LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS
2025 BENEFITS OVERVIEW

UHC HEALTHCARE PLANS	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	TRADITIONAL PPO PLAN	COLORADO DOCTORS PLAN
UHC Network	Choice Plus	Choice Plus	Colorado Doctors Plan
Deductible	$3,500—Individual $7,000—Family	$2,500—Individual $5,000—Family	$2,000 – Individual $4,000 – Family
Coinsurance	80%	90%	80%
Out-of-Pocket Maximum - includes the Deductible, Copays, Coinsurance, Rx Costs and Copays	$5,000—Individual $10,000—Family	$4,000—Individual $8,000—Family	$6,000 – Individual $12,000 – Family
Office Visits	80% after deductible	$25 - PCP copay $50 - Specialist copay	$0 – PCP copay $75 – Specialist copay
Virtual Visit - designated UHC provider	0% after deductible	$0 copay	$0 copay
Preventive Care	100%	100%	100%
Diagnostic Lab and X-Ray	80% after deductible	100%	$25 copay
Advanced Imaging	80% after deductible	90% after deductible	$250 copay
Urgent Care Facility	80% after deductible	$50 copay	$0 copay
Emergency Room	80% after deductible	$250 copay after deductible	80% after deductible
Prescription Drugs	After the Annual Pharmacy Deductible has been met. Tier 1: $10 Tier 2: $35 Tier 3: $70 Mail order – 2.5x copay	Tier 1: $5 Tier 2: $45 Tier 3: $110 Tier 4: $250 Mail order: 2.5x copay	Tier 1: $5 Tier 2: $40 Tier 3: $105 Tier 4: $250 Mail order: 2.5x copay
Outpatient Facility and Inpatient Hospital Stay	80% after deductible	90% after deductible	80% after deductible
Inpatient MH/SUD	80% after deductible	90% after deductible	80% after deductible
Outpatient MH/SUD	80% after deductible	$25 copay | 90% after deductible	$0
Spinal Manipulation	80% after deductible	$25 copay per 20 visits	80% after deductible
Out-of-Network Benefits (Single | Family)	$5,000 | $10,000 Deductible $10,000 | $20,000 Out-of-Pocket 50% | 50% Coinsurance	$5,000 | $15,000 Deductible $15,000 | $30,000 Out-of-Pocket 50% | 50% Coinsurance	Not Covered
HSA Employer Contribution	$50 monthly for EE only $75 monthly for EE+Children $75 monthly for EE+Spouse $100 Monthly for EE+Family	Not Applicable	Not Applicable

HUMANA DENTAL – LOW	IN-NETWORK	OUT-OF-NETWORK
Deductible	$50 Individual | $150 Family	
Annual Maximum	$1,000 per person	
Preventive Services (Oral exam, cleaning, x-rays, sealants for children, fluoride treatment)	100% no deductible	100% no deductible
Basic Services (Fillings, basic extractions, oral surgery, periodontics, endodontics)	100% after deductible	80% after deductible
Major Services (Crowns, inlays and onlays, bridgework, dentures)	60% after deductible	50% after deductible
Orthodontics	Not Covered	

HUMANA DENTAL – High	IN-NETWORK	OUT-OF-NETWORK
Deductible	$50 Individual | $150 Family	
Annual Maximum	Unlimited	
Preventive Services (Oral exam, cleaning, x-rays, sealants for children, fluoride treatment)	100% no deductible	100% no deductible
Basic Services (Fillings, basic extractions, oral surgery, periodontics, endodontics)	100% after deductible	80% after deductible
Major Services (Crowns, inlays and onlays, bridgework, dentures)	60% after deductible	50% after deductible
Orthodontics	Not Covered	

UHC VISION	IN-NETWORK	OUT-OF-NETWORK
Frequency: Exam Lenses and Contacts Frames	 Once every 12 months Once every 12 months Once every 24 months	 Once every 12 months Once every 12 months Once every 24 months
Frame Benefit	Up to $130	Not Covered
Copays: Exams Eyeglasses/Contacts Lens Frames	 $10 $15 Standard covered 100% $130 allowance	 Up to $40 Up to $60 Depends on lens specifics Up to $45
Contacts	$130 allowance for elective.	$105 allowance for elective. $210 allowance for medically necessary.
Lasik and PRK procedures	Discounts available.	Discounts available.

VACATION	
Hire to 5 Years	15 Days
5 Years to 10 Years	20 Days
10 Years and Beyond	25 Days
ILLNESS	
4 hours accrued per pay period	12 Days
COMPANY PAID HOLIDAYS	
New Year's Day	Labor Day
Martin Luther King Jr. Day	Veterans Day
Presidents Day	Thanksgiving Day
Good Friday	Friday following Thanksgiving Day
Memorial Day	Christmas Eve
Independence Day	Christmas Day

VOLUNTARY SHORT-TERM DISABILITY

BENEFIT FEATURES	SHORT-TERM DISABILITY
Weekly Benefit	60% of weekly earnings
Weekly Maximum Benefit	$1,500
Elimination Period	14 days

VOLUNTARY LONG-TERM DISABILITY

BENEFIT FEATURES	LONG-TERM DISABILITY
Weekly Benefit	60% of weekly earnings
Monthly Maximum Benefit	$6,000
Elimination Period	90 days

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MEDICAL PLAN RATES

High Deductible Health Plan	Total Monthly Cost	Employer Per Month	Employee Per Month	Employee Per Pay Period
Employee Only	$622.66	$560.39	$62.00	$31.00
Employee + Spouse/Domestic Partner	$1,488.14	$744.06	$725.00	$362.50
Employee + Child(ren)	$1,214.17	$728.50	$450.00	$225.00
Employee + Family	$1,917.78	$862.40	$975.00	$487.50

Traditional PPO Plan	Total Monthly Cost	Employer Per Month	Employee Per Month	Employee Per Pay Period
Employee Only	$746.27	$649.25	$97.00	$48.50
Employee + Spouse/Domestic Partner	$1,783.57	$891.79	$875.00	$437.50
Employee + Child(ren)	$1,455.23	$873.14	$550.00	$275.00
Employee + Family	$2,298.50	$919.40	$1,300.00	$650.00

Colorado Doctors Plan	Total Monthly Cost	Employer Per Month	Employee Per Month	Employee Per Pay Period
Employee Only	$568.22	$522.77	$45.00	$22.50
Employee + Spouse/Domestic Partner	$1,358.06	$679.02	$630.00	$315.00
Employee + Child(ren)	$1,108.03	$664.82	$390.00	$195.00
Employee + Family	$1,750.13	$700.06	$875.00	$437.50

DENTAL PLAN RATES

Voluntary Dental Base	Employee Per Month	Employee Per Pay Period
Employee Only	$32.58	$16.29
Employee + Spouse/Domestic Partner	$65.15	$32.58
Employee + Child(ren)	$83.08	$41.54
Employee + Family	$115.66	$57.83

Voluntary Dental Buy-Up	Employee Per Month	Employee Per Pay Period
Employee Only	$53.05	$26.53
Employee + Spouse/Domestic Partner	$106.09	$53.05
Employee + Child(ren)	$135.25	$67.63
Employee + Family	$188.30	$94.15

VISION PLAN RATES

Voluntary Vision Plan	Employee Per Month	Employee Per Pay Period
Employee Only	$7.99	$3.99
Employee + Spouse/Domestic Partner	$16.00	$8.00
Employee + Child(ren)	$14.11	$7.10
Employee + Family	$22.70	$11.35

VOLUNTARY LIFE, DISABILITY, ACCIDENT, CRITICAL ILLNESS, & HOSPITAL PLAN RATES

Voluntary Life and Disability Plans	Employer Per Pay Period
All eligible employees	See HR for Rates

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