

**AMENDMENT NO. FIVE  
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, 2017, unless otherwise noted herein, to read as follows:

1. Section 5.3 of the Plan is amended in its entirety, effective July 1, 2017, to read as follows:

"Forms

All forms and other communications from any Member or other person to the Plan Administrator required or permitted under the Plan shall be in the form prescribed from time to time by the Plan Administrator, shall be mailed by first-class mail, emailed, or delivered to the location specified by the Plan Administrator, shall be deemed to have been given and delivered to the location specified by the Plan Administrator, and shall be deemed to have been given and delivered only upon actual receipt thereof. Each Member shall file on a form such pertinent information as the Plan Administrator may specify."

2. Appendix II.B., UCH Eligibility, of the Plan is amended in its entirety, effective July 1, 2017, 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 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 CU Health Plan-Vision or CU Health Plan-Exclusive.*

*Certain otherwise eligible Employees of UCH and their dependents and former Employees of UCH and their dependents are eligible for 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 – Essential Dental, CU Health Plan – Choice Dental and CU Health Plan – Premier Dental.”*

3. Appendix III, Component Documents, of the Plan is amended in its entirety, effective July 1, 2017, to read as follows:

“COMPONENT DOCUMENTS

Effective July 1, 2017, 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.becolorado.org/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. Benefits Booklet for CU Health Plan – Exclusive2
  - a. Includes Vision Benefits Booklet (Eye Exam only)
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 – Essential Dental
9. Benefits Booklet for CU Health Plan – Choice Dental
10. Benefits Booklet for CU Health Plan – Premier Dental.”

4. The “Plan Sponsor” subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2017, to read as follows:

“Plan Sponsor:	University of Colorado c/o CU Health Plan Administration 1999 Broadway, Suite 820 Denver, CO 80202”
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5. The “Plan Administrator” subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2017, to read as follows:

“Plan Administrator:	CU Health Plan Administration is the plan administrator. The plan administrator has the following business address and telephone number:  Mr. Tony DeCrosta Chief Plan Administrator CU Health Plan Administration 1999 Broadway, Suite 820 Denver, CO 80202 (303) 860-4199 (303) 860-4177 fax”
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6. The Colorado Dental Service Inc., subsection of the Administrator subsection of Appendix IV, “Administrative Facts” of the Plan is amended in its entirety, effective July 1, 2017, to read as follows:

“Administrator	Colorado Dental Service Inc., d/b/a/ Delta Dental ( <i>for CU Health Plan – Essential Dental, CU Health Plan – Choice Dental, CU Health Plan – Premier Dental</i> ) 4582 South Ulster Street Denver, CO 80237”
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7. The following is added above the “Named Fiduciary/Trustee Names and Addresses” subsection of Appendix IV, “Administrative Facts” of the Plan effective July 1, 2017:

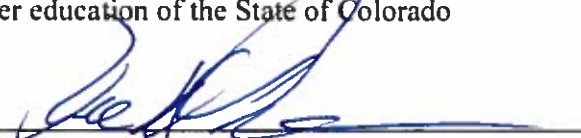
“Administrator/Named Claims Fiduciary with respect to CU Health Plan – Essential Dental, CU Health Plan – Choice Dental, CU Health Plan – Premier Dental	Colorado Dental Service Inc., d/b/a/ Delta Dental 4582 South Ulster Street Denver, CO 80237”
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This Amendment No. Five 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. Five 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: 9/18/17

OK  
GHT

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

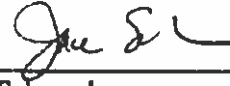
**PARTICIPATING EMPLOYERS (IN ADDITION TO PLAN SPONSOR)**

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

By:   
Will Cook David Howard-Crow  
President and Chief Executive Officer  
Chief Human Resources Officer

Date: 7/27/17

UNIVERSITY PHYSICIANS, INCORPORATED

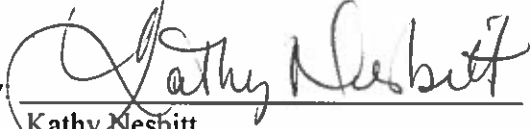
By:   
Jane Schumaker  
Executive Director

Date: 8-9-17

**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. Five 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: June 29, 2017



University of Colorado Hospital  
Office of the President and CEO

12401 E. 17<sup>th</sup> Avenue  
Mail Stop F417  
Aurora, CO 80045

☎ 720.848.7818

[uhealth.org](http://uhealth.org)

July 12, 2017

The Trust Committee  
University of Colorado Health and Welfare Trust  
1800 Grant Street, Suite 800  
Denver, Colorado 80203  
Attn: Kathy Nesbitt, Chair

Re: Delegation of Signature Authority

Dear Members of the Trust Committee:

By this letter, I am delegating to Dallis Howard-Crow, the Chief Human Resources Officer of University of Colorado Health, the authority to sign amendments to the University of Colorado Health and Welfare Trust on behalf of University of Colorado Hospital Authority and amendments to the University of Colorado Health and Welfare Plan on behalf of University of Colorado Hospital Authority. This delegation of signature authority will remain in effect until you receive a written revocation.

Very truly yours,

A handwritten signature in blue ink that reads "Will Cook".

William Cook  
President and Chief Executive Officer

c: Dallis Howard-Crow