employer contribution will be available in January.	✓ Yes	✓ Yes	✗ No, your contributions are available as deposited per paycheck.
You must re-enroll to continue deduction annually	✓ Yes	✓ Yes	✓ Yes	✓ Yes
You can change your election throughout the year	✓ Yes	✗ No, unless a qualifying event occurs	✗ No, unless a qualifying event occurs	✗ No, unless a qualifying event occurs
Funds roll over year to year	✓ Yes	✓ Yes, up to \$550	✓ Yes, up to \$550	✗ No

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	\$0	\$0	\$0	\$0
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

EMPLOYEES PAY PER PAYCHECK	DMO		LOW PPO		HIGH PPO	
	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME
Employee	\$3.22	\$4.98	\$12.18	\$13.94	\$19.54	\$21.30
Employee + Spouse	\$10.47	\$12.23	\$29.70	\$31.46	\$44.41	\$46.17
Employee + Child(ren)	\$14.27	\$16.03	\$43.71	\$45.47	\$64.30	\$66.06
Family	\$24.86	\$26.62	\$64.72	\$66.48	\$94.15	\$95.91

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

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE+CHILD(REN)	FAMILY
EMPLOYEE PAYS PER PAYCHECK	\$4.12	\$7.31	\$7.51	\$12.00

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 trifocals \$75 • Lined bifocals \$60 • 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.



Voluntary Benefits

CIGNA CRITICAL ILLNESS

Group voluntary critical illness coverage from Cigna 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 are 3 coverage options available: \$10,000, \$20,000 or \$30,000.**

NON-TOBACCO PER PAY CHECK RATES PER \$10,000		
ATTAINED AGE	EMPLOYEE	EMPLOYEE & SPOUSE
< 24	\$2.28	\$3.73
25 - 29	\$2.43	\$3.97
30 - 34	\$3.19	\$5.03
35 - 39	\$4.33	\$6.63
40 - 44	\$5.35	\$8.23
45 - 49	\$7.32	\$11.33
50 - 54	\$9.73	\$15.56
55 - 59	\$13.00	\$21.28
60 - 64	\$16.10	\$26.98
65 - 69	\$20.15	\$33.26
70 - 74	\$29.06	\$33.26
75 - 79	\$36.31	\$63.42
80 - 84	\$49.36	\$82.01
85+	\$72.78	\$119.64

TOBACCO PER PAY CHECK RATES PER \$10,000		
ATTAINED AGE	EMPLOYEE	EMPLOYEE & SPOUSE
< 24	\$2.62	\$4.27
25 - 29	\$3.01	\$4.88
30 - 34	\$4.31	\$6.72
35 - 39	\$6.74	\$10.23
40 - 44	\$8.88	\$13.50
45 - 49	\$13.07	\$20.13
50 - 54	\$17.77	\$28.02
55 - 59	\$23.40	\$37.85
60 - 64	\$28.12	\$46.41
65 - 69	\$33.97	\$54.41
70 - 74	\$46.06	\$73.28
75 - 79	\$55.14	\$90.57
80 - 84	\$71.39	\$114.64
85+	\$87.58	\$142.33

IMPORTANT: Rates are determined based on Employee's Age and will increase when you attain a new age bracket.

CIGNA HOSPITAL INDEMNITY

Group voluntary hospital indemnity from Cigna provides financial assistance when a covered person incurs a hospital stay resulting from a covered injury or illness. Please see the flyer on the Spyderweb for more detailed plan information.

COVERAGE LEVEL	PER PAY PERIOD RATES
Employee	\$12.46
Employee + Spouse	\$24.12
Employee + Child(ren)	\$16.47
Family	\$28.12

CIGNA ACCIDENT INSURANCE

Group voluntary accident coverage from Cigna provides a benefit when a covered person suffers covered injuries or undergoes a broad range of medical treatments or care resulting from an accident. Please see the flyer on the Spyderweb for more detailed plan information.

COVERAGE LEVEL	PER PAY PERIOD RATES
Employee	\$5.46
Employee + Spouse	\$9.69
Employee + Child(ren)	\$11.20
Family	\$15.43



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 up to \$500,000	\$25,000, \$50,000	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		

Retirement

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.



Time Away from Work

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).



Work/Life Benefits

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.

BRIGHT HORIZONS **NEW!**

Next time school is unexpectedly closed, you're between care solutions, or you or your regular caregiver isn't available, high-quality back-up care is just a click or call away. Register for free and Bright Horizons will secure reliable care for children, adults and elders when and where you need it.

[Register & Reserve Care Here](#)

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.

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.

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.

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

Vendor Contact Information

BENEFIT VENDOR	GROUP	TELEPHONE	WEBSITE
ARAG Legal Plan	18114	1-800-247-4184	www.ARAGLegalCenter.com Access Code: 18114njh
Bright Horizons		1-800-242-2737	https://clients.brighthouse.com/njhealth
Cigna Accident/Critical Illness/Hospital Indemnity		1-800-754-3207	www.suphealthclaims.com suphealthclaims@cigna.com
Cigna Dental	3339271	1-800-244-6224	www.cigna.com
Cigna Medical Plans	3339271		
Cigna One Guide Pre-Enrollment <i>(Open Enrollment and New Hires)</i>		1-888-806-5042	www.Cigna.com
Cigna One Guide Post-Enrollment <i>(Active participant support)</i>		1-800-244-6224	www.myCigna.com
ID Watchdog	2539	1-866-513-1518	www.idwatchdog.com
Retirements 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		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 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 Long-Term Care	553798	1-800-331-1538	https://services.unum.com/SelfReg/SelfReg_Claimant.aspx
Unum Short Term Disability	614240	1-800-421-0344	unuminfo.com/nationaljewish
Vision Service Plan	12065169	1-800-225-3665	www.vsp.com

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, 2021. 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.

NOTES

