



**National Jewish
Health®**

We Never Say Never.®



2027 Benefit Guide



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 Changing in 2027?

- New for 2027, National Jewish Health will be moving medical, dental, and supplemental health plans to **Aetna**.
- Vision coverage will continue through VSP with enhanced benefits, including an increased frame allowance of \$180 and the option to add blue light therapy covered in full up to \$180.
- Special Opportunity for 2027: New York Life is waiving Evidence of Insurability (EOI) up to the guaranteed issue amount for Voluntary Life Insurance and Buy-Up Disability coverage.

About this Guide:

This Open Enrollment Guide includes updates to the plans offered through National Jewish Health that will take effect on January 1, 2027. These updates represent material modifications to the plan and, as such, this Guide is intended to serve as a Summary of Material Modifications (SMM). For more detailed information, please refer to your plan benefit summaries or summary plan descriptions (SPDs). If any discrepancy exists between this guide and the official documents, the official documents will prevail.

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

Who's eligible

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.

Eligible dependents

- Your legal spouse or domestic partner
- Your children (biological, adopted, or stepchildren) up to age 26
- Children over age 26 who have a disability and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

You will be required to provide proof of eligibility for any new dependent you want to add to your coverage. The Benefits Department will reach out to collect the documentation.

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 paycheck will apply. During enrollment, employees will be asked if their spouse has coverage through their own employer.



Enrollment opportunities

Open enrollment

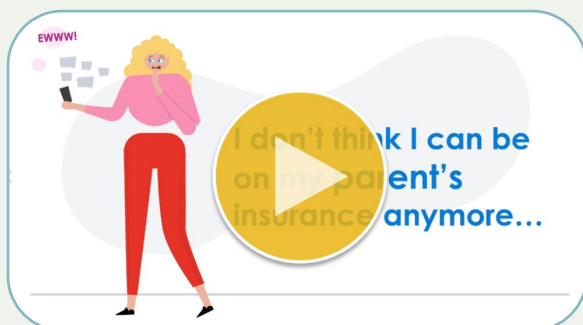
Each year, open enrollment is your opportunity to enroll in or change your benefits. If you miss this window, you'll need to wait until the next open enrollment period unless you experience a qualifying life event (QLE).

November 2nd – 13th, 2026

This year's open enrollment is active and requires action: You must enroll to have coverage for 2027. Your current benefits will not automatically carry over. If you do not enroll, you will have no coverage for the 2027 plan year.

New Hires

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.



Life happens

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Special enrollment periods

Most of the time, you can only make changes during open enrollment. But you may be able to make changes sooner if you have a big life change (a QLE).

Here are some common QLEs:

- You get married, divorced, or legally separated.
- You have or adopt a child.
- Your child no longer qualifies for coverage.
- Your job status changes (or your spouse's job changes).
- You move to a new area with different doctors or plans.
- You or a family member gains or loses other health coverage.
- You or a family member becomes eligible for Medicare, Medicaid or CHIP.
- A court orders you to cover your child.

Important: You must request changes within 31 days after the event (60 days for CHIP events). If you miss the deadline, you will need to wait until the next open enrollment.

If you have or are about to have a qualifying life event, contact

BenefitsDept@njhealth.org immediately to initiate your special enrollment period.



How to Enroll

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

Before you enroll

Have dates of birth and Social Security numbers ready for eligible dependents you want to cover.

- **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 an appointment.

Questions about your benefits?

An Alliant Benefit Advocate is here to help you. They are trained experts who can explain your benefits in a simple way.

What they can help with

- General benefit questions
- Who is eligible and what is covered
- Finding doctors in your plan's network
- Help with billing or claims issues (as needed)
- Making changes after life events (like marriage, a new child, or divorce)

Claims assistance

If you need help with a claim, you may need to fill out a HIPAA authorization form. This form gives your Benefit Advocate permission to talk to your doctor or insurance company.

- The form only allows limited access.
- Only the people listed on the form can help.
- You can cancel permission at any time.

Your Benefit Advocate will provide the form to you when needed.



Contact your Alliant Benefit Advocate

Email: benefitsupport@alliant.com

Phone: (800) 489-1390

Hours: 5 a.m.–5 p.m. (Pacific Time)
Monday–Friday

Medical Plans



You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

OA HMO		HDHP w/ HSA	
In-Network Only		In-Network	Out of Network
Deductible (Individual / Family)	\$0 / \$0 Embedded	\$2,000 / \$4,000 Aggregate	\$4,000 / \$8,000 Aggregate
Out-of-pocket maximum (Individual / Family)	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Coinsurance	0%	20%	50%
Exams			
PCP visit	\$50 copay	20% after deductible	50% after deductible
Specialist visit	\$85 copay	20% after deductible	50% after deductible
Virtual visit	Covered at 100%	Covered at 100%	N/A
Preventive exam	Covered at 100%	Covered at 100%	50% after deductible
Diagnostic services			
Labs and X-rays	Lab: \$0, X-Ray: \$85 copay	20% after deductible	50% after deductible
Complex Imaging	\$300 copay	20% after deductible	50% after deductible
Therapeutic services			
Chiropractic	\$50 copay (10 visits per year)	20% after deductible (10 visits per year)	50% after deductible
Acupuncture	\$85 copay (20 visits per year)	20% after deductible (20 visits per year)	50% after deductible
Facility services			
Urgent care	\$100 copay	20% after deductible	50% after deductible
Emergency room	\$500 copay	20% after deductible	50% after deductible
Outpatient surgery	\$750 copay then 100%	20% after deductible	50% after deductible
Inpatient Hospitalization	\$1,500 copay then 100%	20% after deductible	50% after deductible

Rx coverage

OA HMO		HDHP w/ HSA
Prescription Drugs		Aetna Advanced Control Formulary
Generic (Tier 1)	\$20 copay	\$10 copay
Preferred Brand (Tier 2)	\$40 copay	\$50 copay
Non-Preferred Brand (Tier 3)	\$70 copay	\$90 copay
Mail Order (90 day supply)	2x Retail	2x Retail

Know where to go

Choosing the right place for care can help you save time and money.

Nurse line (\$)

Often available 24/7 at no cost. Use it for:

- 👂 Health questions
- 👂 Advice from a nurse
- 👂 Help deciding where to get care

Online visit (\$)

Often available 24/7. Use it for:

- 👂 Minor illnesses
- 👂 Cold or flu symptoms
- 👂 Rashes or allergies
- 👂 Quick care from home

Office visit (\$\$)

Typically open during regular business hours. Use it for:

- 👂 Regular checkups
- 👂 Ongoing health concerns
- 👂 Preventive care
- 👂 Non-urgent medical needs

Urgent care (\$\$\$)

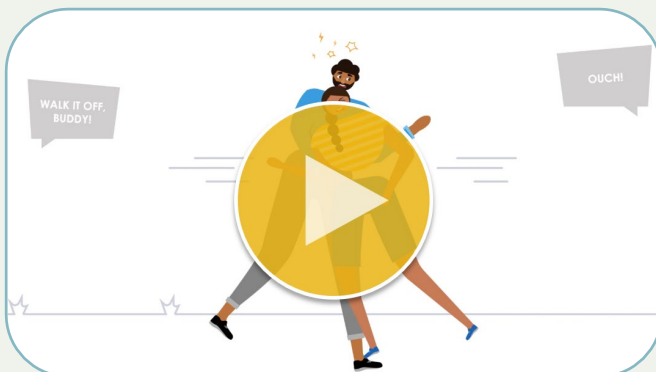
Typically open with extended evening and weekend hours. Use it for:

- 👂 Injuries or illnesses that need quick care
- 👂 Sprains or minor broken bones
- 👂 Fever, infections, or cuts
- 👂 Care when your doctor's office is closed

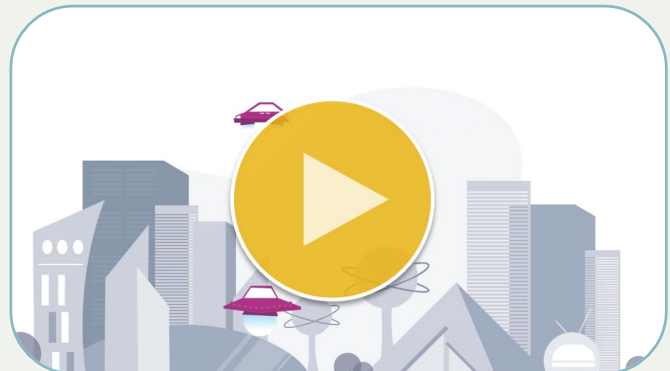
Emergency room (\$\$\$\$)

Open 24/7. Use it for serious emergencies, such as:

- 👂 Chest pain
- 👂 Trouble breathing
- 👂 Severe injuries
- 👂 Heavy bleeding
- 👂 Signs of a stroke



Urgent Care vs. ER



Virtual Healthcare

Alternative facilities

You may be able to save money by using a different location for certain treatments or services. Some facilities can provide the same care at a lower cost than a hospital. The following savings estimates are based on in-network facilities and providers.

If you need surgery

You could visit up to 50% by going to a surgical center instead of a hospital. Surgical center features include:

- 🌀 Same-day surgeries
- 🌀 Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more
- 🌀 The same safety standards as hospitals

For physical therapy

You could save 40–60% by going to a physical therapy center instead of a hospital. Physical therapy center features include:

- 🌀 Same types of treatment as hospitals
- 🌀 Skilled physical therapists to help with recovery and movement

Getting a sleep study

You could save up to \$4,500 by having your sleep study done at home instead of in a lab. With at-home sleep studies:

- 🌀 Obstructive sleep apnea can be diagnosed
- 🌀 Cost is often covered by insurance if considered medically necessary

For infusion therapy

Infusion therapy is for medicines that must be given through intravenous injections or epidurals. You could save up to 90% by getting infusion therapy at home or at an outpatient infusion center instead of a hospital. Features of at-home or infusion center treatment include:

- 🌀 Delivery by licensed infusion therapy providers
- 🌀 Can help you stay comfortable and continue your normal daily routine

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital.

Check your health plan's website or contact your carrier for help finding lower-cost, in-network facilities.

Online tools such as [healthcarebluebook.com](https://www.healthcarebluebook.com) and [healthgrades.com](https://www.healthgrades.com) help you compare costs and ratings.

Some alternative facilities include a fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

Health Savings Account (HSA)

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses you have today and save for expenses you may have in the future.

How an HSA works

- You can only open an HSA if you enroll in the HDHP medical plan.
- You can add your own money up to the 2027 IRS yearly limit:
 - Individual: \$4,500
 - Family: \$9,000
 - Age 55+: \$1,000 extra per year
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

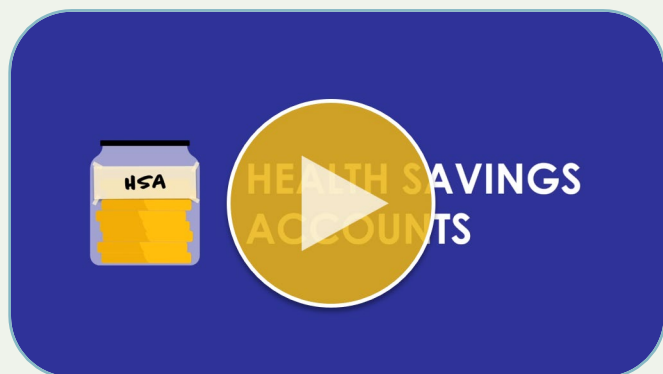
Are you eligible?

The HSA is not for everyone. You're eligible only if you are:

- Enrolled in the HDHP medical plan.
- Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
- Not a tax dependent.
- Not enrolled in a healthcare flexible spending account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

Find Out More

- [Eligible Expenses](#)
- [Ineligible Expenses](#)



Flexible Spending Accounts (FSA's)

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.

HealthCare FSA

How the Healthcare FSA works

- You estimate what you and your family may spend on healthcare costs during the plan year. This can include doctor visits, surgery, dental and vision care, prescriptions, and some drugstore items.
- You can contribute up to \$3,400 in 2026 and up to \$3,500 (projected) in 2027. Money is taken from your paycheck before taxes, which can help lower the taxes you pay.
- During the year, you can pay with your FSA debit card or use your FSA to pay yourself back for eligible expenses. Money used for eligible healthcare expenses is tax-free.

Estimate carefully!

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 can carry over up to \$680 into the 2027 plan year and up to \$700 (projected) into the 2028 plan year.

Are you eligible?

You do not need to enroll in a medical plan to use the healthcare FSA. However, if you or your spouse are enrolled in the health savings account (HSA) you can only participate in a limited-purpose FSA for dental and vision expenses.

Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)



Limited Purpose FSA

A Limited Purpose FSA is designed for people enrolled in a High-Deductible Health Plan (HDHP) who contribute to a Health Savings Account (HSA). You cannot have a traditional medical FSA and an HSA at the same time, but you can pair a Limited Purpose-FSA with an HSA. This account is good for eligible dental and vision expenses only and you can contribute up to \$3,400 in 2026 and up to \$3,500 (projected) in 2027.

Dependent Care FSA

A dependent-care flexible spending account (FSA) helps you save money on eligible day care expenses by using tax-free dollars.

How the Dependent Care FSA works:

You set aside money from your paycheck before taxes to pay for eligible dependent care expenses.

Eligible expenses may include:

- childcare
- before- and after-school programs
- summer day camp for children under 13
- Adult care for dependent who lives with you and cannot care for themselves

Important details

You can contribute up to \$7,500 in 2027. To use the funds, you can:

- Pay your provider directly from your FSA account.
- Submit claims to be reimbursed for eligible expenses you paid yourself.
- **Employees enrolled in the Dependent Care Flexible Spending Account will receive an employer match up to \$1,000 annually.**

Estimate carefully

You usually cannot change your yearly election amount unless you have an eligible qualifying life event. You must use your Dependent Care FSA money during the same plan year. Unused money will be lost at the end of the year.

Save more of your money

Using tax-free dollars for day care expenses can help lower your taxable income and increase your take-home savings.



Supplemental Health Benefits

Accident Insurance

Accident insurance from Aetna helps you pay for unexpected costs from common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has a covered accident, this plan pays a lump-sum cash benefit. The amount depends on the type and seriousness of the injury. You can use the money however you need. **If you enroll in this plan, you are eligible for a \$100 wellness benefit if you receive a covered screening such as blood tests, stress tests, or a chest X-ray.**

Critical Illness Insurance

Critical illness insurance from Aetna can help fill a financial gap if you experience a serious illness such as cancer, heart attack, or stroke. If you are diagnosed with a covered illness, you receive a lump-sum cash payment. Use it to help cover medical bills, transportation, childcare, lost income, or any other need. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Hospital Indemnity Insurance

Hospital indemnity insurance from Aetna provides extra financial help if you or a covered family member is admitted to the hospital for a covered illness or accident. The plan pays a lump-sum cash benefit that you can use however you choose, including medical bills, childcare, groceries, and everyday expenses. **If you enroll in this plan, you are eligible for a \$50 wellness benefit for certain preventive screenings.**

National Jewish Health pays the full cost for Hospital Indemnity for employees enrolled in a medical plan. Employees may purchase additional coverage for family members.



Things to consider

Your medical plan helps pay for healthcare costs, but a serious illness or accident can create other expenses. You may also lose income if you cannot work.

These plans can provide cash payments you can use for expenses like:

- Deductibles
- Travel costs
- Childcare
- Household bills

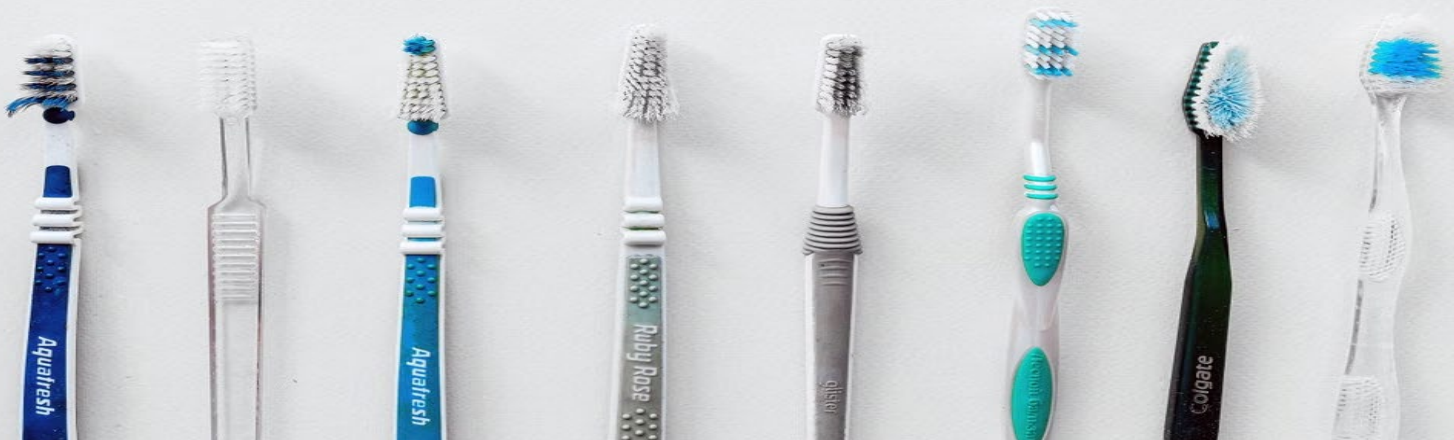


Dental Plans

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	DMHO Plan	PPO Low Plan	PPO High Plan
Deductible (Individual / Family)	\$5/visit	\$50 / \$150	\$50 / \$150
Annual plan maximum	None	\$1,500	\$2,000
Dental Services			
Diagnostic & preventive	See Fee Schedule	0%	0%
Basic	See Fee Schedule	20%	20%
Major	See Fee Schedule	50%	50%
Orthodontia			
Covered for	Adults & Children	Children Only	Adults & Children
Coverage	See Fee Schedule	50%	50%
Lifetime maximum	N/A	\$2,000	\$2,000

If you enroll in the Aetna dental plan you will receive a \$50 credit to use towards eligible CVS Health dental products such as an electric toothbrush, floss, a water pick, teeth whiteners and more! You will receive communications with a link to start shopping.





Vision Plans

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.

	In-Network	Out of Network
Exams		
Coverage	\$15 copay	Reimbursed up to \$45
Frequency	Every 12 months	Every 12 months
Frames		
Coverage	\$15 copay	
Allowance	\$180, 20% off remaining balance	Reimbursed up to \$70
Frequency	Every 24 months	Every 24 months
Lenses		
Single-vision	Covered in full after copay	Reimbursed up to \$30
Bifocal	Covered in full after copay	Reimbursed up to \$50
Trifocal	Covered in full after copay	Reimbursed up to \$65
Frequency	Every 12 months	Every 12 months
Contacts		
Elective	Covered-in-full up to \$180	Reimbursed up to \$110
Medically necessary	Covered-in-full after copay	Reimbursed up to \$210
Other services		
VSP Light Care (Blue light)	Covered-in-full up to \$180	Not applicable
Laser vision correction	Average savings of 15%–20% off retail price or 5% off promotional price	Not applicable
VSP Light Care (Blue light)	Covered-in-full after copay, up to frame allowance	Not applicable

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

Your semi-monthly benefit costs

The total amount you pay for your benefits coverage depends the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—reducing your taxable income.

Medical – Full Time			Medical – Part Time		
	OA HMO	HDHP		OA HMO	HDHP
Employee Only	\$55.00	\$22.50	Employee Only	\$152.62	\$116.83
Employee + Spouse	\$120.00	\$47.50	Employee + Spouse	\$295.21	\$225.97
Employee + Children	\$105.00	\$35.00	Employee + Children	\$274.72	\$210.29
Employee + Family	\$172.50	\$55.00	Employee + Family	\$389.19	\$297.91

Dental – Full Time				Dental – Part Time			
	DHMO Plan	PPO Low Plan	PPO High Plan		DHMO Plan	PPO Low Plan	PPO High Plan
Employee Only	\$2.50	\$8.82	\$14.13	Employee Only	\$4.50	\$14.50	\$21.65
Employee + Spouse	\$4.00	\$17.64	\$28.25	Employee + Spouse	\$7.90	\$29.40	\$43.49
Employee + Children	\$5.00	\$24.70	\$39.56	Employee + Children	\$9.82	\$42.26	\$62.17
Employee + Family	\$7.50	\$35.28	\$56.51	Employee + Family	\$14.99	\$59.58	\$87.58

Vision		Vision Plan
Employee Only		\$4.68
Employee + Spouse		\$8.32
Employee + Children		\$8.55
Employee + Family		\$13.65

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify HR if your domestic partner is your tax dependent.

Your semi-monthly benefit costs continued

Accident

Employee Only	\$5.04
Employee + Spouse	\$8.93
Employee + Children	\$10.32
Employee + Family	\$14.22

Critical Illness – Non-Tabacco Rates in \$10k Increments*

Age Band	Yourself Only	Yourself and Spouse	Yourself and child(ren)	Yourself and Family
<25	\$2.10	\$3.15	\$2.10	\$3.15
25-29	\$2.25	\$3.35	\$2.25	\$3.35
30-34	\$2.95	\$4.40	\$2.95	\$4.40
35-39	\$4.00	\$6.00	\$4.00	\$6.00
40-44	\$4.90	\$7.40	\$4.90	\$7.40
45-49	\$6.75	\$10.10	\$6.75	\$10.10
50-54	\$8.95	\$13.45	\$8.95	\$13.45
55-59	\$12.00	\$17.95	\$12.00	\$17.95
60-64	\$14.85	\$22.25	\$14.85	\$22.25
65-69	\$18.55	\$27.85	\$18.55	\$27.85
70+	\$26.80	\$40.20	\$26.80	\$40.20

Hospital Indemnity – those who elect medical coverage

Employee Only	\$0.00
Employee + Spouse	\$10.75
Employee + Children	\$3.70
Employee + Family	\$14.44

Hospital Indemnity – those who do not elect medical coverage

Employee Only	\$11.49
Employee + Spouse	\$22.23
Employee + Children	\$15.18
Employee + Family	\$25.93

Critical Illness – Tabacco Rates in \$10k Increments*

Age Band	Yourself Only	Yourself and Spouse	Yourself and child(ren)	Yourself and Family
<25	\$2.42	\$3.62	\$2.42	\$3.62
25-29	\$2.77	\$4.15	\$2.77	\$4.15
30-34	\$3.97	\$5.96	\$3.97	\$5.96
35-39	\$6.21	\$9.31	\$6.21	\$9.31
40-44	\$8.18	\$12.27	\$8.18	\$12.27
45-49	\$12.04	\$18.06	\$12.04	\$18.06
50-54	\$16.37	\$24.56	\$16.37	\$24.56
55-59	\$21.56	\$32.34	\$21.56	\$32.34
60-64	\$25.91	\$38.86	\$25.91	\$38.86
65-69	\$31.31	\$46.96	\$31.31	\$46.96
70+	\$42.44	\$63.66	\$42.44	\$63.66

*Rates will increase based on the buy-up amount



Life and Disability

Is your family protected?

Life, AD&D, and disability insurance can help protect your family if you lose income because of illness, injury, or death. These benefits can help pay for everyday and major expenses, such as housing, education, loans, credit cards, and other bills.

Disability coverage may also help if you need time away from work due to pregnancy or illness.

If you need more

In addition to the coverage provided by the company, you may be able to buy extra coverage for yourself, your spouse, and your children.

Your Beneficiaries

A beneficiary is the person (or people) who will receive your life insurance benefit if you die. Be sure to:

- Name at least one beneficiary.
- Review your beneficiary information regularly.
- Update it if your situation changes.

Life and AD&D insurance

Always be there financially for your loved ones. 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 Life and AD&D Insurance

Basic Life 1 times base salary up to \$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).

National Jewish Health pays the full cost for this plan, and you are automatically enrolled.

Supplemental Life 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.

Please 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 and AD&D costs

If you buy life and AD&D insurance, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary life insurance (monthly rate per \$1,000 of coverage)

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

Voluntary AD&D (monthly rate per \$1,000 of coverage)

Employee	\$0.02
Family	\$0.04

Calculate your life or AD&D insurance cost

1. Desired coverage (\$1,000 increments)

You:	Spouse:
------	---------

2. Divide step 1 by \$1,000 =

You:	Spouse:
------	---------

3. Multiply step 2 by rate from table at left =

You:	Spouse:
------	---------

4. Multiply step 4 by 12 and divide by 24=

You:	Spouse:
------	---------

5. Add you + spouse from step 4 =

Cost per paycheck:

Short and Long-Term Disability

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

Expect the unexpected

Many people do not expect to become disabled, but an illness or injury can happen at any time. Disability coverage can help you keep paying for everyday expenses while you recover.

Employer Paid Short-Term Disability

Amount	60% of earnings, up to a weekly maximum of \$3,000
Begins	after 14 days
Duration	26 weeks

National Jewish Health pays the full cost for this plan.

Buy-Up Short-Term Disability

Amount	66.67% of earnings, up to a weekly maximum of \$3,500
Begins	after 14 days
Duration	26 weeks

You pay the full cost for this plan. The cost is \$0.12 monthly per \$10 of weekly covered benefit.

Employer Paid Long Term Disability

Amount	60% of earnings, up to a monthly maximum of \$6,000 (\$14,000 for faculty and exec's).
Begins	after 6 months
Duration	Social Security Normal Retirement Age (SSNRA)

National Jewish Health pays the full cost for this plan.

Buy-Up Long-Term Disability

Amount	66.67% of earnings, up to a monthly maximum of \$6,670 (\$15,556 for faculty and exec's).
Begins	after 6 months
Duration	Social Security Normal Retirement Age (SSNRA)

You pay the full cost for this plan. The cost is \$0.22 per \$100 monthly

Things to know about LTD

- It can help protect your retirement savings
- You can use the money for everyday expenses like housing, food, and medical bills
- Benefits are tax-free because premiums are paid with after-tax dollars.



Additional Benefits

For a happier, healthier you

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

- Identity Theft Insurance
- Legal Insurance
- Auto/Home Insurance
- Pet Insurance
- Employee Discounts
- Calm App
- 403(b) Retirement Plan
- Tuition Reimbursement
- Employee Assistance Program (EAP)

Additional Benefits

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
- Real time authorization notifications
- Social Security number trace

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 Spiderweb page.

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**.

Calm

National Jewish Health provides you and up to 5 loved ones a free Calm subscription. Millions of people are experiencing lower stress, less anxiety, improved focus and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

Sign up at <https://www.calm.com/b2b/njh/subscribe>.

Additional Benefits Continued

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, working 1000 hours in each of the 2 years, 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 1 year of service, benefit eligible employees with an FTE of 0.75 – 1.0 (30 – 40 standard hours per week) can apply for tuition reimbursement up to \$5,250 annually. Please review the policy on SpyderWeb for more information.

Employee assistance program

Everyone needs help sometimes. The SupportLinc Employee Assistance Program (EAP) offers support for many personal and family concerns, such as emotional health, substance use disorder, parenting and childcare needs, financial coaching, legal consultation, and elder care resources.

The EAP is free and confidential for you and members of your household.

No-cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- 📞 Unlimited phone access 24/7
- 📺 In-person or video counseling for short-term issues; up to 5 sessions per issue
- 📖 Unlimited web access to helpful articles, resources, and self-assessment tools.



Contact the EAP

Phone: 1-888-881-5462

Website: www.supportlinc.com

Username: njh

Counseling

- 📞 Relationship challenges
- 📞 Emotional distress
- 📞 Job stress
- 📞 Communication issues
- 📞 Interpersonal conflict
- 📞 Alcohol or drug use
- 📞 Loss and grief

Family care

- 📞 Quality referrals
- 📞 Family day care centers
- 📞 Infant centers and preschools
- 📞 Before- and after-school care
- 📞 24-hour care
- 📞 Help finding care resources for elderly or disabled relatives

Financial

- 📞 Money/debt management
- 📞 Identity theft resolution
- 📞 Tax issues
- 📞 Bankruptcy

Online resources

- 📞 Self-help tools to enhance resilience and well-being
- 📞 Information and links to various services and topics

Nearing 65? Get to know Medicare

Important deadlines ahead

Most people become eligible for Medicare at age 65. At that time, you'll need to make some important decisions about your health insurance.

But the choice isn't always easy. Maybe you'll keep working after 65. Maybe you have dependents covered by your National Jewish Health plan. Maybe you're just not sure which options could work best for your situation.

Alliant Medicare Solutions

Through National Jewish Health, you have access to Alliant Medicare Solutions, a free service you, your family, and your friends can use to figure out the best Medicare options for you.

How it works

Gather your current health insurance information.

Call Alliant Medicare Solutions at (877) 888-0165 to talk to a licensed insurance agent about your current coverage, your Medicare options, and what might work best for your situation.

Alliant Medicare Solutions can help you enroll in Medicare or email policy information for you to review.

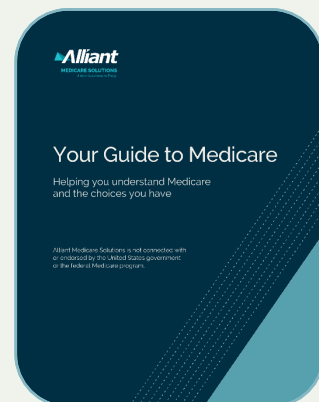
Learn more



[Medicare 101](#)



[Social Security Planning](#)



[Your Guide to Medicare](#)

alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Plan contacts and resources

General

National Jewish Health HR Department

BenefitsDept@njhealth.org

Benefit Advocate

benefitsupport@alliant.com

800-489-1390

Medical, Rx, and Dental

Aetna

Policy No. 286617

Phone: 1-888-267-2637

Website:

www.aetnacommercialbusinesses.com/2026/content/Aet_LG/NationalJewish/

Vision

VSP

Policy No. 12065169

Phone: 1-800-877-7195

Website: www.vsp.com

HSA & FSA

Rocky Mountain Reserve

Policy No. N/A

Phone: 1-888-722-1223

Website: www.rockymountainreserve.com

Life/AD&D

New York Life

Policy No. FLX970454, OK971814, FLX970454, FLK961176, FLK961177

Phone: 1-800-225-5695

Website: www.newyorklife.com

Accident, Critical Illness, and Hospital Indemnity

Aetna

Policy No. 286617

Phone: 1-888-267-2637

Website: www.aetna.com

EAP

SupportLinc

Website: www.Supportlinc.com

Username: njh

Phone: 1-888-881-5462

ID Theft Protection

ID Watchdog

Policy No. 2539

Phone: 1-800-970-5182

Website: www.idwatchdog.com

Legal Services

Legal Ease

Policy No. 1000447

Phone: 1-800-248-9000

Website: www.legaleaseplan.com/nationaljewish

Auto & Home Insurance

Farmers Auto & Home

Website: www.farmers.com/groupselect

Pet Insurance

MetLife

Phone: 1-800-GET-MET8

Website: www.metlife.com/getpetquote

Important plan information

What you need to know about the “no surprises” rules

This notice explains rules that protect you from unexpected large medical bills and limits on out-of-network charges for certain services.

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form \(PDF\).](#)

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

Deadline for filing lawsuit under ERISA after exhaustion of all claims procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

Important plan information

Health plan notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the [Brite website](#)

Medicare Part D Notice: Describes options to access prescription drug coverage for Medicare eligible individuals

Women's Health and Cancer Rights Act: Describes benefits available to those that will or have undergone a mastectomy

Newborns' and Mothers' Health Protection Act: Describes the rights of mother and newborn to stay in the hospital 48–96 hours after delivery

HIPAA Notice of Special Enrollment Rights: Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment

Michelle's Law: Describes right to extend dependent medical coverage during student leaves

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP): Describes availability of premium assistance for Medicaid eligible dependents.

The 'No Surprises' Rules: Explains rules that protect you from surprise medical bills.

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.



**National Jewish
Health[®]**

We Never Say Never.[®]