

**AMENDMENT NO. THREE
TO THE
UNIVERSITY OF COLORADO HEALTH AND WELFARE PLAN**

WHEREAS, The Regents of the University of Colorado, a body corporate and a state institution of higher education of the State of Colorado (the "University" or "University of Colorado") maintain the University of Colorado Health and Welfare Plan (the "Plan") for the benefit of eligible employees; and

WHEREAS, Section 6.1 of the Plan reserves to the University the right to amend the Plan;

NOW THEREFORE, the Plan is amended effective July 1, 2015, unless otherwise noted herein, to read as follows:

1. The first sentence of the third paragraph of the Preamble of the Plan is amended in its entirety effective July 1, 2015, to read as follows:

"WHEREAS, the Plan includes the following component benefits: (a) medical and prescription drug benefits, and (b) in certain cases, dental and vision benefits, which may be summarized in a collection of documents, benefits booklets, summary of benefits and related documents issued by a third party administrator (collectively referred to as the Summary Plan Description, "SPD");"

2. The last sentence of Section 2.1 of the Plan is amended by adding the phrase "if he did not enroll himself" to the end thereof prior to the period, effective July 1, 2014.
3. Section 2.5(a) of the Plan is amended in its entirety to read as follows:

"(a) Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA")

Notwithstanding any other Plan provision regarding termination of coverage, in the event participation in a health benefit terminates, a qualified beneficiary may have the right to continue health plan coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended including, to the extent applicable, the parallel continuation provisions under the Public Health Service Act ("COBRA"), the American Recovery and Reinvestment Act of 2009 ("ARRA"), as amended by the Department of Defense Appropriations Act, 2010 (the "Appropriations Act"), the Temporary Extension Act of 2010 (the "Temporary Extension Act"), the Continuing Extension Act of 2010 (the "Continuing Extension Act"), the Omnibus Trade Act of 2010, the Trade Adjustment Assistance Act of 2011, and any subsequent legislation, or similar state law.

The Plan Administrator shall provide information about COBRA and any other health continuation requirements with the health plan information at such times and in the manner required by COBRA, ARRA, the Appropriations Act, the

Temporary Extension Act and the Continuing Extension Act. A qualified beneficiary who elects COBRA may continue to participate in this Plan.”

4. Section 2.5 (b) of the Plan is amended by adding the following to the end thereof:

“Effective August 7, 2013, notwithstanding any other provision herein, continuation coverage shall be provided for FMLA leaves in accordance with the Family Care Act C.R.S. § 8-13.3-201 et seq. to the extent applicable.”

5. Section 3.1 (b) of the Plan is amended in its entirety effective July 1, 2014, to read as follows:

“(b) Component Benefit Plans

The component benefit plans include:

- (i) medical and prescription drug benefits provided through health maintenance, preferred provider organization or point-of-service contracts and riders thereto;
- (ii) in certain cases, vision benefits and/or wellness and prevention program benefits; and
- (iii) to the extent determined by the Plan Administrator, clinical health coaching regarding cardiovascular disease and MRI/lumbrosacral spinal injection evaluations.

Wellness and prevention program benefits in addition to those described in (ii) above may also be made available as determined by the Plan Administrator to eligible participants and eligible dependents.”

6. Section 3.1 (b) of the Plan is amended in its entirety effective July 1, 2015, to read as follows:

“(b) Component Benefit Plans

The component benefit plans include:

- (i) medical and prescription drug benefits provided through health maintenance, preferred provider organization or point-of-service contracts and riders thereto; and
- (ii) in certain cases, vision benefits and/or dental benefits and/or wellness and prevention program benefits.

Wellness and prevention program benefits in addition to those described in (ii) above may also be made available as determined by the Plan Administrator to eligible participants and eligible dependents.”

7. Appendix II.A., University Eligibility, of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“A. UNIVERSITY ELIGIBILITY

The eligibility matrix for the University is hereby incorporated by reference and any change in eligibility in the matrix is deemed to be an amendment made by the Plan Sponsor. The matrix can be found at <https://www.cu.edu/employee-services/policies/benefit-eligibility-matrix>.

Otherwise eligible Employees and their dependents, former Employees of the University and their dependents, and Regent Board members who reside in the network ZIP codes found at https://www.cu.edu/sites/default/files/policies/docs/Kaiser-Zip_Univ.docx.pdf are eligible for the CU Health Plan –Kaiser.”

8. Appendix II.B., UCH Eligibility, of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“B. UCH ELIGIBILITY

Eligible Employees: All regular employees who have a FTE status of .5 or more, who are working at least 20 hours a week.

Effective Date of Coverage: The first day of the month coincident with or immediately after completing the eligibility requirements.

Special Category: PERA Guarantee Retiree – a person who: (1) was an employee of the University of Colorado Hospital (“University Hospital”) on or prior to the date the assets and liabilities of University Hospital were transferred to and assumed by UCH; (2) elected on or after such transfer date to become an employee of UCH; (3) retired from UCH with at least 10 years of service with University Hospital and/or UCH; and (4) is at least 55 but under 65 years of age.

Certain otherwise eligible Employees of UCH and their dependents and former Employees of UCH and their dependents are eligible for the CU Health Plan – Kaiser, as determined by UCH.

Employees of UCH and their dependents and former Employees of UCH and their dependents are not eligible for the CU Health Plan - Vision.

Certain otherwise eligible Employees of UCH and their dependents and former Employees of UCH and their dependents are eligible for the CU Health Plan – Extended, as determined by UCH.

Employees of UCH and their dependents and former Employees of UCH and their dependents are not eligible for CU Health Plan –Dental EPO, CU Health Plan – Dental PPO and CU Health Plan – Premier.”

9. Appendix III, Component Documents, of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“COMPONENT DOCUMENTS

Effective July 1, 2015, or unless otherwise noted herein, the terms, conditions and limitations of the benefits described in Article III of the Plan are contained in the Component Documents listed from time to time in this Appendix III which are incorporated herein by reference. All Component Documents are healthcare components subject to HIPAA. The Component Documents listed below can be found at <http://www.anthem.com/cuhealthplan>; <http://www.kp.org/cuhealthplan>; and <https://www.cu.edu/employee-services/dental-plans>.

A. Medical and Prescription Benefits

1. Benefits Booklet for CU Health Plan - High Deductible/HSA Compatible
2. Benefits Booklet for CU Health Plan - Exclusive
 - a. Includes Vision Benefits Booklet (Eye Exam only)
3. Health Risk Assessment Program
4. Benefits Booklet for CU Health Plan – Kaiser
5. Benefits Booklet for CU Health Plan – Medicare
6. Benefits Booklet for CU Health Plan – Vision
7. Benefits Booklet for CU Health Plan – Extended
8. Benefits Booklet for CU Health Plan - Dental EPO
9. Benefits Booklet for CU Health Plan - Dental PPO
10. Benefits Booklet for CU Health Plan - Dental Premier.”

10. The “Type of Plan” subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“Type of Plan:	Welfare plan providing medical and prescription benefits, dental and vision benefits.”
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11. The “Agent for Legal Process” subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“Agent for Legal Process:	<p>The person designated as agent for service of legal process is:</p> <p>University Counsel University of Colorado 1800 Grant Street, Suite 800 Denver, CO 80203</p> <p>Service of legal process may also be made upon the Plan Administrator or upon a Trustee.”</p>
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12. The Rocky Mountain Hospital and Medical Services, Inc. d.b.a. Anthem Blue Cross and Blue Shield (*for CU Health Plan – Access Network, CU Health Plan – High Deductible, CU Health Plan – Exclusive, CU Health Plan – Medicare, CU Health Plan – Vision, and CU Health Plan – Extended*) subsection of the “Administrator” subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“Administrator	<p>Rocky Mountain Hospital and Medical Services, Inc. d.b.a. Anthem Blue Cross and Blue Shield (<i>for, CU Health Plan – High Deductible/HSA Compatible, CU Health Plan – Exclusive, CU Health Plan – Medicare, CU Health Plan – Vision, and CU Health Plan – Extended</i>)</p> <p>700 Broadway Denver, CO 80273-0001 800-735-6072”</p>
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13. The CIGNA Health and Life Insurance Company (*for CU Health Plan - Access Network, CU Health Plan – High Deductible, CU Health Plan - Exclusive and CU Health Plan - Medicare*) subsection of the “Administrator” subsection of Appendix IV, “Administrative Facts” of the Plan is deleted in its entirety, effective July 1, 2015.

14. The Kaiser Permanente Insurance Company (*for CU Health Plan- Administered by Kaiser Permanente Insurance Company*) subsection of the “Administrator” subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2015, to read as follows:

“Administrator	<p>Kaiser Permanente Insurance Company (<i>for CU Health Plan –Kaiser</i>)</p> <p>300 Lakeside Drive 26th Floor Oakland, California 94612”</p>
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15. The Health Promotion Management Inc. (*for biometric screening program*) subsection of the “Administrator” subsection of Appendix IV, “Administrative Facts” of the Plan is deleted in its entirety, effective July 1, 2015.

16. The “Administrator” subsection of Appendix IV, “Administrative Facts” of the Plan is amended, effective July 1, 2015, by adding the following to the end thereof:

“Administrator	Colorado Dental Service Inc., d/b/a Delta Dental (<i>for CU Health Plan - Dental EPO, CU Health Plan - Dental PPO and CU Health Plan - Dental Premier</i>) 4582 South Ulster Street Denver, Colorado 80237”
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17. The “Administrator/Named Claims Fiduciary with respect to CU Health Plan- Administered by Kaiser Permanente Insurance Company subsection of Appendix IV, “Administrative Facts” of the Plan, is amended in its entirety, effective July 1, 2015, to read as follows:

“Administrator/Named Claims Fiduciary with respect to CU Health Plan –Kaiser	Harrington Health Services, Inc. 675 Brooksedge Blvd. Westerville, OH 43081”
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18. The “Administrator/Named Claims Fiduciary with respect to CU Health Plan – Access Network, CU Health Plan – High Deductible, CU Health Plan – Exclusive, CU Health Plan – Medicare, CU Health Plan – Vision, CU Health Plan – Extended” subsection of Appendix IV, “Administrative Facts” of the Plan, is amended in its entirety, effective July 1, 2015, to read as follows:

“Administrator/Named Claims Fiduciary with respect to , CU Health Plan – High Deductible/HSA Compatible, CU Health Plan – Exclusive, CU Health Plan – Medicare, CU Health Plan – Vision, CU Health Plan – Extended	Rocky Mountain Hospital and Medical Services, Inc. d.b.a. Anthem Blue Cross and Blue Shield 700 Broadway Denver, CO 80273-0001 800-735-6072”
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19. The “Named Fiduciary/Trustee Names and Addresses” subsection of Appendix IV, “Administrative Facts” of the Plan, is amended in its entirety, effective February 5, 2015, to read as follows:

<p>“Named Fiduciary/Trustee Names and Addresses</p>	<p>Trustees:</p> <p>E. Jill Pollock Anthony C. DeFurio Dallis Howard-Crow Elizabeth Kissick John D. McDowell Kathleen M. McCreary Todd Saliman</p> <p>Address:</p> <p>University of Colorado Health and Welfare Trust 1800 Grant Street, Suite 800 Denver, CO 80203”</p>
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20. The “Named Fiduciary/Trustee Names and Addresses” subsection of Appendix IV, “Administrative Facts” of the Plan, is amended in its entirety, effective July 1, 2015, to read as follows:

<p>“Named Fiduciary/Trustee Names and Addresses</p>	<p>Trustees:</p> <p>Kathy Nesbitt Anthony C. DeFurio Dallis Howard-Crow Elizabeth Kissick John D. McDowell Kathleen M. McCreary Todd Saliman</p> <p>Address:</p> <p>University of Colorado Health and Welfare Trust 1800 Grant Street, Suite 800 Denver, CO 80203”</p>
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21. The first bullet under the heading “File a complaint if you feel your rights are violated” of the Notice of Privacy Practices is amended in its entirety effective July 1, 2015, to read as follows:

“You can complain if you feel we have violated your rights by contacting the CU Health Plan Privacy Officer. The Privacy Officer can also be contacted to answer any questions you may have regarding this notice. Contact CU Health Plan Privacy Officer via email at cuhealthplan@cu.edu or phone 303-860-4199.”

This Amendment No. Three may be executed by original signature or electronic signature in multiple counterparts and may be delivered by fax or other electronic means, each of which shall be deemed to be an original, and all of which, when taken together shall constitute one (1) document.

The University of Colorado has caused this Amendment No. Three to be effective as provided herein, and executed as provided below.

PLAN SPONSOR

THE REGENTS OF THE UNIVERSITY OF COLORADO, a body corporate and state institution of higher education of the State of Colorado

By: 
Bruce D. Benson
President

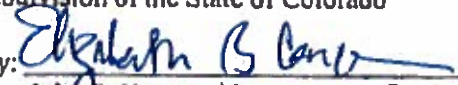
Date: 6/30/15

OK 

The Participating Employers agree to Amendment No. Three to the University of Colorado Health and Welfare Plan effective as provided herein.

PARTICIPATING EMPLOYERS (IN ADDITION TO PLAN SPONSOR)

UNIVERSITY OF COLORADO HOSPITAL AUTHORITY, a body corporate and political subdivision of the State of Colorado

By: 
John P. Harney Elizabeth B. Concordia
President and Chief Executive Officer

Date: _____

UNIVERSITY PHYSICIANS, INCORPORATED

By: 
Jane Schumaker
Executive Director

Date: 6-30-15

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By: 
Bruce D. Benson
President

Date: 6/30/15

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By: _____
John P. Harney
President and Chief Executive Officer

Date: _____

UNIVERSITY PHYSICIANS, INCORPORATED

By: 
Jane Schumaker
Executive Director

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President

Date: 6/30/15

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By: _____
John P. Harney
President and Chief Executive Officer

Date: _____

UNIVERSITY PHYSICIANS, INCORPORATED

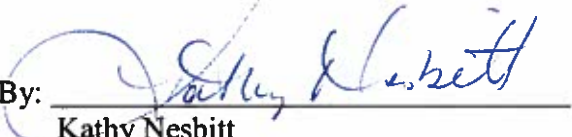
By: _____
Jane Schumaker
Executive Director

Date: _____

ACKNOWLEDGEMENT

I, Kathy Nesbitt, Chairperson and Secretary of the Trust Committee of the University of Colorado Health and Welfare Trust ("Trust"), hereby acknowledge notification and receipt on behalf of the Trust, of Amendment No. Three to the University of Colorado Health and Welfare Plan ("Plan").

**UNIVERSITY OF COLORADO HEALTH
AND WELFARE TRUST**

By: 
Kathy Nesbitt
Chairperson of the Trust Committee and
Secretary

Dated: July 1, 2015