

You can't
predict the future,
but you can
prepare for it.



2026 BENEFIT ENROLLMENT GUIDE



**National Jewish
Health®**

Breathing Science is Life®

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 18 for more information.

Your Benefits, Your Choices

At National Jewish Health, we believe that caring for our people means supporting every part of their lives, today and for the road ahead. Open Enrollment is your opportunity to pause, reflect, and make choices that protect your health, strengthen your family's well-being, and give you peace of mind for the year to come. Take this time to invest in yourself and those who matter most.

What's New and Changing for 2026?

- New for 2026, National Jewish Health is excited to offer a copay-based Surefit plan through Cigna. With no deductible and predictable copays for every service, this plan makes it easier to understand your costs and plan for your care, no surprises when you visit a provider.
- Important Plan Update: Beginning in 2026, the Local Plus option will no longer be offered. Employees can continue to choose between the Surefit and Open Access (OAP) plans, both of which provide comprehensive coverage.

As part of this transition, it's important to know that more than 85% of claims previously processed under the Local Plus plan were already covered by the Surefit plan, making the move simpler for most participants.
- For 2026, Surefit plan premiums will see a modest increase of \$1 to \$7.50 per paycheck, depending on the plan you select. Open Access (OAP) rates will stay the same for the new year.
- Starting in 2026, all employees enrolled in a medical plan will automatically receive Hospital Indemnity coverage at no cost. This valuable benefit provides extra financial protection to help cover unexpected expenses if you're hospitalized, giving you added peace of mind when you need it most.
- Special Opportunity for 2026: For the 2026 Open Enrollment, New York Life is waiving Evidence of Insurability (EOI) up to the guaranteed issue amounts for Voluntary Life Insurance and Buy-Up Disability coverage. This means you can add or increase your coverage without medical exams or health questions. Don't miss this chance to enhance your financial protection with ease.
- New for 2026! Roth 403(b) Option: You now have the power to save your way for retirement. Contribute after-tax dollars and enjoy tax-free withdrawals in retirement. It's a smart new way to grow your financial future with more flexibility and control.

BE READY FOR ENROLLMENT

National Jewish Health provides a full range of benefits that address your needs now and in the future.

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Enrollment Information

Do I Need to Enroll?

Before deciding whether you need to enroll in National Jewish Health's health and group benefits, take a close look at all the benefits and options we offer you. You may experience changes from year to year, and there likely will be changes to what you pay for coverage each year. It's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

To elect 2026 benefits, you are highly encouraged to enroll during Open Enrollment! If you don't enroll, you will miss your opportunity to change elections for the 2026 plan year.

When Can I Enroll?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. Open Enrollment is November 3, 2025 to November 14, 2025 with your benefit choices being effective January 1, 2026. Our benefits plan year is January 1, 2026 to December 31, 2026.

If you are enrolling as a new employee, your coverage will begin the first of the month following your date of hire. New hires will have 31 days to complete their enrollment.

Who We Cover

Employees:

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.

Dependents:

- Your legal spouse or domestic partner
- Your children up to age 26 (children may include biological, adopted, stepchildren, and children for whom you have legal guardianship)
- Your children over age 26 who are not able to support themselves due to a physical or mental disability

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.

How To Enroll

We offer different ways to enroll to give you the level of support that is best for you.



Online — From Work: To support you in your benefit decisions National Jewish Health will be partnering with Brite benefits. Visit the **Brite website** prior to enrolling! To enroll in your benefits, please log in to Oz. Log in using your National Jewish Health network credentials. Select Employee Self Service from the top menu bar, then select the Benefit Details tile and Benefits Enrollment.



Online — From Home: Visit <https://pshcm.njhealth.org/ps/signon.html> to register or log in and follow the prompts to complete your self-service enrollment.



In Person-By Appointment: Please contact BenefitsDept@njhealth.org to schedule.

Additional Information

Spouse/Domestic Partner Coverage

If your spouse/domestic partner has access to other health coverage, such as through their employer, and that coverage meets the minimum requirements of the Affordable Care Act, you will be able to cover them under your National Jewish Health plans, but will be charged a spousal surcharge. The surcharge of \$125 per pay check will apply. During enrollment, employees will be asked if their spouse has coverage through their own employer.





Medical Benefits

National Jewish Health offers 2 networks with Cigna! Choose the best network that fits you and your family's needs from the Surefit and Open Access networks.

New for 2026! National Jewish Health will be offering a copay-based plan called SimplePlan with the Surefit network. If you elect the Surefit SimplePlan option, you will have no deductibles or coinsurances, only copays. Allowing you

and your family to know the price of healthcare before receiving the service!

SimplePlan uses the Surefit network and has all the same providers in-network as Surefit. If you are on the Surefit plan today, you will not lose access!

Did You Know?

With a National Jewish Health medical plan, you will have access to Cigna One Guide. Cigna One Guide helps you navigate health care to make smart health care choices and achieve better outcomes.



BENEFIT	SUREFIT SIMPLEPLAN		OPEN ACCESS \$2,500 HDHP		OPEN ACCESS \$2,500 HDHP NON-COLORADO	
NETWORK	SUREFIT		OPEN ACCESS IN-NETWORK	OPEN ACCESS OUT-OF-NETWORK	OPEN ACCESS IN-NETWORK	OPEN ACCESS OUT-OF-NETWORK
Calendar Year Deductible (Individual/Family)	\$0/\$0		\$2,500/\$4,500	\$4,000/\$8,000	\$2,500/\$4,500	\$4,000/\$8,000
Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000		\$4,500/\$9,000	\$8,000/\$16,000	\$4,500/\$9,000	\$8,000/\$16,000
Physician Services						
Primary Care Office Visit	\$50 copay/ MD Live \$0 copay		Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Specialist Office Visit	\$85 copay/ MD Live \$0 copay		Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Hospital Services						
Inpatient & Outpatient	\$1,500/\$750		Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Emergency Room	\$500 copay		Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Urgent Care	\$150 copay/ MD Live \$0 copay		Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
MRI, CT, PET	\$500 copay		Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
PER PAYCHECK DEDUCTIONS	FULL-TIME	PART-TIME	FULL-TIME CO	PART-TIME CO	EMPLOYEES LIVING OUTSIDE OF CO	
					FULL-TIME	PART-TIME
Employee Only	\$23.50	\$139.26	\$131.50	\$209.13	\$75	\$171.69
Employee + Spouse/Domestic Partner	\$50.00	\$265.58	\$325.00	\$457.74	\$250	\$405.66
Employee + Child(ren)	\$37.50	\$252.10	\$249.00	\$391.37	\$160	\$331.30
Family	\$58.00	\$359.39	\$415.00	\$603.11	\$300	\$523.25

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, customary, and reasonable charges apply for all out-of-network benefits.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service.

Prescription Drug Benefits

Prescription coverage is included in your medical plan. Your prescription plan details are as follows:

PRESCRIPTION DRUGS	SUREFIT SIMPLEPLAN	OPEN ACCESS \$2,500 HDHP		OPEN ACCESS \$2,500 HDHP NON-COLORADO	
RX - Generic	\$20	Deductible then \$10	Deductible then 50%	Deductible then \$10	Deductible then 50%
RX - Preferred Brand	\$40	Deductible then \$50	Deductible then 50%	Deductible then \$50	Deductible then 50%
RX - Non-preferred Brand	\$70	Deductible then 20% up to a maximum of \$120	Deductible then 50%	Deductible then 20% up to a maximum of \$120	Deductible then 50%

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, customary, and reasonable charges apply for all out-of-network benefits.



Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. National Jewish Health offers critical illness insurance, accident insurance, and hospital indemnity insurance.*

Please note: These plans are not replacements for medical insurance.

*The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. Please see your Summary Plan Description (SPD) for complete details.

Hospital Indemnity Insurance

New for 2026! Those enrolling in a National Jewish Health medical plan will automatically be enrolled in the hospital indemnity plan at no cost to you!

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital indemnity insurance from Cigna pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your summary plan description (SPD) for complete details.

Key Features

- Guaranteed Acceptance
- Coverage: Associate, Spouse and Child(ren)
- Health Savings Account (HSA) Compliant
- No age-benefit reduction
- Coverage is portable
- No Pre-Existing Condition Limitation
- No Maternity Waiting Period

Covered Events

- Maternity
- Hospital Admission
- ICU and NICU Admission
- Hospital Confinement
- ICU and NICU Confinement
- Nursery Benefit Admission
- Preventive Care/Wellness

Pays for accident and sickness upon confinement in a hospital—includes pregnancy.



Health Screening Benefit

Both the accident and hospital indemnity insurance plans provide a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Scenario

A woman is admitted to a tier 1 facility hospital and gives birth. The baby is admitted into the nursery. Mom and the baby are discharged after 2 days. Employee only coverage is in force.

	CIGNA
Mother Admission	\$1,250
2 Daily Confinement Days — Mother (Admission Day + 1 Additional Day)	\$125
Newborn Benefit	\$625
Total	\$2,000

Benefits Design

Below is a highlight of the two-tiered benefits; additional covered conditions may be offered by carriers. **Tier 2** means a place of service that is not owned, operated, or controlled by, and/or affiliated with or contracted to be a **Tier 1** in-network provider with National Jewish Health. **If you visit a Tier 1, it's a 25% increase in benefits!**

	CIGNA
Pre-Existing Condition Limitation	Waived
Maternity Limitation	None
	CIGNA
Initial Hospital Admission; Limitations	\$1,000; 1x/every 60 days
Additional Tier 1 Benefit (+25%)	\$250
Daily Stay; Limitations	\$100; 30 days/year; 1x/every 60 days
Additional Tier 1 Benefit (+25%)	\$25
Daily ICU Stay; Limitations	\$200; 30 days/year; 1x/every 60 days
Additional Tier 1 Benefit (+25%)	\$50
Skilled Nursing Facility Care	\$50; 30 days/lifetime
Additional Tier 1 Benefit	\$13
Chronic Condition Admission	\$50; 1x/every 60 days
Additional Tier 1 Benefit	\$13
Newborn	\$500
Additional Tier 1 Benefit (+25%)	\$125

Deductions

	SEMI-MONTHLY RATES	
	EE'S ENROLLED IN A MEDICAL PLAN	EE'S NOT ENROLLED IN MEDICAL
Employee	\$0.00	\$12.09
EE + Spouse	\$11.31	\$23.40
EE + Child(ren)	\$3.89	\$15.98
Family	\$15.20	\$27.29

NOTE: National Jewish will be covering the employee only cost for all employees enrolled in a National Jewish Health medical plan to help offset the cost of a hospital visit with that plan.

You will have the option to buy-up coverage for your family.

NOTE: This plan is not a replacement for medical insurance.



Supplemental Medical Benefits

Critical Illness Insurance

Group voluntary critical illness coverage from Cigna provides a lump-sum 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. Coverage now available up to \$40,000!

Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse/domestic partner and children as riders to your coverage. Rates for additional family coverage are available during enrollment.**
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery.

NOTE: This plan is not a replacement for medical insurance.

NON-TOBACCO	EMPLOYEE SEMI-MONTHLY RATES	TOBACCO	EMPLOYEE SEMI-MONTHLY RATES
Age 18	\$2.21	Age 18	\$2.54
Age 25	\$2.35	Age 25	\$2.91
Age 30	\$3.09	Age 30	\$4.18
Age 35	\$4.20	Age 35	\$6.53
Age 40	\$5.18	Age 40	\$8.61
Age 45	\$7.10	Age 45	\$12.67
Age 50	\$9.43	Age 50	\$17.23
Age 55	\$12.61	Age 55	\$22.69
Age 60	\$15.61	Age 60	\$27.27
Age 65	\$19.54	Age 65	\$32.95
Age 70	\$28.18	Age 70	\$44.67
Age 75	\$35.22	Age 75	\$53.48
Age 80	\$47.87	Age 80	\$69.24
Age 85+	\$70.59	Age 85+	\$84.95

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



Health Screening Benefit

The critical illness insurance plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Did You Know?

Yearly out-of-pocket costs were equal to **10% or more** of household income.

Commonwealth Fund, 2024 Biennial Health Insurance Survey, 2024





Supplemental Medical Benefits

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.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse/domestic partner and children.*
- **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- **Portable Coverage:** You can take your policy with you if you change jobs or retire.

TIER LEVEL	SEMI-MONTHLY RATES
Employee Only	\$5.30
EE + Spouse	\$9.40
EE + Child(ren)	\$10.86
Family	\$14.97

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.



Health Screening Benefit

Both the accident and hospital indemnity insurance plans provide a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Virgin Pulse with Cigna!

Get motivated with Cigna's Virgin Pulse incentive program which combines rewards, technology and goal setting. This program is available for National Jewish Health employees enrolled in a Cigna medical plan. **Employees can earn up to \$350 through Virgin Pulse!** Rewards are paid out on a Visa debit card and can be applied to any purchase of your choosing.

Engage in activities that fit your interests:

- **Daily content cards:** Every day, you'll receive two new tips to help you live well. We'll make sure they're about the areas that interest you the most. In fact, the more you customize your profile, the more relevant they'll be.
- **Digital coaching:** Journeys® personalized digital coaching gives you small, achievable steps that allow you to "try on" and build healthy habits that stick.
- **Healthy habits:** Within the experience, you can track the daily wellness behaviors you would like to focus on. Being more mindful of certain behaviors will help you make small, everyday changes that will lead to big results.
- **Well-being challenges:** Challenge friends to create new habits with some healthy competition.

Earn rewards for:

- Preventative Care visits, either medical or dental
- Cigna Telephonic Coaching
- Participating in the Omada program
- Refilling your prescription through Express Scripts

Review and redeem the incentives at www.myCigna.com.

Health Savings Account (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

You can contribute money to your HSA and use it any time for qualified health care expenses. Whatever you don't use rolls over for future years and earns interest. Better yet, HSAs provide tax advantages.

Keys to Growing Your Health Savings Account (HSA):

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	\$4,400*	\$4,400
Family Coverage	\$8,750*	\$8,750

NOTE: If an individual reaches age 55 by the end of the calendar year, they can contribute an additional \$1,000.



Dental Benefits

Your dental health is an important part of your overall wellness. You may choose from the following dental insurance plans through Cigna.

New for 2026! Adult Orthodontia will be covered on the Dental High Plan and will be removed from the Dental Low Plan.

BENEFIT	DHMO		LOW PPO		HIGH PPO	
			IN-NETWORK	OUT-OF-NETWORK		
Annual/Calendar Year Maximum	Unlimited		\$1,500	\$1,500	\$2,000	
Annual/Calendar Year Deductible (Individual/Family)	None		\$50/\$150	\$100/\$300	\$50/\$150	
Preventive Services	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	
EMPLOYEE PAYS PER PAYCHECK	FULL-TIME		PART-TIME		FULL-TIME	PART-TIME
Employee Only	\$2.50		\$4.50		\$12.56	\$14.64
Employee + Spouse/Domestic Partner	\$4.00		\$7.90		\$25.44	\$29.48
Employee + Child(ren)	\$5.00		\$9.82		\$37.60	\$42.61
Family	\$7.50		\$14.99		\$59.77	\$64.78
					\$83.47	\$91.26

What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.



Vision Benefits

National Jewish Health offers vision coverage through VSP. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

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.

BENEFIT	VSP COVERAGE
Exam <i>Focuses on your eyes and overall wellness</i>	\$15.00
Lenses <i>Single vision, lined bifocal, and lined trifocal lenses</i>	• Single vision, lined bifocal, and lined trifocal lenses
Frames	• \$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
Contact Lenses Instead of Glasses	
Conventional/Disposable	• Copay - up to \$60 • \$155 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)
Extra Savings	
Glasses & Sunglasses	• 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	• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Laser Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities
BI-WEEKLY PAYCHECK DEDUCTIONS	
Employee Only	\$4.32
Employee + Spouse/Domestic Partner	\$7.68
Employee + Child(ren)	\$7.89
Family	\$12.60

NOTE: ID Card not required for vision services.



Flexible Spending Accounts (FSAs)

Reduce your tax bill while putting aside money for health care and dependent care needs.

Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. National Jewish Health offers three types of accounts – a health care FSA, a limited purpose FSA, and a dependent care FSA.



HEALTH
CARE
FSA

Deductibles, copays,
prescription drugs, medical
equipment, etc.



LIMITED
PURPOSE
FSA

Works with HSA eligible
medical plans to cover dental and
vision expenses



DEPENDENT
CARE
FSA

Babysitters, day care,
day camp, home nursing
care, etc.

How Flexible Spending Accounts (FSAs) Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are separate — if eligible, you may choose to participate in one, all, or none. You cannot use money from the health care FSA to cover expenses eligible under the dependent care FSA or vice versa.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES*
Health Care Flexible Spending Account	\$3,400	Copays, deductibles, orthodontia, over-the-counter medications, etc.
Limited Purpose Flexible Spending Account	\$3,400	Eligible dental and vision expenses
Dependent Care Flexible Spending Account	\$7,500 per household	Day care, nursery school, elder care expenses, etc.

*See IRS Publications 502 and 503 for a complete list of covered expenses.

NOTE: Employees enrolled in the Dependent Care Flexible Spending Account will receive an employer match up to \$1,000 annually.

Use It Or Lose It!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled. If you have any money left in your Health Care FSA at the end of the plan year, you may carry over up to \$680 for use in the next plan year.



Disability Insurance

Your ability to bring home a paycheck is a valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

Did You Know?

44% of people 65 or older have a disability.

28% of people 45 to 64 have a disability.

21% of people 18 to 44 have a disability.

Disability Insurance Statistics and Facts, 2024



Employer-Paid Short-Term Disability (STD)

National Jewish Health will be paying for your short-term disability plan! Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. National Jewish provides basic short-term disability coverage at no cost to you and enrollment is automatic. If you are out of work for two weeks (14-day waiting period) and are declared disabled, you will receive 60% of your base earnings, up to a weekly maximum of \$3,000.

Buy-Up Short-Term Disability

Depending on your household budget, you may need additional disability coverage. To help you increase your disability protection, National Jewish Health has negotiated a special rate that allows eligible employees to purchase additional short-term coverage at an affordable cost.

This plan does not cover pre-existing conditions. With the Buy-Up plan, if you are not able to work after 14 consecutive days of disability due to an eligible injury or illness, this benefit pays 66.67% of your weekly base earnings, up to a weekly maximum of \$3,500 for up to 26 weeks.

- The plan costs \$0.12 monthly per \$10 of weekly covered benefit.

Long-Term Disability (LTD)

Long-Term Disability (LTD) Insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. This benefit is also fully paid for by the company and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of \$6,000 per month (\$14,000 for Faculty and Executives). Benefits begin after six months.

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: \$0.22 per \$100 monthly



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

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures your family's future is financially secure if you're no longer there to provide for them.

National Jewish Health provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio.

Basic Term Life and AD&D Insurance

National Jewish Health provides eligible employees with basic term life and accidental death and dismemberment (AD&D) coverage at no cost to you and enrollment is automatic.

- **Basic Term Life:** The benefit is equal to one times your base annual earnings to a maximum of \$500,000.
- **AD&D:** If you are seriously injured or lose your life in an accident, you will be eligible for coverage in the amount of one times your annual salary (up to \$500,000).

Supplemental Life and AD&D Insurance

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Voluntary Employee:** One to six times your salary up to \$1,000,000. Guaranteed Issue is the lesser of 3 times annual compensation or \$500,000.*
- **Voluntary Spouse/Domestic Partner:** Coverage available at \$25,000, \$50,000, \$75,000 or \$100,000. Guaranteed Issue applies to \$25,000 and \$50,000.*
- **Voluntary Child(ren):** Units of \$5,000 to \$20,000 (Coverage for children between birth and 6 months of age is limited to \$5,000). Guaranteed Issue applies to all coverage levels.*

*Available during initial enrollment, no EOI.

Supplemental AD&D Insurance

You may choose to purchase supplemental AD&D insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Voluntary Employee:** One to six times your salary up to \$1,000,000.
- **Voluntary Spouse/Domestic Partner:** 50% of employee AD&D or 60% of employee AD&D if no children. Maximum benefit amount is \$600,000.
- **Voluntary Child(ren):** 10% of employee AD&D or 15% of employee AD&D if no spouse/domestic partner. Maximum benefit amount is \$35,000.

NOTE: When you or your spouse are age 65 or older, your Life Insurance Benefit will reduce to the percentage shown below:

- 65% of the Life Insurance Benefit at age 65.
- 50% of the Life Insurance Benefit at age 70.

LIFE INSURANCE PLAN COMPARISON CHART

BASIC TERM LIFE	SUPPLEMENTAL LIFE
The premiums are fully company paid.	The premiums increase as you age.
This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.	This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.
Coverage ends when you leave the company.	You may have the option to change to an individual policy that you can continue.

SUPPLEMENTAL LIFE RATES PER \$1,000 OF COVERAGE

AGE	EMPLOYEE & SPOUSE	CHILD(REN)
<20	\$0.05	\$0.25
20-24	\$0.05	
25-29	\$0.06	
30-34	\$0.08	
35-39	\$0.09	
40-44	\$0.13	
45-49	\$0.22	
50-54	\$0.36	
55-59	\$0.53	
60-64	\$0.67	
65-69	\$1.27	
70+	\$2.17	

SUPPLEMENTAL AD&D RATES PER \$1,000 OF COVERAGE

Employee	\$0.02
Family	\$0.04



Additional Benefits

We offer a variety of additional benefits that give you options beyond health care and income protection.

Identity Theft Insurance

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

National Jewish Health has partnered with ID Watchdog to offer Identity Monitoring, Identity Theft Detection, and Resolution Services.

Protection Services Include:

- Credit reports and monitoring
- Court records monitoring
- Bank account takeover monitoring
- Sex offender monitoring
- Criminal bookings monitoring
- Credit application monitoring
- Real time authorization notifications
- Change of address monitoring
- Child Social Security number monitoring
- Full-service identity restoration services
- Social Security number trace
- Unemployment Claims Fraud Watch
- ID Watchdog is employee paid and is covered at \$4.05 per employee and \$7.10 for family members per pay period.

Legal Insurance

The LegalEase plan provides access to a network of participating attorneys for help with a wide range of legal matters, such as:

- Court appearances
- Document review and preparation
- Debt collection defense
- Will preparation
- Family law
- Real estate matters

The LegalEase Insurance plan is \$8.47 per pay-period.

For more information visit <https://www.legaleaseplan.com/nationaljewish> or call 1-800-248-9000.

Auto/Home Insurance

This voluntary program is offered as a payroll deduction and convenience to employees.

Depending on your individual circumstances, automobile and homeowners insurance may be discounted up to 10%. You are eligible to enroll in auto and home insurance at any time throughout the year. You can request a free quote from Farmers Auto & Home by visiting the National Jewish Health Benefits Spyderweb page.

Did You Know?

A child's Social Security number gives ID thieves a fraudulent "clean slate." Monitor your child's credit report as often as your own.



Pet Insurance

Get coverage for every member of the family. With MetLife pet insurance, you'll have peace of mind knowing you can get help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more.

To enroll visit www.metlife.com/getpetquote or call 1-800-GET-MET8.

Employee Discounts

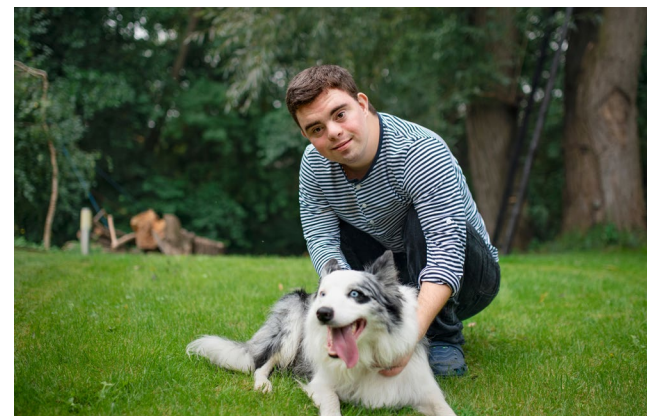
Your work-life balance and general well-being are as important to us as the work you contribute. That's why we're excited to offer you the TicketsatWork Discount Program, your one-stop shop for exclusive and convenient savings on the products, services, and experiences you know and love.

It's cost-free and easy to enroll. Just visit www.ticketsatwork.com and use the company code NJHEALTH.

Omada

National Jewish Health offers Omada to qualified Cigna medical plan members.

The program offers a digital lifestyle change program that can help you lose weight, feel fantastic, and develop long-term healthy habits. For more information and to determine if you qualify, just take Omada's one-minute health screening questionnaire at <https://go.omadahealth.com/njhealth>.





Additional Benefits

SupportLinc Employee Assistance Program (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. National Jewish Health knows how important it is to have support when you need it most. Our employee assistance program (EAP) with SupportLinc is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns.

Plan Features

- Provided at no cost to you and your household members
- Includes up to five counseling sessions
- Includes mobile features such as Virtual Support Connect and texting options
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call **1-888-881-5462** or visit www.supportlinc.com, Username: njh.

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 National Jewish Health Spyderweb.

Faculty/Executives

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

Staff

National Jewish Health 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.

Tuition Reimbursement

After 6 months of service, benefit eligible employees are able to apply for tuition reimbursement up to \$5,250 annually. Please review the policy on SpyderWeb for more information.



Get More Information

BENEFIT	GROUP	WHO TO CALL	WEBSITE/EMAIL	PHONE NUMBER
Medical & Prescription Drug				
Pre-Enrollment	3339271	Cigna Medical Plans - Cigna One Guide (Pre-enrollment)	www.Cigna.com	1-888-806-5042
Post-Enrollment	3339271	Cigna Medical Plans - Cigna One Guide (Post-enrollment)	www.myCigna.com	1-800-244-6224
Dental	3339271	Cigna Dental	www.Cigna.com	1-800-244-6224
Vision	12065169	Vision Service Plan	www.vsp.com	1-800-877-7195
Flexible Spending Accounts, & Health Savings Account		Rocky Mountain Reserve FSA, & HSA	www.rockymountainreserve.com	1-888-722-1223 Fax: 1-866-557-0109
Basic Life & Accidental Death		New York Life Life, AD&D	https://www.newyorklife.com/	1-800-225-5695
Short-Term Disability & Long-Term Disability		New York Life Short-Term Disability & Long-Term Disability	www.myNYLGBS.com	1-888-842-4462
Accident, Critical Illness, & Hospital Indemnity		Cigna Accident, Critical Illness, & Hospital Indemnity	www.supphealthclaims.com supphealthclaims@cigna.com	1-800-754-3207
ID Theft Protection	2539	ID Watchdog	www.idwatchdog.com	1-800-970-5182
Legal Services	1000447	LegalEase Legal Plan	https://www.legaleaseplan.com/nationaljewish	1-800-248-9000
Auto & Home Insurance		Farmers Auto & Home	www.farmers.com/groupselect	
Pet Insurance		MetLife Pet Insurance	www.metlife.com/getpetquote	1-800-GET-MET8
Employee Assistance Program		SupportLinc Employee Assistance Program	www.supportlinc.com Username: njh	1-888-881-5462
Benefit Education Tool	N/A	Brite	https://britehr.app/NJH	
Retirement 403(b) Savings Plan				
Fidelity Investments	56826	Fidelity Investments	www.fidelity.com	1-800-343-0860
TIAA	407042	TIAA	www.tiaa.org/njh	1-800-842-2776

ABOUT THIS GUIDE: Actual plan provisions for National Jewish Health ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

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Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. This guide and these notices constitute the plans' Summary Material Modification for the 2026 plan year. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan.

Enclosed are important notices about your rights under your health and welfare plan (National Jewish Health and Welfare Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of 1/1/2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. National Jewish Health reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the National Jewish Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the National Jewish Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

National Jewish Health, Human Resources
1400 Jackson Street M106
Denver, CO 80206

If you have any questions, please contact the National Jewish Health Human Resources Office at **1-303-398-1035**.

Patient Protection Notice

National Jewish Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-800-244-6224**.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Human Resources for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from National Jewish Health About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with National Jewish Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. National Jewish Health has determined that the prescription drug coverage offered by the Medical Plan through Cigna is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current National Jewish Health coverage will not be affected.

Your National Jewish Health coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

NOTE: THIS APPLIES TO ACTIVE PLANS; OTHER PLANS MAY VARY.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with National Jewish Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through National Jewish Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2026

Name of Entity/Sender: National Jewish Health

Contact: Employee Benefits

Address: 1400 Jackson St,

Denver, CO 80206

Phone Number: **1-303-398-1740**

Your ERISA Rights

As a participant in the National Jewish Health benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called “fiduciaries,” and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;

- You disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA’s website: <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA’s website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

General Notice of Continuation Coverage Rights Under COBRA Introduction

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become

eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to National Jewish Health Human Resources.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit

<https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

National Jewish Health and Welfare Plan
National Jewish Health Human Resources
BenefitsDept@NJHealth.org
1-303-398-1740

Summaries of Benefits and Coverage (SBCs)**Availability Notice**

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: <https://www.nationaljewish.org/employee-benefits-hr/overview>. A paper copy is also available, free of charge, by calling 1-303-398-1740 (a toll-free number).

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the National Jewish Health group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 day after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact National Jewish Health Human Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
2. ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dlfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremiassistance@accenture.com
15. MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS-NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

17. MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rte Share Line)
29. SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. TEXAS – Medicaid
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

