BOULDER HOUSING PARTNERS



Your Benefits

Effective January 1, 2026 - December 31, 2026

Making Benefit Selections

Eligibility

For you

You are eligible for benefits as a full-time or ¾ time employee working 30 or more hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

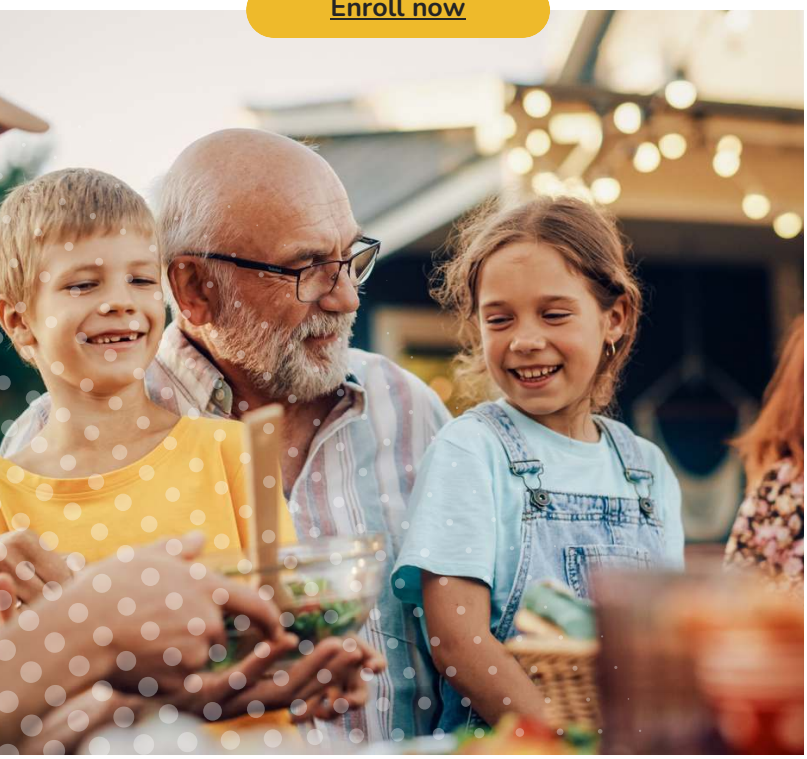
You may cover your legal spouse or certified domestic partner.
Domestic partner (and their dependents) coverage may be taxed to you and may not carry COBRA rights unless they qualify as your IRS tax dependent

Your Children

Dependent children are eligible:

- Medical, dental and vision: until age 26 regardless of student or marital status
- Child voluntary life insurance: until age 26
- Dependent children will age off the plan effective the first of the month following their birthday

Enroll now



Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are three times you can make benefit selections:

When you're first eligible

Your benefits begin on the **first day of the month following date of hire**; this is your effective date. Be sure to submit your selections within your first 30 days of employment. Your benefit selections will be in effect through December 31.

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.
Your choices are in effect from January – December through the following month unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. Examples include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within **30 days** of your life event (**60 days for changes involving Medicaid eligibility**).
Documentation may be required.

The underlying plan contract or document governs all aspects of the plan. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Key Terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.
Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. *The No Surprises Act prohibits balance billing under certain circumstances.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Learn more about **insurance costs** ›

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Boulder Housing Partners.

You can request a paper copy at no charge from:

Stefanie Sumaya | HR Generalist
SumayaS@BoulderHousing.org

Review these notices

Contact Information

Your advocates from **OneDigital** are here to help you with claims, ID cards, coverage questions, and more!

Kelsey Meyer, OneDigital
Account Manager
303-416-5780
Kelsey.Meyer@onedigital.com

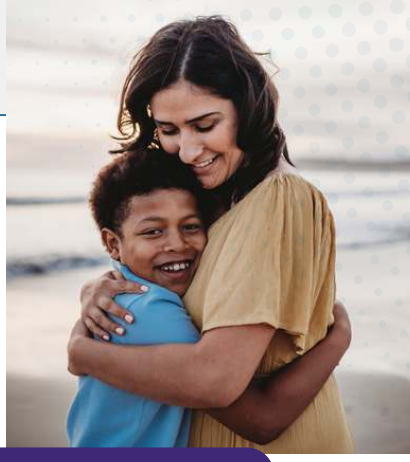
Adam Wright, OneDigital
Sr. Account Manager
303-300-0856
Adam.Wright@onedigital.com

Juliet Fitzgibbons, OneDigital
Managing Consultant
720-458-6499
Juliet.Fitzgibbons@onedigital.com

For general information contact Stefanie Sumaya in Human Resources at SumayaS@BoulderHousing.org | 720-564-4643

Medical Insurance	Cigna Healthcare Group: 00631571	800-244-6224 myCigna.com
Health Savings Account (HSA)	Elevations Credit Union	800-429-7626 elevationscu.com
Health Reimbursement Arrangement (HRA)	Garner	866-761-9586 garnerhealth.com
Flexible Spending Accounts (FSAs) - HC/DCFSA	Rocky Mountain Reserve	888-722-1223 rockymountainreserve.com
Employee Assistance Program (EAP)	Cigna Healthcare Group: 00631571 Mutual of Omaha Group: CGVD	877-231-1492 myCigna.com 800-316-2796 mutualofomaha.com/eap
Dental Insurance	Cigna Healthcare Group: 00631571	800-244-6224 myCigna.com
Vision Insurance	Mutual of Omaha Group: CGVD	833-279-4358 mutualofomaha.com/vision
Life and AD&D Insurance **Voluntary Life and AD&D Insurance**	Mutual of Omaha Group: CGVD	800-775-8805 mutualofomaha.com
Voluntary Short-Term Disability **Long-Term Disability**	Mutual of Omaha Group: CGVD	800-877-5176 mutualofomaha.com
Accident Insurance **Critical Illness Insurance**	Mutual of Omaha Group: CGVD	800-775-8805 mutualofomaha.com
Foundation Health	Foundation Health	303-449-0517 ExperienceWell.com

Boulder Housing Partners Employee Perks & Programs
Check out more perks available to you HERE



Medical Insurance

Select from three medical options through Cigna.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

Find an in-network provider

In-network care	*$1,000 Copay Plan* See plan summary	*$3,400 HDHP HSA Plan* See plan summary	*Garner Plan* See plan summary
Network name:	**Local Plus**	**Local Plus**	**Local Plus**
Annual Deductible (DED)	$1,000 per person, **up to**	$3,400 single coverage **up to**	$6,000 single coverage **up to**
Calendar Year	$2,000 family maximum	$6,000 family maximum	$12,000 family maximum
HRA Contribution	*Not applicable*	*Not applicable*	$4,500 indiv. / $9,000 w/ dep.
HSA Contribution*	*Not applicable*	$400 indiv. / $800 w/ dep.*	*Not applicable*
Net Deductible	$1,000 indiv. / $2,000 family	$3,000 indiv. / $5,200 family	$1,500 indiv. / $3,000 family
Covering Dependents?	*Each person has their own deductible with a combined maximum for the family.*		
Out-of-pocket maximum	$4,000 per person $8,000 family maximum	$5,000 per person $10,000 family maximum	$6,000 per person $12,000 family maximum
HRA Contribution	*Not applicable*	*Not applicable*	$4,500 indiv. / $9,000 w/ dep.
HSA Contribution*	*Not applicable*	$400 indiv. / $800 w/ dep.*	*Not applicable*
Net Out-of-pocket maximum	$4,000 / $8,000 family	$4,600 indiv. / $9,200 family	$1,500 indiv. / $3,000 family
Pre-tax account option(s)	Health care FSA	Health Savings Account (HSA)	Health Reimbursement Account
Preventive care	100% covered	100% covered	100% covered
Primary care visit	$35 copay	DED then you pay 20%	DED then you pay 0%
Specialist visit	$60 copay	DED then you pay 20%	DED then you pay 0%
Virtual visit (learn more)	$35 copay	20% coinsurance	100% covered
Urgent care	$50 copay	$50 copay + DED then 20%	DED then you pay 0%
Emergency room	DED then you pay 20%	DED then you pay 20%	DED then you pay 0%
Inpatient hospital care	DED then you pay 20%	DED then you pay 20%	DED then you pay 0%
Outpatient surgery	DED then you pay 20%	DED then you pay 20%	DED then you pay 0%
Prescription drugs	**(30 days | 90 days)**	**(30 days | 90 days)**	**(30 days | 90 days)**
Prescription deductible	None	Medical Deductible Applies	Medical Deductible Applies
Generic	$15 copay | $38 copay	DED then you pay 20%	DED then you pay 0%
Preferred brand	$40 copay | $100 copay	DED then you pay 20%	DED then you pay 0%
Non-preferred brand	$70 copay | $175 copay	DED then you pay 20%	DED then you pay 0%
Out-of-network care	*See your plan summary for out-of-network information (balance billing applies).*		
Your cost for coverage	**Full-time | ¾ time**	**Full-time | ¾ time**	**Full-time | ¾ time**
Per month			
Employee only	$195.92 | $311.29	$158.25 | $233.01	$112.93 | $210.49
Employee + spouse	$442.47 | $715.98	$359.07 | $535.92	$314.62 | $484.16
Employee + child(ren)	$380.30 | $622.58	$312.98 | $466.02	$267.48 | $421.01
Employee + family	$581.33 | $933.88	$477.98 | $699.03	$439.05 | $631.50

*HSA contributions are made on a monthly basis. Please check the HSA page for full-time and ¾ time employee contributions.
Above calculations are rounded to the nearest dollar.

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Medical: Extra Perks and Support



Included with your medical coverage.

There's more to love with these extra perks — available when you join our medical plan.

No Cost Preventative Medications



See details

Certain preventive medications are available at no cost-share to you. Talk with your doctor to see if one of these medications may work for you. See details for a list of no cost drugs.

Express Scripts Home Delivery Pharmacy



See details

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis. It's simple, safe, and saves you trips to the pharmacy.

Price Assure by GoodRx

See details

GoodRx

GoodRx pricing is available for many commonly used generic medications (filled in a 30-day or 90-day supply) at any in-network retail pharmacy that accepts GoodRx discount cards. There's nothing you need to do and there's nothing to sign up for. All you need is your Cigna Healthcare ID card.

Mobile App: Cigna

See details

Get the **Cigna Health Benefits+ app** to access claims information, get your ID card, and find a provider – all in one convenient location!

Download the **Cigna Wellbeing app** to access mental health support, connect with a doctor 24/7, and personalized care with the Cigna Symptom Checker.

Active & Fit Program

See details

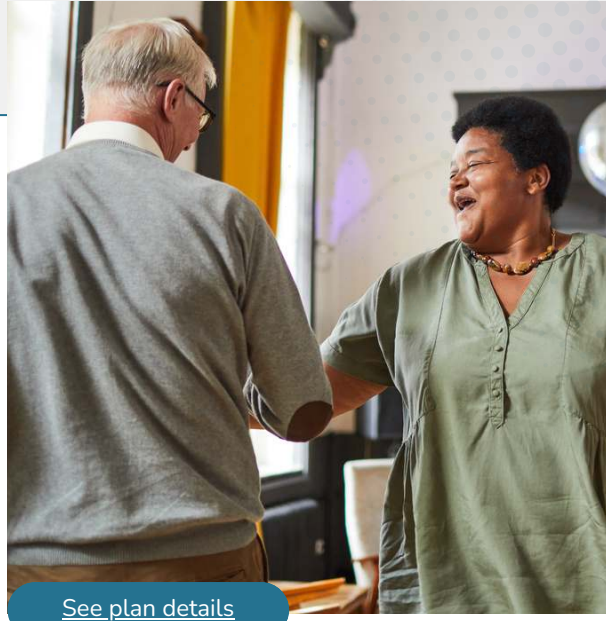
Active&Fit DIRECT

Save thousands while staying active through Cigna's Active & Fit Program. Get access to over 12,000 gyms with no annual fees or long-term contracts. Switch gyms anytime. Available to you and your spouse. Additional fees may apply.



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Health Savings Account (HSA)



See plan details

An HSA through Elevations Credit Union is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – **or retirement**!

Contributions

Boulder Housing Partners contributes to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements.

You may also contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover dependents
Boulder Housing Partners contributes up to: **(monthly)**	$33.33 (full-time) $25.00 (3/4 time)	$66.66 (full-time) $50.00 (3/4 time)
IRS maximum contribution (2026)	**$4,400**	**$8,750**

Boulder Housing Partners's contributions are made on **monthly** basis. You can change your contribution amount at any time as long as you don't exceed the annual maximum.

55 or older? You can contribute an extra $1,000 per year in catch-up contributions.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is always yours and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. Keep your receipts!

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.

IRS eligibility requirements

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

If you're **married**: you and your spouse need to have separate HSAs. You can decide how to divide the total family contribution limit between the two accounts.

You can generally use HSA dollars for a domestic partner's expenses only if they qualify as your IRS tax dependent (otherwise, the withdrawal may be taxable/penalized).

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Health Reimbursement Arrangement (HRA)



Health care dollars from Garner.

Pay for eligible health care expenses with an HRA — funded by Boulder Housing Partners.

See plan details

Contributions

When you enroll in the **Cigna Garner Plan HRA medical plan**, Boulder Housing Partners automatically sets aside money to help you and your covered dependents pay for qualifying health care expenses.

You are not able to contribute to an HRA.

	If you cover yourself only	If you cover dependents
Boulder Housing Partners sets aside:	$4,500	$9,000

You can use your HRA dollars for **medical and prescription** expenses for you and your covered dependents.

Using your funds

Medical and prescription
Your deductible or copay will be automatically deducted from your HRA allowance first. Once your HRA is depleted, you may either pay out of pocket or use health care FSA funds.

Log in here

garner™

Unused funds and more

Unused funds at the end of the year **will not roll into** the next year's allowance. Your funds are non-transferable and are forfeited if your employment with Boulder Housing Partners terminates for any reason.

Claims must be submitted through Garner **no later than 90 days** (or March 31) after your annual deductible resets.

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garner™

Scan the QR code to access Garner HRA to set up your account!

Three key steps to starting your Garner benefit

To receive Garner's reimbursement, you must create an account, then:

1. **Find doctors**
   Search by name or symptom. Costs from doctors with a Top Provider badge qualify for reimbursement

   Top Provider

2. **Create your list**
   Top Providers are automatically added to your list as soon as they are visible on your screen

3. **Check your list**
   Make sure your doctor is added **before** you see them. Costs from approved providers qualify for reimbursement **after** they are added to your list

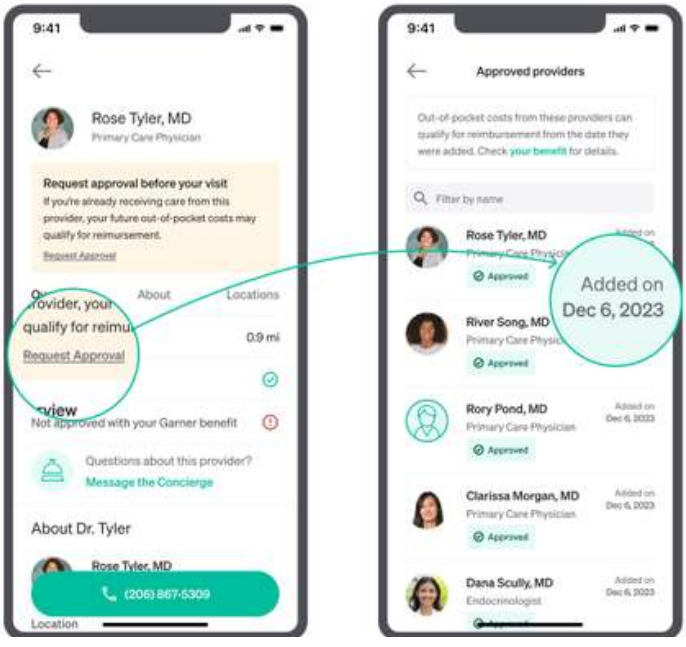
You can add your current Primary Care Providers to your list of approved providers

Add primary care providers, gynecologists, pediatricians, gerontologists, psychologist, therapists and psychiatrist (offering talk therapy).

These doctors MUST be added to your list of approved providers before you see them even if they are not a Top Provider IF you want the reimbursement.

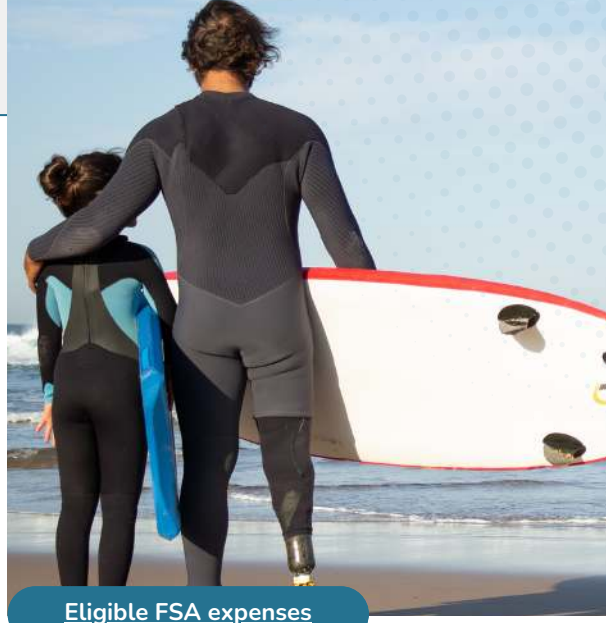
1. Search for your current doctor by name
2. Click "**Request approval**"
3. Confirm your providers have been added
4. Once you create an account, you can learn which out-of-pocket costs qualify for reimbursement.

**Doctors must have in-network status*



Proprietary & confidential. Do not distribute.

Flexible Spending Accounts (FSAs)



Eligible FSA expenses

Pay for qualifying expenses with tax-free money using a Flexible Spending Account through Rocky Mountain Reserve.

Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Health care FSA

See details

Pay for eligible medical, prescription, dental, and vision expenses.

2026 maximum contribution:	**$3,400**

Dependent care FSA

See details

Pay for eligible child or disabled adult care while you work or attend school.

2026 maximum contribution:	**$7,500**

Married filing separately: contribute up to $3,750 per person

FSAs are **"use it or lose it"**— unused dollars do not roll over to the next plan year. You may incur eligible expenses during the **2½-month Grace Period** after the plan year ends; any funds left after that are **forfeited**.

Claims must be submitted within **90 days after the end of the plan year.**

Enrolled in an HDHP plan and eligible for HSA contributions? You're not eligible for a health care FSA.

Domestic partner expenses are generally not eligible for reimbursement unless your partner qualifies as your IRS tax dependent.

ROCKY MOUNTAIN reserve

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Complete Care Resources



Support for your health, finances, and life.

Mental health care

Mental Health Hub

Access

Access **confidential**, on-demand mental health resources on a platform built with your mobile device in mind. The **Mental Health Hub** includes:

- Tips for managing day-to-day stressors,
- Resources for times of crisis,
- Practical information about mental health, and more!

Employee Assistance Program (EAP)

Learn more

Our Employee Assistance Program (EAP) through **Cigna Healthcare** provides **you and your family** with **no-cost**, **confidential assistance** with all things related to your life, including mental health, finances, caregiving, relationships, community resources, and more.

Employee Assistance Program (EAP)

Get started

With **Mutual of Omaha's** Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Mental health: get **3 visits** per year, per household at no cost to you.

Support is available **24/7, 365 days a year.**

1-800-316-2796
mutualofomaha.com/eap

Always-on toolkit

Mobile-friendly, no-cost monthly resources designed to help you support your health, understand your benefits, and manage your finances.

Go now

Virtual health care

See details

Access quality health care wherever you are, whenever you need it through Cigna MDLive. Virtual health care is available **24 hours a day, 7 days a week**. Check your plans Benefit Summary for more details.

$1,000 Copay	PCP/Urgent Care: $35 copay Specialist: $60 copay
$3,400 HDHP HSA	20% coinsurance
Garner Plan	100% covered

Cigna MDLive
1-888-726-3171
myCigna.com

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Dental Insurance



Find an in-network provider

Select from two dental options through Cigna.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the **plan**,
- what you pay **when you get care**,
- the **maximum amount** Cigna will pay each year for dental care (annual maximum benefit),
- how **out-of-network care** is covered, and
- whether **orthodontic** care is covered.

	Low plan	*High plan*
In-network care	See plan summary	See plan summary
Network name:	**National PPO**	**National PPO**
Annual Deductible (DED)	$50 per person $150 family maximum	$50 per person $150 family maximum
Annual maximum benefit	$1,000 per person	$2,000 per person
Preventive care	100% covered	100% covered
Basic care	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%
Implant coverage:	*Available*	*Available*
Orthodontic care Coverage Lifetime maximum benefit	 Not covered N/A	 50% covered (children and adults) $2,000 lifetime max benefit
Your cost for coverage ***Per month*** Employee only Employee + spouse Employee + child(ren) Employee + family	**Full time | ¾ time** $7.61 | $12.04 $15.20 | $24.08 $15.61 | $24.72 $26.12 | $41.34	**Full time | ¾ time** $12.94 | $20.49 $26.21 | $41.50 $26.90 | $42.59 $44.84 | $71.00

Stay **in-network** to avoid **balance billing charges** (*the difference between what an out-of-network provider charges and the amount your insurance pays*).

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Mutual of Omaha

Vision Insurance

Your vision coverage is through Mutual of Omaha.



Find an in-network provider

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

In-network care	*Vision plan* See plan summary
Network name:	**EyeMed**
Annual eye exam *every 12 months*	$10 copay
Materials copay *(lenses & frames)*	$25 copay
Lenses *every 12 months*	Included in materials copay
Frames *every 12 months*	$150 allowance + 20% off balance
Contact lenses *every 12 months*	Elective: $150 allowance + 15% off balance (conventional) Medically necessary: 100% covered
Your cost for coverage *Per month*	**Full time | ¾ time**
Employee only	$1.55 | $2.45
Employee + spouse	$3.56 | $5.63
Employee + child(ren)	$3.94 | $6.24
Employee + family	$6.01 | $9.52

Your vision plan covers **either** glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D Insurance



Financial peace of mind through Mutual of Omaha.

Life insurance pays your beneficiary if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance

See plan summary

Boulder Housing Partners provides life and AD&D insurance **at no cost to you**.

	Basic life	Basic AD&D
Boulder Housing Partners provides	1.5x your annual salary up to $300,000	

Designate a **beneficiary** to make sure your family is cared for as you intend.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

See plan summary

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	$10,000	$5,000	$10,000
Coverage maximum	$300,000	Your (employee) coverage amount to $100,000	$10,000
Medical question limit	$150,000	$30,000	Does not apply

Designate a **beneficiary** to make sure your family is cared for as you intend.

Medical question limit

If you enroll when first eligible, you may increase your coverage at the next Open Enrollment by **up to $20,000** (as long as the total does not exceed the plan maximum).

Medical questions and approval will be required for amounts above the Guarantee Issue amount (and late entrants must complete medical questions for all amounts).

For age-based benefit reductions, limitations, and exclusions, refer to your Plan Summary.

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Mutual of Omaha

Disability Insurance

Protect your paycheck with disability insurance through Mutual of Omaha.



Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Short-term Disability

See plan summary

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time. This coverage is **available for purchase.**

Benefits begin	**Accident/Illness**: After 7 days of inability to work
Coverage amount	60% of your income up to $1,500 per week
Payments may continue	Up to 12 weeks if you're unable to return to work

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

Long-term Disability

See plan summary

Long-term disability coverage can provide lasting income protection if you remain unable to work. Boulder Housing Partners provides this coverage at **no cost to you.**

Benefits begin	After 90 days of inability to work
Coverage amount	50% of your income up to $8,000 per month
Payments may continue	Until your Social Security Normal Retirement Age if you remain unable to work*.

*See your benefit summary to learn more about the definition of unable to work.

Planning for the unexpected

Learn about preparing your finances for an illness, large expenses, or a loss of income.

See details

No-cost financial education

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Customize Your Benefit Package



These additional benefit plans, available for purchase, are selected to help you care for the unique needs of you and your family.

Accident coverage

See plan summary

Accident coverage through **Mutual of Omaha** is a voluntary benefit designed to help with the extra costs that can come with an unexpected injury—whether it happens on or off the job. It pays a lump-sum cash benefit directly to you (unless you choose otherwise), which you can use for things like deductibles/copays, transportation, childcare, rent/mortgage, or other everyday bills while you recover.

Critical illness

See plan summary

Critical illness coverage through **Mutual of Omaha** is a voluntary benefit that pays a lump-sum cash benefit if you're diagnosed with a covered serious condition (for example, certain cancers, heart attack, or stroke. The goal is to help protect you financially when a major diagnosis creates costs and stress beyond what your medical plan covers. See your plan summary for covered conditions.

Mutual of Omaha

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Foundation Health

Take Control Of Your Health

WITH A HEALTHCARE TEAM THAT HELPS YOU FEEL GOOD

Foundation Health® is a membership-based family practice that gives you improved quality and access to health care services, without deductibles, copays or coinsurance. As an academy resident, there is no cost for you or your dependents for Foundation Health membership.

Annual Wellness
If you're interested in your annual wellness exam, we offer both women' and mens' wellness in our office.

24/7 Access
Use us as your first line of defense against urgent care and emergency room visits. If you need immediate guidance, call our office day or night to reach a member of your wellness team.

Same-Day Or Next-Day Appointments
We know that the only thing that you want to do when you're sick is to get better.

Discounts With Wellness Partners
We work with health practitioners, including acupuncturists, and massage therapists to ensure you get affordable access to great services.

More Time With Your Doctors
Our appointments are never scheduled for less than 30 minutes and typically are in the 60-90 minute range.

Savings With Insurance-Free Care
Our services are covered under our monthly membership. Because we don't take insurance, you're not going to be hit with a bill that you didn't expect.

Lab, Specialist & Hospital Coordination
Being sick is hard enough as it is, without trying to keep track of everything your doctors say. As a member, we'll support your care by working with your outside specialists, hospitals, and labs.

Insurance Support
Insurance is confusing. While you'll never see an insurance bill from our office, we'll work with your insurance broker to help you navigate your bills from outside providers.

Discounts On Supplements
Your membership includes discounts on Foundation Health physician-vetted supplements.

Discounts with Wellness Partners
We work hard to negotiate affordable prices on great wellness services, including supplements, acupuncture and massage.

Unlimited Visits
Meet with a healthcare provider every day if you need to.

EXAMPLES OF SERVICES INCLUDE (BUT ARE NOT LIMITED TO):

Women's Wellness, Fracture Care, Wound Care & Basic Splinting, EKGs, Suture & Staple Removal, Mental Health Screening and Support, STI/ STD Screening, Skin Biopsy & Skin Cyst Removal, Peak Flow Testing, Nebulizer Treatment, Comprehensive Physical Exam (Including Heart Disease, Cancer, & Diabetes Exams), Basic Vision Screening, Fitness & Nutrition Coaching, Blood Pressure Screening, Chronic Disease ManagementPrenatal Counseling, Routine Pediatric Care

**Certain medical devices & vaccines cannot be covered by Foundation Health membership, but will be discussed with the patient prior to administration.*

***In addition, if you need services that extend beyond the Foundation Health office, Foundation Health physicians can provide suggestions of accomplished, well-regarded specialists who can support your needs.*

1949 Pearl Street in Boulder
(303) 449-0517
ExperienceWell.com



Our Process

THE FOUNDATION HEALTH DIFFERENCE

Schedule A Visit At Open Enrollment
Meet with one of our patient advocates to see how Foundation Health membership could be a good fit for you.

Health Assessment
We'll send you a health assessment online so that when you come in for your first visit, our providers will have a sense for a plan of action to help you to optimal health.

Initial Visit
Our providers will have reviewed your health assessment prior to your initial visit. We schedule 90 minutes for this first visit so that our providers can review all of your health concerns and health goals with you.

Blood Tests
After your initial visit, you'll meet with one of our Wellness Assistants to draw your blood for your initial health tests. These tests will include foundational baselines so that they can best understand how to guide you in your preventive health, as well as tests related to any acute or chronic conditions you may have.

Health Analysis
Once we receive your test results, we will schedule a follow-up visit to review them with you and come up with a wellness plan to help you to optimal health.

Ongoing Care
We offer unlimited visits, so if you have a chronic condition and need some extra guidance, we're here to help. If you have an immediate health concern, we're here to help. Or if you just need a little extra guidance in your health goals, we're here to help. You can call us any time, day or night to reach our on-call provider who has access to your medical records.

Additional Perks

RTD EcoPass

Learn more

RTD EcoPasses are available to employees, **curteousy of Boulder Housing Partners**. You are not automatically enrolled in this benefit. Please reach out to HR for more information.

Pet Insurance

See plan summary

Powered by: Pet Insurance SHOPPER

Protect your furry best friend with **Pet Insurance Shopper**. You'll get access to licensed veterinarians for routine care, emergencies, lab tests and wellness visits. Rates vary and are directly billed to you (no payroll deductions).

City of Longmont Recreation Corporate Membership Program

See plan summary

CITY OF Longmont Recreation Services

The **City of Longmont Recreation Pass** gives you access to all City of Longmont facilities—including recreation centers, drop-in fitness classes, outdoor pools during the summer, and the Longmont Ice Pavilion in the winter. To keep your pass active, you'll need to provide **annual proof of employment** (such as a current ID badge, paystub, or a letter from HR). To learn more, see the Plan Summary.

Boulder Housing Wellness Program

See plan summary

Boulder Housing Partners' Wellness Program gives regular employees working 20+ hours/week a **Boulder Rec Center membership**—pick up your card at any location or sign up online using your BHP email. You can also **earn $400** for completing your annual physical (automatic for employees on a BHP Cigna plan and/or Foundation Health membership). To learn more, see the Plan Summary.

Now accepting members! Boulder Housing Partners is funding an employee-led fitness squad—your chance to shape wellness your way with options like lunch-and-learns, hiking groups, fun fitness challenges or through any creative ideas you bring. Connect with your HR team to get involved and learn more.

BOULDER HOUSING PARTNERS



2026 Benefits

Boulder Housing Partners