



BENEFITS GUIDE

2025-2026

ARCHDIOCESE OF DENVER WELFARE BENEFITS TRUST BENEFIT PLANS EFFECTIVE JULY 1, 2025-JUNE 30, 2026



Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2025–2026 plan year (July 1, 2025–June 30, 2026). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefit offerings.

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OUR MISSION

We are dedicated to the healing ministry of the Catholic Church. We seek to provide a benefits package that meets the health and welfare needs of our employees and their families, in accordance with the teachings of the Catholic Church.



BENEFIT HIGHLIGHTS

BE READY TO ENROLL

Your current benefit elections will automatically carry over for the 2025–2026 plan year. FSA contributions will not carry over automatically. If you contribute to an FSA, be sure to make your elections during open enrollment.

To newly enroll, make a change, or waive coverage, you must enroll through **Paylocity** (Archdiocese of Denver/Catholic Charities) or **myenroll.com** (Diocese of Colorado Springs) during the open enrollment period. See page 5 for details.

COVERAGE START DATE

When you enroll in benefits during the annual open enrollment period, your coverage will be effective July 1, 2025. If you are a newly-hired or newly-eligible employee, your coverage will be effective on the first of the month following or coinciding with your date of hire. Enrollment is retroactive to the first of the month once you become eligible and enroll in benefits.

Example: If you are newly eligible on September 1, 2025, your coverage will be effective on September 1, 2025. If you are newly eligible on September 2, 2025, your coverage will be effective on October 1, 2025.

BENEFITS AT A GLANCE

The following benefits are automatically provided to you **AT NO COST**:

- Basic life insurance
- Short-term disability insurance
- Long-term disability insurance
- Employee assistance and wellness support
- Retirement plan—see your manager for details

EXCLUSIONS OF COVERAGE

Certain procedures and/or treatments are not covered under any of the plan’s coverage options as they conflict with the teachings of the Catholic Church.

Examples of exclusions include, but are not limited to: abortion, sterilization, and contraceptives. In addition, certain procedures and/or treatments may be covered for diagnostic purposes only. For further clarification of benefits coverage, please contact the Plan Administrator.

ELIGIBILITY

You are eligible for benefits if you meet one of the following criteria:

- Full-time non-teaching employee regularly scheduled to work 30 or more hours per week.
- Full-time teacher or school employee (Archdiocese of Denver and Diocese of Colorado Springs) regularly scheduled to work 30 or more hours per week for the academic year.
- A seminary student of the Archdiocese of Denver or the Diocese of Colorado Springs.
- An active, retired, or disabled priest incardinated into the Archdiocese of Denver or the Diocese of Colorado Springs.
- A religious sister, brother, extern priest, or order priest scheduled to work 30 or more hours per week.

Many of the plan options offer coverage for eligible dependents, including:

- Your legal spouse as defined by the Catholic Church.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

DEPENDENT VERIFICATION (REQUIRED FOR ALL EMPLOYEES COVERING DEPENDENTS)

As part of the Archdiocese of Denver Welfare Benefits Trust's ongoing efforts to monitor cost and affordability of our benefit plans, we want to ensure that only eligible dependents are enrolled in these programs.

Covering people who are not eligible dependents increases our cost for health coverage. Therefore, the Welfare Benefits Trust regularly conducts a dependent eligibility audit using our third-party partner, Consova.

All employees who enroll their dependents in the medical, dental, or vision plans will be required to submit documentation confirming that each individual meets the eligibility requirements. If you enroll a dependent, you will receive a detailed and time-sensitive letter via email or U.S. mail from Consova.

STEPS TO COMPLETE THE DEPENDENT VERIFICATION AUDIT WITH CONSOVA

Our goal is to ensure the successful completion of this audit and continue coverage of your eligible dependents. This process will help us to keep health care costs competitive, avoid rate increases, and benefits you as a member.

COLLECT YOUR INFORMATION

Make sure to have the Social Security numbers and birth dates of your covered dependents available.

STEP 1

PROVIDE SUPPORTING DOCUMENTATION TO CONSOVA

You will be required to provide supporting documentation such as birth certificate, marriage license, tax documents, etc.

STEP 2

RESPOND IN A TIMELY MANNER

To ensure your dependent's coverage is not interrupted, please respond to any communication from Consova.

STEP 3



ENROLLMENT

You can sign up for benefits or change your elections at the following times:

- Within 31 days of your initial eligibility date (as a newly-hired or newly-eligible employee).
- During the annual benefits open enrollment period (for a July 1 effective date).
- Within 31 days of experiencing a qualifying event/life status change/special enrollment.

The choices you make at this time will remain the same through June 30, 2026. **If you do not sign up for benefits during your initial enrollment period or make changes during the open enrollment period, you will not be able to elect coverage until the following plan year.** Enrollment is retroactive to the first of the month once you become eligible and enroll in benefits.

HOW TO ENROLL

SELF-ENROLL IN YOUR BENEFITS ONLINE

Archdiocese of Denver and Catholic Charities of Denver only:

1. Log into your **Paylocity Self Service Portal**
2. Navigate to HR & Payroll
3. Select “Bswift Benefits”
4. Click “Start Your Enrollment” and review your personal information. Enter a home email address if a work email isn’t populated or select Preferred Email as “None”. Then check “I agree” and “Continue”.
5. Review any family information for accuracy and/or add any dependents. Then check “I agree” and “Continue”.
6. After reading each benefit plan, choose your coverage, then select either to enroll or waive. When all plans have been enrolled in or waived out of, click “Continue”.
7. Add beneficiaries as applicable, click “Continue”.
8. Review all information and/or elections. To complete enrollment, click “I agree, and I’m finished with my enrollment.” Then “Complete Enrollment”.

Diocese of Colorado Springs only:

1. Log into **myenroll.com**.
2. Select “Get Started Here!” at the top of the page or select “Enroll.” In the drop-down box, select “Enrollment Wizard.”
Note: The dates of open enrollment are at the top of the page.
3. Click on the green button “Begin Your Enrollment.”
4. Complete each page of the enrollment wizard. Click “I accept and Confirm.”
5. Print two copies of your summary statement—one copy for your records and one copy for your payroll department.

Please note: Benefit information and annual notices can be found in the Library in MyEnroll.



CONTINUATION OF COVERAGE

Continuation of coverage is available for medical and prescription drug benefits if you leave employment or if you or your covered dependents become ineligible.

Your cost will be 102% of the “Total Cost”. Dental and vision benefits cannot be continued. For more information regarding this or for a letter stating coverage has ended, please call UMR at 800-207-1824.

CHANGING YOUR BENEFITS DURING THE YEAR— LIFE EVENTS MUST BE REPORTED WITHIN 31 DAYS OF THEIR OCCURRENCE.

The Archdiocese of Denver Welfare Benefits Trust allows you to pay your portion of the medical, dental, and vision costs, and fund the flexible spending accounts, on a pre-tax basis.

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event/life status change/special enrollment. Election changes must be consistent with your qualifying event/life status change.

Qualifying event/life event/special enrollment changes include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Spouse's open enrollment.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change:

- **Archdiocese of Denver and Catholic Charities:** Access Bswift Benefits then select Life Event. Enter information and complete enrollment. Next, on the main profile page select My Profile, Employee File, then upload life event supporting documentation.
- **Diocese of Colorado Springs:** Log Into MyEnroll 360 and select Submit Life Event. Enter information and upload documentation. Wait for approval. This needs to be done within 31 days of the event.

MEDICAL BENEFITS

UMR | umr.com | 800-207-3172

Archdiocese of Denver Welfare Benefits Trust offers two medical plan options.

- **Exclusive Care Plan:** This plan offers in-network benefits (with two tiers) only. Within Denver, Jefferson, Arapahoe, El Paso, Adams, Douglas, Boulder, and Broomfield counties, you will pay less for care when you choose a Tier 1 provider. If you receive care outside of the eight counties listed above, you will have access to the full UHC Choice Plus network, covered at the Tier 1 benefit level nationwide.
- **Qualified High-Deductible Health Plan:** This HSA-qualifying plan offers coverage in the UHC Choice Plus network and out-of-network coverage, giving you the flexibility to see any provider you want, but you will pay less out of your pocket when you choose a UHC Choice Plus provider.

The table below summarizes the benefits of the medical plans. The coinsurance amounts listed reflect the amount you pay. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Exclusive Care Plan		Qualified High-Deductible Health Plan	
	In-Network Tier 1 AoD Direct Contracted Providers ¹	In-Network Tier 2 UHC Choice Plus	In Network UHC Choice Plus	Out of Network All Other Providers
Calendar Year Deductible Individual/Family	\$0	\$6,000/\$12,000	\$3,300/\$6,600	\$8,000/\$16,000
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, and coinsurance			
	\$3,000/\$6,000	\$9,450/\$18,900	\$6,000/\$12,000	\$16,000/\$32,000
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician Specialist Virtual Care Immunizations Urgent Care	Plan pays 100% \$40 copay Plan pays 100% Plan pays 100% \$50 copay	50% after ded. 50% after ded. Plan pays 100% 50% after ded. \$50 copay	20% after ded. 20% after ded. 20% after ded. 20% after ded. 20% after ded.	50% after ded. 50% after ded. 50% after ded. 50% after ded. 50% after ded.
Mental Health Office Visit²	Plan pays 100%	Plan pays 100%	20% after ded.	50% after ded.
Lab/X-Ray Diagnostic Lab/X-Ray Advanced Radiology Imaging	Plan pays 100% \$150 copay	50% after ded. 50% after ded.	20% after ded. 20% after ded.	50% after ded. 50% after ded.
Hospital Services Inpatient Outpatient	\$500 copay \$250 copay	50% after ded. 50% after ded.	20% after ded. 20% after ded.	50% after ded. 50% after ded.
Emergency Room	\$300 copay		20% after ded.	
Physical, Occupational, Speech Therapy (60 visits combined max)	Plan pays 100%	50% after ded.	20% after ded.	50% after ded.
Chiropractic (20 visits max)	Plan pays 100%	50% (not subject to deductible)	20% after ded.	50% after ded.
Prescription Drugs Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-Preferred Brand Tier 4: Specialty Mail Order (90-day supply)	Optum Premium Formulary			
	\$10 copay \$30 copay \$50 copay 20% up to \$200 max 2x retail copay		20% after ded. 20% after ded. 20% after ded. 20% after ded. 20% after ded.	Not covered
Level of Coverage	Premium Employer Pays	Premium You Pay	Premium Employer Pays	Premium You Pay
Employee Only	\$781	\$86	\$845	\$103
Employee + Spouse	\$1,360	\$449	\$1,440	\$539
Employee + Child(ren)	\$1,330	\$439	\$1,407	\$528
Employee + Family	\$2,297	\$758	\$2,431	\$909

(1) **Tier 1** is focused on direct contracts with CommonSpirit and Advent Health and may include other facilities who provide specialized services. (2) Exclusive care plan pays 100% for Tier 1, Tier 2, and out of network. See page 10 for more details.

MEDICAL BENEFITS

HOW THE PLANS WORK

Key Functions	Exclusive Care Plan	Qualified High-Deductible Health Plan
Networks	Tier 1: AoD Direct Contracted Providers Tier 2: UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus
In- and Out-of-Network Benefits	No	Yes
Pay for Care with Pre-Tax Dollars Health Savings Account (HSA) Healthcare Flexible Spending Account (FSA)	N/A Yes	Yes N/A
Individual Deductible Applies if You Cover Your Family Note: Deductibles are Based on a Calendar Year	If you visit a Tier 1 provider, there is NO ANNUAL DEDUCTIBLE to meet. If you visit a Tier 2 provider and cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max.	No, if you cover your family, the family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket max.
How You Pay for Care Copay Coinsurance	Yes Tier 1: No; Tier 2: Yes	No Yes
Deductible and Out-of-Pocket Maximum Accumulation	Each year, your deductible and out-of-pocket maximum amounts add up over the calendar year. On January 1, these totals reset back to \$0.	Each year, your deductible and out-of-pocket maximum amounts add up over the calendar year. On January 1, these totals reset back to \$0.

UMR PLAN ADVISORS

UMR plan advisors are available to guide and support you in making the right decisions when you need to see a doctor or have questions about your benefits plan. Plan advisors are available weekdays from 7 a.m. to 6 p.m. MST. Call 800-207-3172 for assistance.

With a single call, you can:

- Ask an advisor about an approved or denied claim.
- Find an in-network doctor or facility.
- Get help finding a primary care physician and making an appointment.
- Learn whether you're due for routine care or preventive screenings.
- See if you're eligible for health coaching and sign up.

Visit UMR online

UMR online services can give you the answers you're looking for, anytime, night or day.

Log into umr.com to:

- Look up UHC Choice Plus in-network providers.
- View preferred facilities/providers.
- View your benefits and claims information.
- Access commonly used forms, such as Reimbursement or FSA.
- Review your financial activity.
- Find other tools for improving your health.
- Estimate the cost of treatment.

MEDICAL BENEFITS

UNDERSTANDING THE EXCLUSIVE CARE PLAN

This plan offers in-network benefits only.

If you seek care within Denver, Jefferson, Arapahoe, El Paso, Adams, Douglas, Boulder, and Broomfield counties, you have two different levels of coverage.

TIER 1

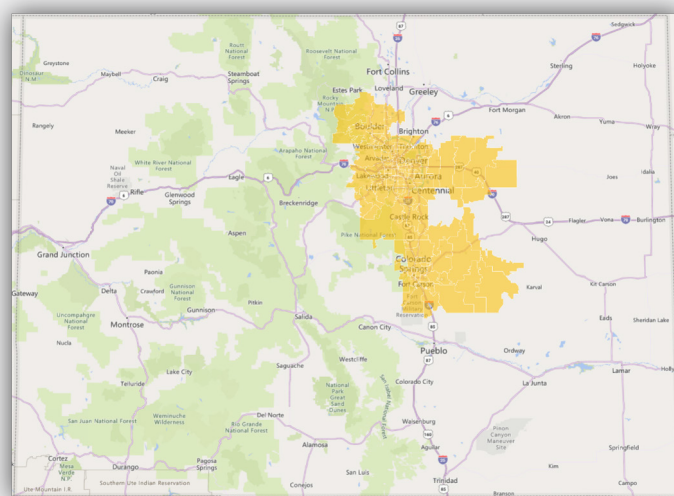
- Doctors are affiliated with CommonSpirit, Advent Health, and Children's Hospital of Colorado.
- There is **NO ANNUAL DEDUCTIBLE** to meet when you choose a Tier 1 provider for your care.
- Most services are **COVERED IN FULL** by the plan after you pay a fixed dollar copay.

TIER 2

- Access a wider network of UnitedHealthcare Choice Plus providers.
- You will pay for most services until you reach your deductible (\$6,000 for individuals and \$12,000 for families).
- After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

NETWORK MAP

Highlighted below are the eight counties where you can seek care within the Tier 1 and Tier 2 network.



FIND AN IN-NETWORK PROVIDER

Use the [Archdiocese UMR Provider Directory](#).

ARE YOU SEEKING CARE OUTSIDE THE EXCLUSIVE CARE TIER 1 AREA?



OUTSIDE OF THE EXCLUSIVE CARE PLAN TIER 1 AREA

If you seek care outside of Denver, Jefferson, Arapahoe, El Paso, Adams, Douglas, Boulder, and Broomfield counties, you may go to any UnitedHealthcare Choice Plus provider. Your care will be covered at the Tier 1 coverage level.

MEDICAL INSURANCE

EXCLUSIVE CARE MENTAL HEALTH BENEFIT

If you are enrolled in the Exclusive Care Plan, you can seek mental health office visits with any provider (in- or out-of-network), and it will be covered 100%.

Certain out-of-network providers may have an additional cost associated with a visit. See the example below.

**AFTER YOUR VISIT WITH AN OUT-OF-NETWORK PROVIDER,
YOUR CLAIM IS SUBMITTED TO UMR.**



UMR processes the claim for billed charges and submits those charges to the secondary network program for discounts on services.



Your out-of-network provider
accepts the discounts from the
secondary network.

100%

You pay \$0
for your out-of-network
mental health visit.



Your out-of-network provider
accepts a portion of the discounted
amount from the program.



You are balance billed for any
remaining amount owed after the
discount is applied.



If your provider does not submit to insurance, you will need to submit for reimbursement with UMR. Please use UMR supplied reimbursement form from **UMR.com**.

If you have questions, contact a UMR plan advisor at 800-207-3172, weekdays from 7 a.m. to 6 p.m. MST.

MEDICAL BENEFITS

VIRTUAL CARE

MyCatholicDoctor | mycatholicdoctor.com | 888-822-8436

**NEW THIS
YEAR!**

You have access to virtual care through MyCatholicDoctor. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.

The Exclusive Care Plan includes access to MyCatholicDoctor services at no additional charge. For those enrolled in the Qualified High-Deductible Health Plan, MyCatholicDoctor services will be subject to the plan's deductible and coinsurance requirements.

MyCatholicDoctor is a nationwide network of faithful medical professionals offering video visits/telehealth, home visits, and office referrals. Their clinicians can initiate your medical care virtually, order any necessary labs or imaging, and send prescriptions to any pharmacy of your choice. They practice evidence-based medicine from a Catholic perspective, integrating Catholic spirituality as appropriate.

- **Urgent Care:** Get seen by a clinician right away through a virtual telehealth visit for any non-emergency condition. No appointment is necessary. They can initiate your care virtually, order labs or imaging, and send prescriptions to any pharmacy.

PREVENTIVE CARE

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.

PREVENTIVE CARE HELPS KEEP YOU HEALTHIER LONG-TERM

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



PREVENTIVE CARE HELPS KEEP YOUR COSTS LOW

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



PREVENTIVE CARE KEEPS YOUR HEALTH UP TO DATE

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.



Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at [umar.com](https://www.umar.com).

MEDICAL INSURANCE

MAKE SURE YOU'RE COVERED BEFORE RECEIVING CARE

Any time you or a family member is admitted to the hospital or receives certain outpatient services, it is important to notify UMR. UMR will make sure you receive the appropriate care and that you understand whether your medical plan option will pay for any portion of the treatment cost.

There are two reasons you or your provider should call UMR before a medical service or procedure:

1. Prior authorization of care: Some types of care require a review to determine if they are medically necessary. This means they meet generally accepted standards of care and are considered effective in treating your illness or injury. UMR will also review if the length of your inpatient stay and type of facility is clinically appropriate. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs.

2. Pre-determination of benefits: We recommend you and your health care provider also call ahead regarding treatments that do not require a review. This is to verify the amount, if any, your medical plan option will pay toward the cost of care you receive. Any payment for an expense that is not covered under the plan is your responsibility. UMR will send a letter to you and your provider, notifying you whether the treatment is covered.

Call the number on the back of your medical ID card to verify the benefits available.

SECOND SURGICAL OPINION

You might want to seek a second surgical opinion in some cases. These opinions are covered but not mandatory.

ALTERNATIVE CARE

We have created alternative care benefits in response to the rising demand for alternative treatments. Your personal physician can refer you to acupuncturists, naturopathic physicians, chiropractors, and massage therapists when that care is medically necessary.

This program covers medically necessary treatments per calendar year as follows:

- **Chiropractic:** 20 treatments/visits
- **Acupuncture:** 5 treatments/visits
- **Naturopathy therapy:** 5 treatments/visits
- **Massage therapy:** 10 treatments/visits

Your cost will vary based on your plan and provider. If you utilize a non-network provider, you will need to submit a manual claim to UMR for reimbursement. You must provide your UMR ID card to network providers at the time of service. Claims will then be processed through UMR and you will be billed for any remaining amount.

On the Exclusive Care Plan, you have access to out-of-network providers for the Alternative Care benefits. You will be responsible for 50% coinsurance (not subject to deductible).

MATERNITY MANAGEMENT PROGRAM

Bringing a new life into the world is awesome! We feel so strongly about this wonderful event that we offer a healthy pregnancy program with the nurses at UMR to provide valuable assistance and specialized prenatal care. All medical plan members are eligible to participate.

The program is staffed with OB/GYN nurses who have years of experience in identifying potential complications with your pregnancy before they become serious or life threatening. They can also offer guidance and support on a wide variety of other pregnancy-related issues.

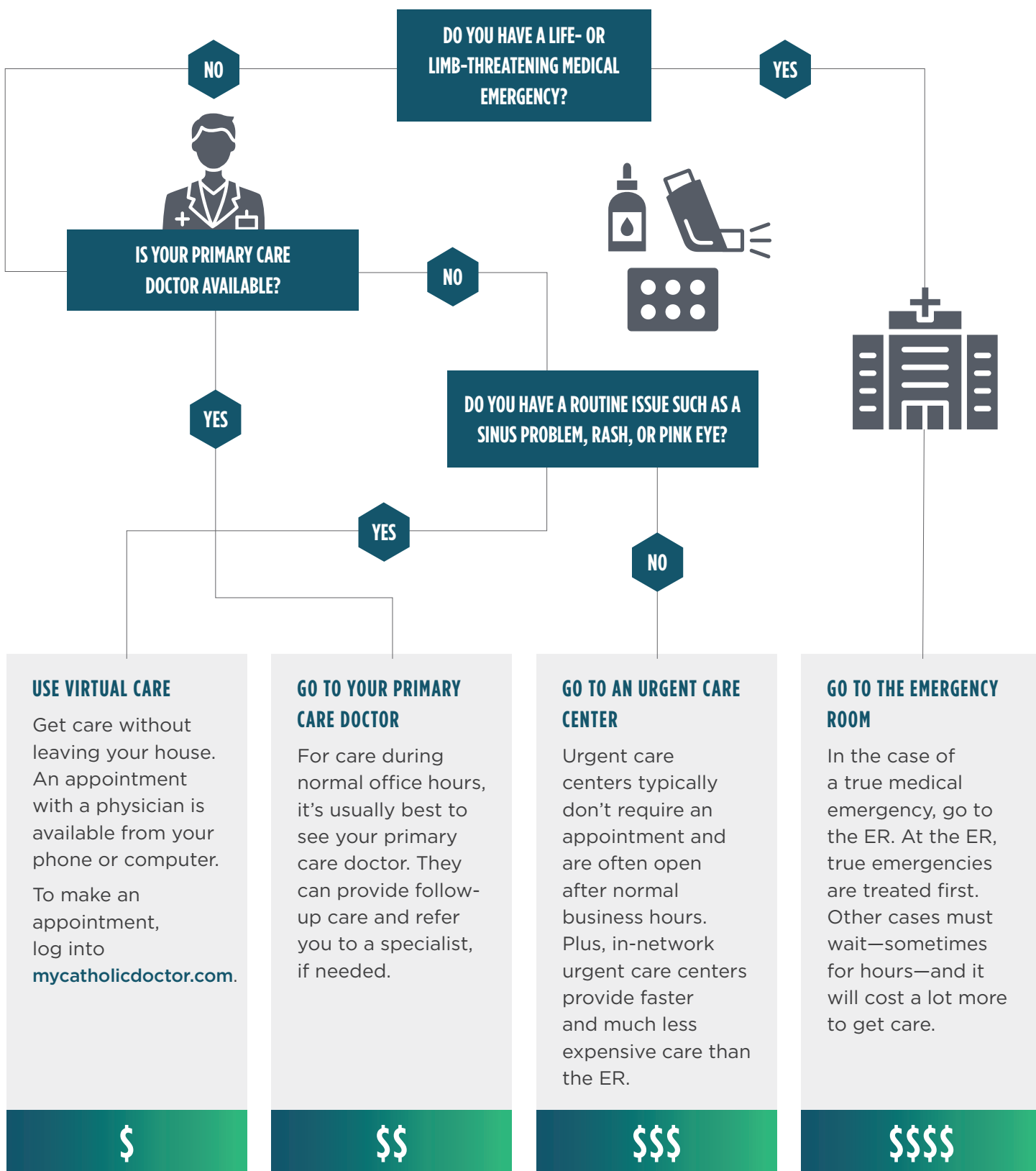
As soon as you learn that you are expecting your little one, simply go to umr.com or call 800-207-3172. You will receive great advice, free educational materials, and an incentive gift.* If you wish to enroll your child in the medical plan, please do so within 31 days of birth or adoption.

*To be eligible for the free incentive gift, you must enroll during your first or second trimester and continue to actively participate in the program each trimester of your pregnancy. You must then complete the program and fill out a brief survey to receive the incentive gift.

MEDICAL BENEFITS

Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



MEDICAL INSURANCE

DISEASE MANAGEMENT

Disease management is a program to help you or a covered dependent living with chronic condition.

If you have one of the following conditions, you may be eligible for help:

- Asthma
- Diabetes
- Coronary artery disease (CAD)
- Heart failure
- Chronic obstructive lung disease (COPD)
- Hypertension (high blood pressure)

If you meet the qualifications, you will receive a letter in the mail and/or a phone call from UMR to enroll in the program.

If you are struggling with one of the listed conditions, you can call UMR Care Management to self-enroll. The number is listed on the back of your ID card. Or, visit umr.com to sign up. Once you sign into umr.com, go to the “Health center” from myMenu. Under “I need to” select “Get a health coach.”

CARE MANAGEMENT

UMR Care Management is a staff of experienced nurses who help you get the most out of your health benefits. They work with you, your doctors, and other medical advisors to get the services that best meet your needs.

Whether you’re having a baby, have an emergency hospitalization, or need non-emergency care, the care management nurses can assist you by:

- Helping negotiate treatment from the beginning of your care to recovery.
- Helping you look at treatment needs and options under the direction of your doctor.
- Serving as your advocate with your benefits administrator.
- Providing an understanding of any complex issues to your claims payer.
- Helping you better understand your health benefits.

If you have questions about your care management benefits or upcoming health care services, please call UMR phone number on the back of your ID card and ask for Care management.

APPEAL OF CLAIM DENIAL

You have the option to file an appeal after receiving an adverse determination of a claim. The plan has two levels of internal appeal. All first level appeals must be made to the claims administrator and all second level appeals must be made to the plan administrator, as further explained below.

FIRST LEVEL APPEAL: THIS IS A MANDATORY APPEAL LEVEL

If you submit a claim for plan benefits and it is initially denied, you may request a review of that denial under the procedures described in the plan document. You have 180 days after you receive notice of an initial adverse determination within which to request a review of the adverse determination. All requests for review of initially denied claims (including all relevant information) must be submitted to the claims administrator (UMR).

SECOND LEVEL APPEAL: THIS IS A MANDATORY APPEAL LEVEL

If you submit a first level appeal and it is denied, you may request a review of that denial under the procedures described in the plan document. You have 60 days after you receive notice of an adverse determination at the first level of appeal to request a second level appeal of the adverse determination. A request for review of the denial of a first level appeal must be submitted to the plan administrator.

If you have exhausted the plan’s internal appeal process (or if you are eligible to request an external review for any other reason under the procedures outlined in the plan document), you may request an external review of the plan’s final adverse determination for certain health benefit claims. More information on the external review process is outlined in the plan document.

PRESCRIPTION COVERAGE

OptumRx | optumrx.com | 877-559-2955

Prescription drug coverage is included in each medical plan option and provided through UMR/OptumRx.

The amount you pay for your prescription drugs is dependent on the type of drug (generic, preferred brand, non-preferred brand, specialty) and how you receive your drug—mail order, retail pharmacy, or OptumRx’s specialty pharmacy. **OptumRx’s information can be found on your medical ID card provided by UMR.**

OPTUMRX PREMIUM FORMULARY

The formulary is a list of drugs that have been selected from their drug class as being the most clinically effective and cost-efficient drugs for a specified condition. This formulary list changes frequently. To learn more about the formulary call 877-559-2955 or visit optumrx.com.

Generic Medications

These drugs offer a safe and cost-effective alternative to brand-name drugs. Generics are widely accepted by physicians, pharmacists, and health plan providers. They typically cost about half as much as brand-name drugs. They are as safe, effective, and high in quality as brand-name drugs.

Preferred Brand Medications

A prescription drug that is marketed with a specific brand name by the company that manufactures it. These drugs are covered at a higher copay than generic drugs but are less expensive than non-preferred brand medications.

Non-Preferred Brand Medications

These drugs have a generic equivalent and are significantly more expensive than preferred brand-name drugs.

Specialty Medications

These high-cost drugs are used to treat chronic diseases. OptumRx is our preferred specialty medications provider and the only pharmacy covered under the plan options for these medications. Specialty medications purchased anywhere other than OptumRx will not be covered.

To begin utilizing the program, you or your physician must call OptumRx’s customer service line at 855-427-4682.

HOW TO PURCHASE A PRESCRIPTION

Retail Network Pharmacies

Retail network pharmacies are a great way to pick up your prescription drugs when you need them right away.

For a listing of network pharmacies, call OptumRx at 877-559-2955 or visit optumrx.com.

Mail Order

This is the best way to receive your ongoing medications and enrolling in mail order is easy. Have your doctor electronically send your prescription to OptumRx or fax to 800-491-7997.

You may also mail your completed mail order enrollment form and original prescription to:

OptumRx
P.O. Box 2975
Mission, KS 66201

Prescriptions are delivered directly to your home with free standard shipping. For an additional charge, OptumRx can have your prescriptions sent overnight. For new prescriptions, allow four weeks for processing.

PRE-AUTHORIZATION

Certain drugs, such as compound drugs, opioids, and some specialty medications require pre-authorization.

Please call OptumRx at 877-559-2955 to discuss.



PRESCRIPTION SAVINGS SOLUTION—A FREE BENEFIT FOR YOU

Rx Savings Solutions | myrxss.com | 800-268-4476

Need help spending less on prescriptions? Rx Savings Solutions has you covered.

Archdiocese of Denver Welfare Benefits Trust brings you a trusted service—created and run by pharmacists—that can help you take control of your prescription drug costs.

HOW IT WORKS

1. RxSS pharmacists find equally effective, affordable medications covered by your insurance.
2. Your online account shows any lower-cost prescriptions available and lets you compare prices.
3. Switch to a more affordable option with ease. We'll get your doctor's approval and work with your pharmacy to get it done for you.
4. We'll contact you anytime you can save on prescriptions.



ACTIVATE OR LOG INTO YOUR ACCOUNT TO PAY LESS FOR PRESCRIPTIONS

Scan the QR code to download the RxSS app and activate your account.

MEDICAL INSURANCE

SPIRITUAL HEALTH

We care about your spiritual health. That's why we've partnered with specific providers who work with the medical plan and provide you with exceptional care aligned with our faith. The listed providers below are approved by the United States Conference of Catholic Bishops (USCCB).



NATURAL FAMILY PLANNING

The program covers up to \$500 of expenses associated with the cost of an approved natural family planning (NFP) course/method and associated NFP supplies for all medical plan options (per calendar year).

Find reimbursement form on umr.com.

Note: Qualified High-Deductible Health Plan members must meet their deductible before the program will cover eligible expenses.



SAINT JOHN VIANNEY LAY DIVISION

Free and discount courses including Biblical School, Catechetical School, and Enrichment courses.

Contact Saint John Vianney Lay Division at laydivision@archden.org or 303-715-3195.



SPIRITUAL HEALTH



ST. RAPHAEL COUNSELING, OUR PARTNER IN FAITH

St Raphael Counseling, the largest Catholic therapy practice in the country, offers individual therapy, couples counseling, and family therapy.

Exclusive Care Plan members:
Medical plan pays 100%.

Qualified High-Deductible Health Plan members:
You pay 20% after deductible.

Contact St. Raphael at 720-377-1359.



SPIRITUAL CARE

Spiritual Care is the aspect of health care that attends to spiritual and religious needs brought on by an illness or injury through counseling.

Receive up to five treatments or visits per year.

DENTAL BENEFITS

Guardian | guardianlife.com | 800-541-7846

The Archdiocese of Denver Welfare Benefits Trust offers three dental plans through Guardian.

No ID card will be sent, however you can personalize one on guardianlife.com. All three options offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider.

- The **Platinum plan** includes major and orthodontia treatment in- and out-of-network but has lower in-network benefit maximums than the Gold option.
- The **Gold plan** includes major and orthodontia treatment in the Guardian provider network.
- The **Silver plan** offers comprehensive coverage for preventive and basic services with a low deductible.

The table below summarizes the key features of the dental plan options. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan document or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Platinum		Gold		Silver	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible Individual/Family	\$50/\$150	\$50/\$150	\$25/\$75	\$50/\$150	\$25/\$75	
Calendar Year Benefit Maximum	\$1,500		\$2,000	\$750	\$750	
Preventive Care (Oral exams, cleanings, bitewings)	Deductible waived					
	Plan pays 100%	20%	Plan pays 100%	20%	Plan pays 100%	Plan pays 100%
Basic Services (Periodontal services, fillings, root canals, full mouth x-rays)	20% after ded.	20% after ded.	20% after ded.	40% after ded.	20% after ded.	20% after ded.
Major Services (Bridges, crowns, dentures)	40% after ded.	50% after ded.	50% after ded.	Not covered	Not covered	
Orthodontia Services	50%		40%	Not covered	Not covered	
Orthodontia Lifetime Maximum	\$1,500		\$1,500	N/A	N/A	

DENTAL COSTS

Listed below are the total monthly costs. See [Paylocity](#) account or myenroll.com for your employee cost.

The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Post-tax deductions are available only to Archdiocese of Denver employees, and Colorado Springs employees.

Level of Coverage	Platinum	Gold	Silver
Employee Only*	\$60	\$45	\$23
Employee + Spouse*	\$90	\$63	\$35
Employee + Child(ren)*	\$90	\$63	\$35
Employee + Family*	\$136	\$102	\$56

*Employee contributions vary. Please contact Human Resources for your specific cost.

VISION BENEFITS

VSP | vsp.com | 800-877-7195

Archdiocese of Denver Welfare Benefits Trust offers a vision insurance plan through VSP.

New this year: Contact lens allowance for in network is \$180, anti-reflective lenses are paid 100% in network.

No ID card will be sent, however you can personalize one on the VSP website. The vision plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$15 copay	Up to \$35 allowance
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$15 copay	Up to \$25/\$40/\$55 allowance
Frames (Every 24 months)	\$180 allowance + 20% off balance	Up to \$45 allowance
Contact Lenses (Every 12 months in lieu of standard plastic lenses)	\$180 allowance	Up to \$105 allowance
Light Care	Members can use their benefit to purchase ready-made non-prescription blue light filtering glasses or ready-made non-prescription sunglasses.	N/A
Hearing Care	Hearing aid discounts available through TruHearing. More information can be found at truehearing.com/vsp .	N/A

VISION COSTS

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis unless you request post-tax deductions. Post-tax deductions are available only to Archdiocese of Denver employees, and Colorado Springs employees.

Level of Coverage	Vision		
	Total Cost	Employer Pays	You Pay
Employee Only	\$8	\$7	\$1
Employee + Spouse	\$17	\$14	\$3
Employee + Child(ren)	\$18	\$15	\$3
Employee + Family	\$25	\$20	\$5



ADDITIONAL RETAIL CHAINS

VSP provides access to retail chains including Costco Optical, Pearle Vision, Sam's Club Optical, Visionworks, and Walmart.



BUDGETING FOR YOUR CARE

The Archdiocese of Denver Welfare Benefits Trust provides access to two types of flexible spending accounts. If you participate in the Qualified High-Deductible Health Plan (QHDHP), you have the option to open a health savings account (HSA) with a bank of your choosing.

When you put money into a pre-tax account, you can save up to 20%* on your care and increase your take home pay. This is because you don't pay tax on your contributions.

ONLY QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN MEMBERS:

FUND A HEALTH SAVINGS ACCOUNT

Consider funding a health savings account (HSA).

You can contribute up to the following amounts for the 2025 plan year:

- » **Individual:** \$4,300
- » **All other coverage levels:** \$8,550
- Roll over all funds each year
- Invest funds for long-term savings
- Spend funds penalty-free after age 65



ONLY EXCLUSIVE CARE PLAN MEMBERS:

FUND A HEALTHCARE FLEXIBLE SPENDING ACCOUNT

Consider funding a healthcare flexible spending account (FSA). If you fund an HSA, you cannot fund a healthcare FSA.

You can contribute up to \$3,300 for the 2025 plan year.

- No rollover allowed
- Medical, dental, and vision expenses only
- No debit card



ALL EMPLOYEES PAYING FOR CHILD CARE OR ELDER CARE EXPENSES:

FUND A DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Consider funding a dependent care flexible spending account (FSA).

- No rollover allowed
- Dependent care expenses only



*Percentage varies based on your tax bracket.

HEALTH SAVINGS ACCOUNT

If you enroll in the Qualified High-Deductible Health Plan, you may be eligible to open and fund a health savings account (HSA) **through a bank of your choice**.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

2025 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,300
- **All other coverage levels:** \$8,550

If you are age 55+ by December 31, 2025, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if:

- You are enrolled in the Qualified High-Deductible Health Plan.

You are **NOT** eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, healthcare FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact Human Resources.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

SPEND

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



SAVE

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



INVEST

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.



FLEXIBLE SPENDING ACCOUNTS—NO CARD ISSUED; REIMBURSEMENTS MUST BE SUBMITTED TO UMR.

UMR | umr.com | 800-207-3172

Archdiocese of Denver Welfare Benefits Trust offers two flexible spending account (FSA) options through UMR.

Did you know? An FSA can save you money and increase your take-home pay. When you fund an FSA, your premiums for the medical, dental, and vision plans will be automatically deducted from your paycheck before taxes are taken out. This will decrease your taxable income and will increase your take-home pay.

HEALTHCARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. The healthcare FSA maximum contribution is \$3,300 for the 2025-2026 plan year (July 1, 2025-June 30, 2026).

DEPENDENT CARE (DAYCARE EXPENSES) FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$5,000 to the dependent care FSA for the 2025-2026 plan year (July 1, 2025-June 30, 2026) if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2025-2026 plan year.

HOW TO USE AN FSA

CONTRIBUTE

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts.

Amounts will be automatically calculated and deducted based on your benefit elections for the 2025-2026 plan year.

1

PAY

To pay for your eligible expenses, you must submit a claim form and a bill or itemized receipt from the provider to UMR. Keep all receipts in case UMR requires you to verify the eligibility of a purchase. You will not receive a debit card.

2

USE IT OR LOSE IT

FSA funds are use it or lose it.

Archdiocese of Denver: You must submit all reimbursement request forms by September 30, 2026.

Catholic Charities of Denver and Diocese of Colorado Springs: You must submit all reimbursement request forms by October 31, 2026.

3

LIFE AND AD&D BENEFITS

Sun Life | sunlife.com | 800-786-5433

Archdiocese of Denver Welfare Benefits Trust's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

BASIC LIFE AND AD&D INSURANCE

Archdiocese of Denver Welfare Benefits Trust automatically provides basic life and AD&D insurance through Sun Life to all full-time lay employees, their spouses, and dependent children **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Please be sure to keep your beneficiary designations up to date.

Benefits will reduce to 65% at age 65 and to 50% at age 70.

- **Employee life and AD&D benefit:** \$50,000
- **Spouse life benefit:** \$2,000
- **Spouse AD&D benefit:** \$500
- **Dependent children life benefit:** Birth up to age 26: \$2,000
- **Dependent children AD&D benefit:** \$500

VOLUNTARY BENEFIT—SUPPLEMENTAL LIFE AND AD&D INSURANCE

Archdiocese of Denver Welfare Benefits Trust provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and/or your dependent children through Sun Life.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 65 and to 50% at age 70.

- **Employee:** \$10,000 increments up to \$500,000 or 5x salary, whichever is less—guarantee issue: \$250,000
- **Spouse:** \$5,000 increments up to \$50,000 or 100% of the employee's election, whichever is less—guarantee issue: \$50,000
- **Dependent children:** Birth to 6 months: \$2,000; 6 months to age 26 if unmarried: \$2,000 increments up to \$10,000—guarantee issue: \$10,000

Note: If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Sun Life.

Supplemental Life Insurance Costs

Listed below are the monthly rates for supplemental life and AD&D insurance. The costs listed below include the automatic \$0.03 cost for AD&D coverage. The amount(s) you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee's age.

Age	Employee and Spouse Rate			Child Rate
	Per \$1,000 of coverage			Per \$1,000 of coverage
< 20	\$0.08	50–54	\$0.35	\$0.25
20–24	\$0.08	55–59	\$0.55	
25–29	\$0.09	60–64	\$0.69	
30–34	\$0.11	65–69	\$1.31	
35–39	\$0.12	70–74	\$3.27	
40–44	\$0.14	75+	\$9.08	
45–49	\$0.21			

DISABILITY BENEFITS

Sun Life | sunlife.com | 800-786-5433

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, childcare, and more.

If you become unable to work due to an accident, illness, injury, or pregnancy, you must apply for benefits as soon as you are able after your event. Please notify Sun Life as soon as possible to ensure you qualify for coverage and receive timely payouts.

SHORT-TERM DISABILITY INSURANCE

Archdiocese of Denver Welfare Benefits Trust automatically provides short-term disability (STD) insurance through Sun Life to all full-time lay employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated paid leave plan.

- **Benefit:** 60% of base weekly pay up to \$1,500 per week
- **Elimination period:** 14 days
- **Benefit duration:** Up to 26 weeks

LONG-TERM DISABILITY INSURANCE

Archdiocese of Denver Welfare Benefits Trust automatically provides long-term disability (LTD) insurance through Sun Life to all full-time lay employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly pay up to \$10,000 per month
- **Elimination period:** 26 weeks
- **Benefit duration:** Social Security normal retirement age



INJURY



DISABILITY
INSURANCE



FINANCIAL
PROTECTION



VOLUNTARY BENEFITS

Sun Life | sunlife.com | 800-786-5433

Archdiocese of Denver Welfare Benefits Trust offers the following voluntary benefits to support your financial wellbeing.

ACCIDENT INSURANCE

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose.

Claims payments are made in flat amounts based on services incurred during an accident. You can take your coverage with you if you change jobs or retire.

Receive a \$50 annual wellness benefit when you complete eligible screenings from Sun Life.

Benefits are paid for initial care due to an accident such as:

- Emergency room treatment
- X-rays
- Ambulance
- Hospital admission and daily stay

Additional benefits are paid based on the type of accidental injury diagnosed including:

- Lacerations
- Broken Bones
- Burns

Accident Insurance Costs

Listed below are the monthly costs for accident insurance. Costs are deducted post-tax and can be dropped at any time.

Level of Coverage	Accident Insurance
Employee Only	\$12.80
Employee + Spouse	\$20.95
Employee + Child(ren)	\$22.45
Employee + Family	\$30.60

VOLUNTARY BENEFITS

CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses.

Receive a \$50 annual wellness benefit when you complete eligible screenings from Sun Life.

Critical Illness Insurance Costs

Listed below are the monthly costs for critical illness insurance. Costs are deducted post-tax and can be dropped at any time. Employee age is used to calculate cost.

Age	Employee and Spouse Per \$1,000 of coverage
< 24	\$0.42
25-29	\$0.42
30-34	\$0.65
35-39	\$0.65
40-44	\$1.18
45-49	\$1.18
50-54	\$2.18
55-59	\$2.18
60-64	\$3.41
65-69	\$3.41
70 +	\$3.73

Dependent Child Per \$1,000 of coverage
\$0.11



LEARN MORE ABOUT YOUR PLAN OPTIONS AND COSTS DURING ENROLLMENT

Archdiocese of Denver and Catholic Charities of Denver: Visit Paylocity at access.paylocity.com. Diocese of Colorado Springs: Visit myenroll.com or contact the benefits administrator at 719-866-6462.



CEMETERY DISCOUNT PROGRAM

In partnership with Catholic Funeral & Cemetery Services Colorado, the Archdiocese of Denver Welfare Benefits Trust is pleased to offer a discount on funeral planning and burial expenses for employees and their immediate family members (spouse and dependent children).

Employees are eligible for discounts once they have surpassed their one-year anniversary of being employed by the archdiocese. **For general inquiries, call 720-903-2242.**

Archdiocese of Denver and Catholic Charities full-time employee discounts:

- 30% off any funeral service plan package (excluding cash advance items)
- 30% off any grave/crypt/niche interment/inurnment/entombment-related services/goods (i.e., opening/closing, vault, and vault setting)
- \$500 or 50% off, whichever is less, on any cemetery memorial (i.e., marker, headstone, vase, lettering)

Archdiocese of Denver and Catholic Charities part-time employee discounts:

- 10% off any funeral service plan package (excluding cash advance items)
- 10% off any grave/crypt/niche interment/inurnment/entombment-related services/goods (i.e., opening/closing, vault, and vault setting)
- \$500 or 50% off, whichever is less, any cemetery memorial (i.e., marker, headstone, vase, lettering)

Colorado Springs full-time employee discounts:

- 10% off any funeral service plan package, excluding cash advance items
- 10% off any grave/crypt/niche interment/inurnment/entombment related services/goods (i.e., opening/closing, vault, and vault setting)
- \$500 or 50% off, whichever is less, any cemetery memorial (i.e., marker, headstone, vase, lettering).

EMPLOYEE ASSISTANCE PROGRAM

GuidanceResources | guidanceresources.com | 877-595-5281

Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through GuidanceResources.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **three free face-to-face visits** per person, per issue, per year with a licensed counselor.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Archdiocese of Denver Welfare Benefits Trust and access to the EAP is completely confidential.

TOOLS AND RESOURCES

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



CARE OPTIONS

Find child, elder, and pet care to support you and your family's day-to-day needs.



LEGAL AND FINANCIAL GUIDANCE

Receive guidance for buying a home, planning for retirement, budgeting, and more.



SUPPORT ALL YEAR

Connect with a mental health professional about addiction, family, and individual counseling.



NO-COST BENEFITS

- **Travel assistance:** Support available through Assist America to you and your family.
- **Financial, legal, and estate support:** Get assistance from ComPsych for you and your family.
- **ID theft protection:** Services available through Assist America to you and your family.
- **Support services:** Professional assistance for emotional support, financial planning, and legal information in the event that you become disabled or lose a loved one.

DISCOUNT PROGRAM

You have access to Working Advantage through Guidance Resources—an online discount marketplace.

Get exclusive discounts on movie theaters, rentals, theme parks, ski tickets, Broadway shows, family events, online shopping, hotel stays, and more. To start saving up to 60%, register through Guidance Resources, then click Discounts.



Call 877-595-5281, text 800-697-0353, or visit guidanceresources.com (web ID: EAPBusiness) to register.

CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact your local benefits administrator at your location.

Provider/Plan	Policy Number	Phone Number	Website/Email
Medical UMR Archdiocese of Denver Catholic Charities of Denver Diocese of Colorado Springs	76-412838 76-412879 76-412878	800-207-3172	umr.com
Prescriptions OptumRx	N/A	877-559-2955	optumrx.com
Prescription Savings Solution Rx Savings Solutions	N/A	800-268-4476	myrxss.com
Virtual Care MyCatholicDoctor	N/A	888-822-8436	mycatholicdoctor.com
Dental Guardian	424146	800-541-7846	guardianlife.com
Vision VSP	12287661	800-877-7195	vsp.com
Flexible Spending Accounts UMR	N/A	800-207-3172	umr.com
Life and Disability Sun Life Archdiocese of Denver Catholic Charities of Denver Diocese of Colorado Springs	960365 960366 960367	800-786-5433	sunlife.com
Accident and Critical Illness Insurance Sun Life Archdiocese of Denver Catholic Charities of Denver Diocese of Colorado Springs	960365 960366 960367	800-786-5433	sunlife.com
Employee Assistance and Wellness Support GuidanceResources	N/A	Call: 877-595-5281 Text: 800-697-0353	guidanceresources.com (Web ID: EAPBusiness)
Archdiocese of Denver Sandra Aguirre, Benefits Administrator	N/A	303-715-2060	hr@archden.org
Catholic Charities of Denver Carolyn Simon, Director, Acquisition & Benefits	N/A	303-742-0828	hr@ccdenver.org
Diocese of Colorado Springs Doris Hensley, Benefits Administrator	N/A	719-866-6462	dhensley@diocs.org

This summary of benefits is not intended to be a complete description of the terms and Archdiocese of Denver Welfare Benefits Trust insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Archdiocese of Denver Welfare Benefits Trust maintains its benefit plans on an ongoing basis, Archdiocese of Denver Welfare Benefits Trust reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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