



2025 BENEFITS OPEN ENROLLMENT GUIDE

MEDICAL PLAN SUPPLEMENT
FOR BOULDER, COLORADO EMPLOYEES

Enroll through the
ITC Portal
October 21 to
November 8

*This document serves as a
Summary of Material
Modification as required
under ERISA*

2025 Benefit Programs and Related Premiums

| | Employee Only | Employee +Child(ren) | Employee +Spouse | Employee +Family | Mandatory |
|--|---|----------------------|------------------|------------------|---------------|
| MEDICAL CARE OPTIONS (Biweekly Premiums) | | | | | |
| UnitedHealthcare Choice EPO Plan: Self-Insured Plan | \$88.59 | \$193.81 | \$251.72 | \$376.17 | |
| UnitedHealthcare Texas Premier Choice Plan: Fully-Insured Plan | 167.83 | 377.63 | 402.80 | 577.35 | |
| Kaiser HMO Plan | 107.22 | 219.80 | 214.44 | 309.86 | |
| DENTAL CARE OPTION | | | | | |
| Delta Dental PPO: Self-Insured Plan | none | 14.84 | 12.54 | 34.51 | Employee Only |
| VISION CARE OPTIONS | | | | | |
| VSP - High Plan | 8.56 | 14.69 | 14.40 | 22.98 | |
| VSP - Low Plan | 5.31 | 10.08 | 9.14 | 12.24 | |
| FLEXIBLE SPENDING ACCOUNTS (CALENDAR YEAR ELECTION REQUIRED) | | | | | |
| Health Care Reimbursement Account: Separate Program that Operates under the Section125 Plan | The FSA annual maximum plan contribution limit is projected to increase to \$3,300 in 2025 (pending the official IRS announcement at https://www.irs.gov/). | | | | |
| Dependent Care Reimbursement Account: Separate Program that Operates under the Section125 Plan | Calendar year election required. Maximum \$5,000 annually per household or up to \$192.31 biweekly. | | | | |
| OTHER PROGRAMS | | | | | |
| Accidental Injury | Premium is based on level of coverage selected. | | | | |
| Critical Illness | Premium is based on coverage amount and age per insurer’s rate table. | | | | |
| Dependent Life Coverage Amounts: Spouse \$20,000; Child \$10,000 | 80¢ biweekly (one dependent) 98¢ biweekly (two or more dependents) | | | | |
| Group Life | Premium is based on salary. | | | | ✓ |
| Legal Plan | \$4.15 biweekly – Low Option; \$8.31 biweekly – High Option | | | | |
| Long-Term Disability | Premium is based on salary. | | | | ✓ |
| MetLife Voluntary Cancer and Specified Disease | Premium is based on level of coverage selected. | | | | |
| Short-Term Income Replacement (STIR) | Premium is based on salary and age | | | | |
| Voluntary Accidental Death and Dismemberment | Premium is based on coverage amount per insurer’s rate table. | | | | |
| Voluntary Life | Premium is based on coverage amount and age per insurer’s rate table. | | | | |
| BENEFIT PROGRAMS NOT REQUIRING A PREMIUM PAYMENT | | | | | |
| Group Accidental Death and Dismemberment Insurance: Coverage is Based on Salary | None – Employer Paid | | | | ✓ |
| Business Travel Accident: \$300,000 of Additional Accidental Death and Dismemberment Coverage | None – Employer Paid | | | | ✓ |
| Employee Assistance Program (EAP) | None - Employer Paid | | | | ✓ |

Further information is available at benefits.swri.org.

Medical Benefit Summary

This chart is a comparison of copayments and other plan costs for the **UnitedHealthcare Choice EPO plan, Texas Premier Choice plan and Kaiser HMO plan**. Coverage is only available in the plans when receiving services from network providers. Refer to your official benefit documentation for coverage details, limitations and exclusions. 2025 changes are shaded below.

| COVERED HEALTH SERVICES | CHOICE EPO – NETWORK ONLY | TEXAS PREMIER CHOICE – NETWORK ONLY | KAISER HMO |
|---|---------------------------------------|--------------------------------------|--|
| Annual Deductible | None | \$1,000/individual \$2,000/family | None |
| Out-Of-Pocket Maximum | \$5,000/individual \$10,000/family | \$4,000/individual \$8,000/family | \$2,000/individual \$4,500/family |
| Autism ABA Services (Outpatient) | \$40 | \$25 | \$10 |
| Durable Medical Equipment (DME) (includes prosthetic devices) | 20% Coinsurance | No Charge after deductible | 20% coinsurance |
| Emergency/Non-Emergency Ambulance | \$150 | No Charge after deductible | 20% coinsurance to max of \$500 per trip |
| Emergency Room | \$500 | \$500 | \$100 |
| Hearing Aids | 50% Coinsurance | No Charge after deductible | Refer to Evidence of Coverage (EOC) |
| Home Health Care | \$40 | No Charge after deductible | No Charge |
| Hospital - Inpatient Stay (includes physician fees) | \$600 / stay | \$100 / stay after deductible | \$250/stay |
| Imaging and Major Diagnostic- Outpatient (e.g., CT, MRI) | \$150 | No Charge after deductible | \$100 |
| Lab, X-Ray and Diagnostics – Outpatient Minor Lab (e.g., lab, x-ray) | No Charge | No Charge | No Charge* |
| Mental Health Services (Outpatient) | \$30 or \$40 | \$25 | \$10 |
| Office Visits – Primary Care (ages 0-18) | \$30 | No Charge | \$10 |
| Office Visits – Primary Care (ages 19 or older) | \$30 | \$25 | \$10 |
| Office Visits - Specialist | No Charge | \$25 or \$50 | \$20 |
| Ostomy Supplies | \$40 | No Charge after deductible | 20% coinsurance |
| Pharmaceutical Products - Outpatient | 20% Coinsurance | No Charge after deductible | 20% coinsurance |
| Pregnancy - Maternity Services (Hospital Stay) | \$600 / stay | \$100 / stay after deductible | \$250/stay |
| Pregnancy – Maternity Services (Office Visit) | \$30 / pregnancy | \$25 or \$50 / pregnancy | \$0/pregnancy |
| Preventive Care Services | No Charge | No Charge | \$10 |
| Rehabilitation Services - Outpatient (e.g., physical therapy) | \$40 | \$25 | \$10 |
| Scopic Procedures – Preventive | No Charge | No Charge | \$10 |
| Scopic Procedures – Diagnostic | No Charge | \$200 / surgery after deductible | \$100 out-patient / \$250 in-patient |
| Special Nutritional Feedings (e.g., medically necessary infant formula) | 20% Coinsurance | No Charge after deductible | Refer to EOC |
| Substance Abuse Services (Outpatient) | \$30 or \$40 | \$25 | \$10 |
| Surgery – Outpatient (includes physician fees) | \$400 / surgery | \$200 / surgery after deductible | \$100/surgery |
| Therapeutic Treatments – Outpatient (e.g., chemotherapy) | \$30 or \$40 | No Charge after deductible | Refer to EOC |
| Urgent Care Center Services | \$40 | \$50 | \$50 |
| Vision Examination | \$40 | \$25 | \$10 |

*Therapeutic x-ray has \$20 copay

Pharmacy Benefit Summary

This chart is a comparison of the pharmacy copayments for **UnitedHealthcare Choice EPO plan, Texas Premier Choice plan, and the Kaiser HMO plan.**

| CHOICE EPO PLAN | 31-Day Supply (Retail) | 90-Day Supply (Retail) | 90-Day Supply (Mail) |
|------------------------------------|------------------------|------------------------|----------------------|
| Tier 1 – Your Lowest Cost Option | \$12 | \$24 | \$30 |
| Tier 2 – Your Midrange Cost Option | \$35 | \$70 | \$87.50 |
| Tier 3 – Your High-Cost Option | \$70 | \$140 | \$175 |
| Tier 4 – Your Highest-Cost Option | \$130 | \$260 | \$325 |

| TEXAS PREMIER CHOICE PLAN | 31-Day Supply (Retail) | 90-Day Supply (Mail-Order Only) |
|------------------------------------|------------------------|---------------------------------|
| Tier 1 – Your Lowest Cost Option | \$10 | \$20 |
| Tier 2 – Your Midrange Cost Option | \$35 | \$70 |
| Tier 3 – Your High-Cost Option | \$60 | \$120 |

| KAISER HMO PLAN | 31-Day Supply (Retail) | 60-Day Supply (Mail-Order Only) |
|---------------------------|-------------------------------|---------------------------------|
| Generic Drugs | \$10 | \$10 |
| Preferred Brand Drugs | \$25 | \$25 |
| Non-preferred Brand Drugs | -----Not Covered----- | |
| Specialty Drugs | \$20% Coinsurance up to \$250 | \$20% Coinsurance up to \$250 |

Plan Contact Information

| BENEFIT PLAN | PHONE NUMBER | WEBSITE |
|---|---------------------|--|
| ALLIANCE WORK PARTNERS (<i>Employee Assistance Program/EAP</i>) | 800-343-3822 | www.awpnow.com |
| CIGNA (<i>Accidental Injury/Critical Illness</i>) | 800-754-3207 | www.mycigna.com |
| DELTA DENTAL | 800-521-2651 | www.deltadentalins.com |
| KAISER | 800-632-9700 | www.kp.org |
| METLIFE CANCER (<i>Cancer and Specified Disease</i>) | 800-845-7519 | www.baybridgeadministrators.com |
| METLIFE LEGAL PLANS | 800-821-6400 | www.members.legalplans.com |
| NEW YORK LIFE (<i>Group Life, AD&D, Business Travel, Voluntary Life, STIR</i>) | 888-842-4462 | www.mynylgbs.com |
| TIAA (<i>SwRI Retirement Plan</i>) | 800-842-2252 | www.tiaa.org/swri |
| TRICARE/ASI SUPPLEMENTAL PROGRAM | 800-638-2610 | www.selmanco.com |
| UNITEDHEALTHCARE CHOICE EPO (<i>Medical</i>) | 877-370-0859 | www.myuhc.com |
| UNITEDHEALTHCARE TEXAS PREMIER CHOICE (<i>Medical</i>) | 866-633-2446 | www.myuhc.com |
| VISION SERVICE PLANS - VSP (<i>Vision</i>) | 800-877-7195 | www.vsp.com |
| SWRI EMPLOYEE BENEFITS OFFICE benefits@swri.org | 210-522-2227 | benefits.swri.org |
| GUILLERMO DOMINGUEZ, UHC SERVICE ACCOUNT MANAGER uhc.service@swri.org | 210-474-5558 | |