

Your Benefits, Your Choice



Welcome to Your State of Colorado Benefits! Photo by: Adam Alban, State Employee

Hello Colleagues,

The State of Colorado is committed to providing employees with a strong and competitive benefits package that supports you, your health, and your family. Selecting your benefits is an important decision. The FY 2020-21 Employee Benefits Guide provides you with an overview of your options.

Here are some tips to understanding what plans will work best for you and your family:

- Forecast your medical, vision, and dental needs.
- Understand the monthly premium, annual deductible, and out-of-pocket maximum for each plan.
- Take advantage of financial resources to help pay for medical, dental, childcare, and other expenses.
- And remember, no matter what plan you select, preventive care is provided to you at no cost.

There are benefits changes this year that are important to note when considering your benefit options. The State of Colorado will offer Cigna alongside Kaiser Permanente as the two medical insurance carrier options for state employees.

Cigna's network is very similar to UnitedHealthcare's network. If your current doctor is not in Cigna's network then email state_benefits@state.co.us and the State will try to add your doctor to the Cigna network. Employees enrolled in Cigna will have access to Paladina Health, which offers a high-quality and cost-effective primary care solution and is expanding

their locations. All plan options have been restructured, so it's important to look at the premiums, copays, deductibles, and out-of-pocket maximums for each plan. In addition, the State of Colorado is including a new vision plan through EyeMed.

The State of Colorado will continue to offer an employer contribution of \$60 per month toward a health savings account (HSA) with Optum Bank for employees who enroll in a high deductible health plan (HDHP) and elect the HSA option. In addition, employees will be able to make pre-tax contributions to their HSA this year.

We have heard from employees through listening sessions, meetings, and surveys a desire for more choice and value as they relate to your benefits. We have heard you, and I hope this year's benefits package provides you with options that make the most sense for you and your family's health needs and fit your budget.

With appreciation for all you do,

Kun Vutes

Kara Veitch

Executive Director of the Department of Personnel & Administration and State Personnel Director

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. A more detailed summary plan description for each plan can be found at www.stateofcoloradobenefits.com. If there is a conflict between this guide and the official plan documents, the plan documents will govern. The State of Colorado reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact your agency's HR office.

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What's Changing?

After years of little change to the State of Colorado benefits package, we're happy to announce many positive changes this year.

Medical Plan Carrier Change

For the FY 2020-21 plan year, plans previously offered through UnitedHealthcare will now be offered through Cigna.

Medical Plans Restructured

All plan options have been restructured to ensure that you have the greatest flexibility in choosing a plan that fits your healthcare and financial circumstances. In particular, please review and compare deductibles, copays, out-of-pocket maximums, and premiums to choose the plan that's right for you and your family.

Medical Premium Reduction

While the cost of healthcare has continued to rise across the nation, the State of Colorado has actually reduced medical premiums on all plans, saving you money each paycheck.

Enhanced Vision through EyeMed

In response to employee feedback, we're introducing enhanced vision coverage for employees through EyeMed. If you elect one of the State's medical plans through Cigna or Kaiser Permanente, you are automatically enrolled in EyeMed's base vision plan. You will have the option to buyup, giving you even more coverage for you and your family's vision needs.

Expanded Services

With employees across the state, we understand that access to care facilities can be limited. In order to ensure everyone has access to high quality and affordable care, we've expanded the following benefits:

Additional Paladina Locations

Paladina Health locations will be expanding, between July and December. New clinic locations are located in Thornton, Greeley, Southwest Littleton, and Lowry/Stapleton. Affiliate locations will be located in Buena Vista/Salida, Montrose, Alamosa, and Durango in 2021.

Paladina offers a high-quality, cost-effective, and time-effective primary care solution for employees covered under Cigna. Copay members have a \$0 copay from day one. HDHP members will only pay a \$40 flat fee. Preventive care and care for chronic conditions is free for all Cigna members. Common prescriptions are stocked on location, saving you a trip to the pharmacy.

Expanded Travel Benefits through Cigna

For times when you need more intensive care solutions but are far from a facility, Cigna offers an expanded medical travel benefit, including a per diem for food and lodging. Regardless of where you live, you'll have access to the best care available.



Enhanced Telemedicine

Telemedicine is the remote diagnosis and treatment of patients through electronic and telecommunication technologies and is a convenient option for many non-urgent conditions. For a simple, low copay, you have access to qualified physicians who can prescribe many common prescription drugs without having to go to a physical location.

Care from the Comfort of Home

Experiencing a common medical condition? Utilize telemedicine to skip the waiting rooms and scheduling hassles. Telemedicine services put you in control of when and where you access care.

Utilize telemedicine to:

- · Speak with a licensed physician via phone or computer
- Treat common conditions such as colds, flu, allergies, rashes, and depression
- · Get a specialist referral
- · Be prescribed short-term medications

Cigna Members

To start utilizing Cigna's Telehealth Connection, log in to www.mycigna.com.

Kaiser Permanente Members

Download the Kaiser Permanente mobile app or visit www.kp.org.

Did you know?

Telemedicine is free with Paladina for all Cigna members.



New Benefits-Dedicated Website

We're happy to announce the launch of our benefits-dedicated website. When you visit www.stateofcoloradobenefits.com, you'll find information, resources, documents, links, and important notices—everything you need to understand and utilize your benefits package.



The State of Colorado offers benefits to permanent full-time and part-time employees and their eligible dependents. Currently, temporary and seasonal employees are not eligible for benefits.

This year, Open Enrollment is mandatory and takes place from April 14 through May 18, 2020. If you do not elect benefits during the Open Enrollment period this year, you will not have coverage as of July 1, 2020.

Eligible dependents include:

- Your legal spouse or civil union partner
- Your natural, adopted, or stepchildren up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability

Keep in mind that you'll need to provide proof of eligibility for any new dependent you add to your coverage. The State of Colorado may conduct a dependent eligibility audit at any time.

Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year, July 1 through June 30, 2021.*

You have three opportunities to enroll in or make changes to your benefits:

- 1. Within 31 days of your hire date
- 2. During the annual open enrollment period
- 3. Within 30 days of a Qualifying Life Event. Examples* include:
 - · Marriage, divorce, or legal separation
 - · Birth or adoption of a child
 - · Death of a dependent
 - Loss or gain of other health coverage for you and/or dependents
 - · Change in employment status
 - · Change in Medicaid/Medicare eligibility for you or a dependent
 - · Receipt of a Qualified Medical Child Support Order

^{*}Applies to pretax elections only.



Steps To Enroll

Read This Guide!

This guide is your first step in understanding the valuable benefits available to you. Visit www.stateofcoloradobenefits.com to learn more. Review the information carefully, so you can make the choices that are best for you and your family.

Consider Your Dependents

Have you welcomed a new child? Were you recently married? Now is your opportunity to make sure your eligible dependents have coverage.

Enroll Online

Enrollment is easy! Log in at www.benefitsolver.com using your username and password. If you are a first-time user, click *Register* and enter the *Company Key*: soc.

Confirm Your Elections

Review your benefits summary carefully to make sure your benefits and dependent information is correct. Print your elections and confirmation number for future reference.

The State of Colorado Medical Supplement Program

The Medical Supplement Program is a subsidy provided by the State of Colorado to assist qualified low-income state employees and their children with the cost of their medical and dental premium. To receive this subsidy, you must apply every year during open enrollment.

How to Apply

- Visit www.colorado.gov/dhr/supplementprogram during open enrollment and complete the application. The enrollment period ends a week after open enrollment has ended.
- Submit the following supporting documentation to verify dependents and income:
 - First two pages of the previous year's federal tax return
 - Tax returns for all wage-earning household members



Employee Premium

Your employee premium is the cost of your plans and is deducted from your paycheck. Plans with lower premiums tend to have a higher deductible, coinsurance, and out-of-pocket maximum.

Deductible

Your deductible is the amount you pay before the plan begins paying for covered services. For plans that utilize coinsurance, you'll typically pay 100% of medical costs, including prescriptions, until you meet your deductible. For copay plans, your deductible does not need to be met in order for your plan to pay for certain services.

Understanding Plan Types

Cigna Copay Basic & Copay Plus

- Paladina services have \$0 copay from day one
- Primary care physician recommended but not required
- Referral NOT needed for specialist
- Not HSA eligible
- Copays for most services
- In and out-of-network coverage
- Preventive care at no cost

Copays

Copays are a flat fee you pay for a covered service.

Coinsurance

Coinsurance is your share of a covered service after you've met your deductible. Each plan (including copay plans) has a coinsurance rate. Typically, you'll see a better coinsurance rate for plans with higher premiums.

Out-of-Pocket Maximum

Your out-of-pocket maximum is the most you will pay within a plan year for covered services. The plan you choose should have an out-of-pocket maximum that you can tolerate financially in the event of a high usage of health care or catastrophic health event.

Kaiser Copay Basic & Copay Plus

- Kaiser Copay Plus and Kaiser Copay Basic
- In-network primary care physician required
- Referral needed for specialist
- Not HSA eligible
- Copays for most services
- In-network coverage only
- Preventive care at no cost

HDHP (Cigna & Kaiser)

- Cigna HDHP (HSA Qualified) and Kaiser HDHP (HSA Qualified)
- Primary care physician recommended but not required for Cigna
- Primary care physician required for Kaiser
- Referral NOT needed for specialists
- HSA eligible
- Coinsurance for most services
- In and out-of-network coverage
- Preventive care at no cost
- Paladina for Cigna members for a \$40 flat fee for office visits. Chronic and preventive care is no charge

Choosing the Right Medical Plan

The chart below is for illustrative purposes only. It uses family-level coverage to illustrate how features of each plan compare.

Plan Name	In-Network Family Monthly Premium per Paycheck	In-Network Employee Coinsurance	In-Network Family Deductible	In-Network Annual Out-of-Pocket Max
Cigna Copay Plus	\$408.08	20%	\$2,000	\$7,000
Cigna Copay Basic	\$251.28	20%	\$2,500	\$9,000
Cigna HDHP (HSA Qualified)	\$232.22	25%	\$3,500	\$10,000
Kaiser Copay Plus	\$387.80	20%	\$1,500	\$7,000
Kaiser Copay Basic	\$284.12	20%	\$3,000	\$8,000
Kaiser HDHP (HSA Qualified)	\$197.02	25%	\$3,000	\$8,000

Note: Kaiser Permanente members must receive all non-emergency care from Kaiser Permanente doctors and facilities.

Which Plan Is Right for Me?

Here are a few scenarios to illustrate why one employee might choose a particular plan.



Laura

WHAT SHE KNOWS

- Doesn't live near Kaiser facilities
- Has two children and another on the way
- Needs regular care for a chronic condition

WHAT SHE WANTS

 To reduce her financial risk due to unknown health care needs

WHAT SHE CHOOSES

 Laura chooses the Cigna Copay Plus plan. She's willing to contribute more from each paycheck to ensure that her overall healthcare expenses remain under control. With a new baby on the way, she has enough on her mind!



Nathan

WHAT HE KNOWS

- Rarely receives healthcare other than a regular check up
- There's a Kaiser Permanente facility within a reasonable distance

WHAT HE WANTS

 Interested in keeping as much money from his paycheck as possible

WHAT HE CHOOSES

Nathan chooses the Kaiser
 Copay Basic plan. Because his
 healthcare usage is low, he's
 willing to choose a plan with
 a higher out-of-pocket max
 and deductible.



Maria

WHAT SHE KNOWS

- Lives in a rural area but there's a Paladina location nearby
- Has a spouse with routine prescription medications

WHAT SHE WANTS

- To take advantage of the state's HSA contribution
- To utilize telemedicine and Paladina options to lower her out-of-pocket costs

WHAT SHE CHOOSES

 Maria chooses the Cigna HDHP (HSA Qualified) plan and elects the HSA option as well. She plans to manage her health care choices and wants to see her HSA grow into a meaningful retirement account.

Medical Plan Comparison - Cigna

See below for a comparison of in-network Cigna plan features. For out-of-network coverage details, visit www.stateofcoloradobenefits.com. For your cost of coverage, see page 22 of this guide.

Plan Features	Cigna Copay Plus	Cigna Copay Basic	Cigna HDHP (HSA Qualified)	
	In-Network	In-Network	In-Network	
Annual Deductible*	\$750 individual \$2,000 family	\$1,250 individual \$2,500 family	\$1,750 individual \$2,800 individual within a family \$3,500 family	
Employee Coinsurance	20%	20%	25%	
Annual Out-of-Pocket Maximum**	\$3,500 individual \$7,000 family	\$4,500 individual \$9,000 family	\$5,000 individual \$10,000 family	
The State of Colorado Annual HSA Contribution	None	None	Up to \$720	
	You pay:	You pay:	You pay:	
Preventive Care Visit	Covered in full	Covered in full	Covered in full	
Primary Care Visit	\$20 copay	\$20 copay	25% after deductible	
Paladina Primary Care Visit	\$0 copay	\$0 copay	\$40 flat fee	
Specialist Visit	\$40 copay	\$40 copay	25% after deductible	
Urgent Care	\$75 copay	\$75 copay	25% after deductible	
Emergency Room (copay waived if admitted)	\$1,000 copay	20% after deductible	25% after deductible	
Inpatient Services	20% after deductible	20% after deductible	25% after deductible	
Prescription Drugs: Retail (up to	o a 30-day supply)			
Generic	\$10 copay	\$7 copay	\$10 copay after deductible	
Brand Formulary	\$30 copay	\$30 copay	\$40 copay after deductible	
Non-Formulary	\$60 copay	\$60 copay	\$60 copay after deductible	
Specialty	20% up to \$120 copay	20% up to \$120 copay	25% after deductible up to \$120 copay	
Prescription Drugs: Mail Order	(up to a 90-day supply)			
Generic	\$20 copay	\$14 copay	\$20 copay after deductible	
Brand Formulary	\$60 copay	\$60 copay	\$80 copay after deductible	
Non-Formulary	\$120 copay	\$120 copay	\$120 copay after deductible	

^{*}All family deductibles are considered embedded meaning individuals within the family can meet an individual deductible for the plan to start paying for that individual's eligible services.

^{**}All family out-of-pocket maximums are considered embedded meaning you will have both an individual and family OOPM. Costs that count toward the individual OOPM also count toward the family OOPM.



Medical Plan Comparison - Kaiser Permanente

See below for a comparison of in-network Kaiser plan features. There is no out-of-network coverage for Kaiser plans. For your cost of coverage, see page 22 of this guide.

Plan Features	Kaiser Copay Plus	Kaiser Copay Basic	Kaiser HDHP (HSA Qualified)
	In-Network Only	In-Network Only	In-Network Only
Annual Deductible*	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Employee Coinsurance	20%	20%	25%
Annual Out-of-Pocket Maximum**	\$3,500 individual \$7,000 family	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family
The State of Colorado Annual HSA Contribution	N/A	N/A	\$720
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	\$10 copay	\$15 copay	25% after deductible
Specialist Visit	\$25 copay	\$35 copay	25% after deductible
Urgent Care	\$75 copay	\$75 copay	25% after deductible
Emergency Room (copay waived if admitted)	\$500 copay	20% after deductible	25% after deductible
Inpatient Services	20% after deductible	20% after deductible	25% after deductible
Prescription Drugs: Retail (up to	a 30-day supply)		
Generic	\$10 copay	\$10 copay	\$10 copay after deductible
Brand Formulary	\$30 copay	\$30 copay	\$30 copay after deductible
Non-Formulary	\$60 copay	\$60 copay	\$60 copay after deductible
Specialty	20% up to \$120 copay	20% up to \$120 copay	20% after deductible up to \$120 copay
Prescription Drugs: Mail Order (up to a 90-day supply)		
Generic	\$20 copay	\$20 copay	\$20 copay after deductible
Brand Formulary	\$60 copay	\$60 copay	\$60 copay after deductible
Non-Formulary	\$120 copay	\$120 copay	\$120 copay after deductibl
Specialty	20% up to \$100 copay	20% up to \$100 copay	Deductible, then 20% up to \$100 copay

^{*}All family deductibles are considered embedded meaning individuals within the family can meet an individual deductible for the plan to start paying for that individual's eligible services.

^{**}All family out-of-pocket maximums are considered embedded meaning you will have both an individual and family OOPM. Costs that count toward the individual OOPM also count toward the family OOPM.





Employee Wellness Program - On Track for Health

The State of Colorado wants to make reaching your wellness goals easy and attainable. We are pleased to offer employees enrolled in Kaiser or Cigna a wellness program to support your healthy lifestyle.

Our wellness program can help you:

- · Develop healthy goals
- · Make positive lifestyle changes
- · Utilize free wellness coaches and programs
- · Manage and reduce health care costs
- Lead a healthier life
- Explore wellness information and resources
- · Maintain preventive visits
- · Quit smoking through Cigna's free cessation program

Participating in the Wellness Program earns discounts toward your medical premiums for next year. Participate in activities online by going to www.colorado.gov/wellness and following these steps:

- 1. Complete a health assessment and create your health wish list.
- 2. Participate in healthy activities to earn points.
- 3. Collect your \$20 monthly discount by completing activities by the annual deadline (June 14, 2021).

Make sure you check the website often to take full advantage of the program. New hires will only be required to complete a health assessment by the end of the quarter that they are hired in order to receive the incentive.

Save Time and Money with Paladina Health

Paladina Health locations offer one-stop health shop to treat 80-90% of your health needs. Paladina offers a high-quality, cost-effective, and time-effective primary care solution. Common prescriptions are stocked on location, saving you a trip to the pharmacy. Paladina is only available to Cigna members.

Enroll at www.paladinahealth.com/colorado or call Paladina Member Services at 866-808-6005.

Colorado State Employee Assistance Program (CSEAP)

When you need help with work, home, personal, or family issues, the Colorado State Employee Assistance Program (CSEAP) offers value-added programs and services at no cost to you. CSEAP is available to all employees, regardless of plan participation.

CSEAP is a confidential resource designed to support your wellbeing through a variety of services focused on maintaining both a healthy and productive workforce.

The CSEAP gives you access to:

- Up to 6 sessions of professional coaching and counseling per rolling year, available in person or via video chat
- Family or couple sessions
- · Financial and legal resources
- Support for relationships, workplace stressors, and other concerns

Contact the CSEAP anytime by calling 800-821-8154 or visit www.colorado.gov/cseap.





Dental Coverage

Our dental plans, through Delta Dental of Colorado (DDCO), help you maintain a healthy smile. Preventive visits are covered at **no cost to you**, so your preventive care doesn't count toward your annual benefit maximum.

With both dental plans, you may visit any dentist of your choice, but you'll receive the highest coverage when you visit innetwork providers.

Plan Features	Basic	Basic Plus	
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family	
Calendar Year Benefit Maximum	\$1,500/person	\$3,000/person	
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	Covered in full	
Basic & Restorative Services (e.g., fillings, extractions, root canals)	70%	80%	
Major Services (e.g., dentures, crowns, bridges)	50%	50%	
Orthodontia	Not covered	50%	
Orthodontia Lifetime Maximum	N/A	\$3,000/person	
Providers			
PPO Providers	DDCO pays based on PPO Allowable Fee		
Premier Providers	DDCO pays based on Maximum Plan Allowance		
Non-Participating Providers	DDCO pays based on a portion of PPO Allowable Fee		

Note: Cost of coverage and premium information can be found on page 22.



Vision Coverage

Keep your vision clear and your eyes in good health with regular eye exams. Your medical plans include basic vision through EyeMed at no additional cost to you. You may elect to enroll in the EyeMed Vision Enhanced plan which includes increased benefit coverage at a low monthly cost. The benefits vary based on the plan you choose. For additional details, including lens coating and out-of-network coverage, visit www.stateofcoloradobenefits.com.

Provider	Еуе	EyeMed			
Plan	EyeMed Vision Basic	EyeMed Vision Enhanced			
Exam with dilation as necessary (once per plan year)	\$25 copay	\$10 copay			
Frames (once per plan year)	\$0 copay, \$130 allowance, 20% off balance over allowance	\$0 copay, \$225 allowance, 20% off balance over allowance			
Lenses (once per plan year)					
Single Vision	\$25 copay	\$25 copay			
Bifocal	\$25 copay	\$25 copay			
Trifocal	\$25 copay	\$25 copay			
Lenticular	\$25 copay	\$25 copay			
Contact Lenses (once per plan year in lieu	of lenses)				
Conventional	\$0 copay, \$130 allowance, 15% off balance over allowance	\$0 copay, \$225 allowance, 15% off balance over allowance			
Disposable	\$0 copay plus balance over \$130 allowance	\$0 copay plus balance over \$225 allowance			
Medically Necessary	\$0 copay, paid in full \$0 copay, paid				

Note: Cost of coverage and premium information can be found on page 22.

Health Savings Account (HSA)

If you enroll in one of the High Deductible Health Plans (HDHP), you may be eligible to open a Health Savings Account (HSA) through Optum Bank. An HSA allows you to set aside tax-free dollars through payroll deductions to conveniently pay for eligible expenses.

What are the benefits of an HSA?

- The State of Colorado contributes FREE money to your account!
- You can now make pre-tax or post-tax contributions to your HSA.
- An HSA is your bank account. If you leave the company, the account goes with you.
- All unused funds roll over year to year.
- HSAs can make a great retirement savings account.
- Employer funds will be deposited prospectively and one month in arrears.

Are HSAs Really Tax-free?

Yes! HSAs give you a triple tax advantage:

- 1. Your contributions are tax deductible
- 2. Payments of qualified expenses are tax-free
- 3. Earnings are tax-free

Contributions

You can contribute funds from your paycheck up to the annual IRS limits. To receive the State of Colorado contributions, you must first open an HSA through Optum Bank.

Coverage Type	2020 Employer HSA Contribution	2020 Maximum Employee Contribution	2020 IRS Contribution Limit	
Individual Coverage	\$720	\$2,830	\$3,550	
Family Coverage	\$720 \$6,380 \$7,100			
Age 55+ Catch-up Contribution	Additional \$1,000			

Watch Your Balance Grow

Once your HSA balance reaches the investment threshold, you may choose to invest your HSA funds and earn interest tax-free.

What About the Fine Print?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to IRS Publication 969 for complete HSA rules. Other exclusions may apply. Contact Optum Bank.



General Purpose Healthcare FSA - IRS Maximum \$2,750/year

The General Purpose Healthcare FSA will reimburse you for eligible health care expenses incurred by you, your spouse, and your children during the plan year. Eligible expenses include copays, coinsurance, deductibles, orthodontia, glasses, and more.

The entire annual amount you elect can be used at any time. When you incur an eligible expense, you can use your Discovery Benefits debit card or pay out-of-pocket and submit a reimbursement request.

Note: If you are enrolled in the HSA option, you are not eligible to participate in the General Purpose Healthcare FSA.

Limited Purpose Healthcare FSA - IRS Maximum \$2,750/year

HSA enrolled participants are eligible to participate in the Limited Health Care FSA to set aside pre-tax dollars for eligible dental and vision expenses only.

Dependent Care FSA - IRS Maximum \$5,000/year

The Dependent Care FSA lets you use pre-tax dollars to pay daycare expenses for children age 12 and under, or elder dependents who are unable to care for themselves. The care must be necessary for you and your spouse to remain employed. Eligible expenses include live-in care,

photo by: Daniel Balboa, State Employee

licensed daycare centers, preschool, and day camps.

Unlike the Health Care FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions.

Rules to Keep in Mind

FSAs offer significant tax advantages, but are subject to IRS regulations.

- All expenses for the Health Care and Dependent Care FSAs must be incurred during the plan year: July 1 through June 30.
- Submit all claims for reimbursement by October 15, 2021.
- All Dependent Care FSA funds must be used by the end of the plan year or they will be forfeited. For the General and Limited Purpose Health Care FSAs, you may roll over up to \$500 of unused healthcare funds. Any remaining funds above this amount will be forfeited.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a qualified status change.
- Each account functions separately. You cannot transfer funds from one FSA to another.



Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance, through Minnesota Life Insurance Company, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As an eligible employee, you receive Basic Life and AD&D insurance equal to one times your annual earnings to a maximum of \$250,000. Basic Life and AD&D is provided by the State of Colorado at **no cost to you**.

Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy voluntary Life and AD&D coverage at discounted rates.

Benefit Features	Voluntary Life and AD&D Options*			
Delient reatures	Employee	Spouse	Dependent Child(ren)	
Coverage Options	Increments of \$10,000	Increments of \$10,000	\$5,000	
Maximum	\$500,000	\$250,000 (cannot exceed 50% of employee's coverage)	\$10,000 (cannot exceed 50% of employee's coverage)	
Guaranteed Issue Period	Within 31 days of new hire eligibility or a family status change			

^{*}Evidence of Insurability (EOI) may be required.

Enrollment and EOI

Enrollment and providing Evidence of Insurability (EOI) is completed at www.benefitsolver.com and must be completed when you or your spouse apply for new coverage or increase coverage outside your new hire enrollment and during open enrollment.

How Much Voluntary Life and AD&D Insurance Should I Buy?

When deciding how much voluntary Life and AD&D coverage to buy, consider the following:

- 1. How much will your dependents need to pay debts?
- 2. How much do your dependents need to maintain their current standard of living
- 3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Note: Cost of coverage and premium information can be found on page 22.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary as often as needed at www,benefitsolver.com.



Disability Insurance

If you experience an injury or illness that prevents you from working, disability insurance provides partial income replacement to assist you financially.

Short-Term Disability (STD)

Short-Term Disability coverage, through Unum, provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. You are automatically enrolled in STD at **no cost to you**. Coverage is effective the first day of the month following your date of hire.

Any Questions? Unum can help.

Call 866-679-3054
Online at
www.unum.com/employees

Short-Term Disability (STD)				
Percent of Earnings Weekly Maximum Elimination Period Maximum Duration				
60%	\$3,000	30 days	150 days during a 12-month period	

Voluntary Long-Term Disability (LTD)

Long-Term Disability pays you a portion of your earnings if you cannot work for an extended period of time due to a disabling illness or injury.

You will continue to receive benefits until you no longer meet the definition of disability or reach your Social Security Normal Retirement Age. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

Voluntary Long-Term Disability (LTD)				
Percent of Earnings Monthly Maximum Elimination Period Maximum Duration				
60%	\$10,000	6 months	Up to Social Security Normal Retirement Age	

Note: LTD doesn't cover pre-existing conditions in the first year of coverage for which you have received treatment in the three months prior to the effective date.

When to Enroll

You may purchase LTD coverage as a new hire or during Open Enrollment.

- New Hire: You do not have to provide proof of good health. The coverage you elect will be effective the first day of the month following your date of hire.
- Open Enrollment: You must provide proof of good health to Unum for approval before coverage begins.



FAQs

Q: How do deductible copay plans work?

Copay plans offer a set copay for most healthcare services. A copay is the flat amount you pay at the time of a medical service or to receive a medication. Each health insurance option has set copay fees. These fees are printed on your health insurance card. The State of Colorado's copay plans have a deductible. A copay plan with a deductible means that you will pay the full cost for some services until you reach your deductible.

Q: Do copays for prescriptions count toward the out-of-pocket maximum?

Yes, prescription copays count toward the out-of-pocket maximum.

Q: Does money paid toward the deductible count toward the out-of-pocket maximum?

Yes, deductibles count toward the out-of-pocket max (includes copays, deductibles, and coinsurance).

Q: I'm enrolled in the HDHP Plan, so why haven't I been receiving the monthly \$60?

As part of the High Deductible Health Plan (HDHP), you must elect the HSA option and open an account with Optum Bank to receive the State of Colorado contribution. To confirm your election of an HSA account you will need to log into Benefitsolver by going to www.benefitsolver.com.

Choose Change My Benefits, Life Event, HSA Enrollment Update and follow the instructions by selecting your plan. Remember to check the box for I Want Coverage. After you have completed your enrollment in the HSA plan, you will be provided a direct link to open your HSA account with Optum Bank. Once we receive your account information, the State will contribute \$60 into your account on a monthly basis.

Q: Will I lose all the funds in my HSA or FSA if I don't use it by the end of the year?

If you have an HSA, then money remaining in your account at the end of the plan year is yours to keep, even if you separate from the State of Colorado. If you have a Healthcare FSA, you can carry over up to \$500 to the following plan year. Any unclaimed funds remaining at the end of the benefit plan year are forfeited. FSA plans fall under the "use it or lose it" rule, so it's important to plan carefully. If you do not submit claims before the deadline, your contributions will be forfeited, except for the \$500 carryover amount allowed on Health Care FSAs only.

Q: Will I need to change my primary care physician with Cigna?

Probably not. Cigna's network is nearly identical to UHC's network. That said, Cigna and UHC's networks will have some different doctors and hospitals. All of the insurance companies (except Kaiser Permanente) have very similar networks.

If your doctor is not in-network, send an email to state_benefits@state.co.us and the State will work with dedicated resources at Cigna to try to recruit your doctor.

Q: Is Cigna insurance accepted at the same hospitals as UnitedHealthcare?

Not necessarily. Different insurance companies have different contracts with different hospitals. For a complete list of hospitals in Cigna's network go to https://hcpdirectory.cigna.com/web/public/consumer/directory/search.

- Enter your zip code and search for the provider type
- · Click on "Continue as a guest"
- When asked to select a plan, click "Open Access Plus, OA plus, or Choice Fund OA Plus"



Your Cost for Coverage

The State of Colorado covers the majority of your benefit costs. Your monthly payroll deductions are detailed in the following charts.

Medical and Dental Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family		
Medical Plan Options - Non-Tobacco User						
Cigna HDHP (HSA Qualified)	\$24.24	\$145.72	\$55.00	\$232.22		
Cigna Copay Basic	\$35.96	\$178.64	\$66.10	\$251.28		
Cigna Copay Plus	\$85.06	\$268.94	\$147.82	\$408.08		
Kaiser HDHP (HSA Qualified)	\$25.78	\$156.54	\$51.32	\$197.02		
Kaiser Copay Basic	\$34.80	\$172.24	\$65.58	\$284.12		
Kaiser Copay Plus	\$54.42	\$244.82	\$116.24	\$387.80		
Medical Plan Options - Tobacco	User					
Cigna HDHP (HSA Qualified)	\$99.24	\$220.72	\$130.00	\$307.22		
Cigna Copay Basic	\$110.96	\$253.64	\$141.10	\$326.28		
Cigna Copay Plus	\$160.06	\$343.94	\$222.82	\$483.08		
Kaiser HDHP (HSA Qualified)	\$100.78	\$231.54	\$126.32	\$272.02		
Kaiser Copay Basic	\$109.80	\$247.24	\$140.58	\$359.12		
Kaiser Copay Plus	\$129.42	\$319.82	\$191.24	\$462.80		
Dental Plan Options						
Delta Dental - Basic	\$4.44	\$16.28	\$15.24	\$27.98		
Delta Dental - Basic Plus	ntal - Basic Plus \$18.96		\$45.70	\$72.96		
Vision Plan Options						
EyeMed Vision Basic	Included	with your medical cove	rage at no additional c o	ost to you.		
EyeMed Vision Enhanced	\$4.40	\$8.36	\$8.80	\$12.94		

Pre-Tax & Post-Tax

You may choose to pay your health and dental premiums before taxes are deducted (pre-tax) or after taxes are deducted from your paycheck (post-tax).

- **Pre-tax premiums** reduce your yearly taxable income. In general, this reduces your federal and state income tax liability.
 - Pre-tax premiums can affect your highest average salary (HAS) in calculating your retirement benefits. This varies from person to person, so contact PERA at 800-759-7372 or go online to www.copera.org to learn more.
- **Post-tax contributions** do not reduce your yearly taxable income, however, there is no impact on your PERA highest average salary.
 - In limited circumstances, the premiums of post-tax elections may be used as a tax deduction if you itemize your deductions. Consult a tax advisor for your personal circumstances.



	Voluntary Life and AD&D Monthly Premiums					
Empl	oyee	Spc	ouse	Child(ren)		
Age	\$ Amount/ \$10,000 of Coverage	Age	\$ Amount/ \$10,000 of Coverage	Cost for Coverage Options		
Under Age 30	\$0.60	Under Age 30	\$0.80			
30-34	\$0.80	30-34	\$1.00			
35-39	\$0.80	35-39	\$1.20			
40-44	\$1.00	40-44	\$1.20	Ontion 1: The monthly promium for \$5,000 coverage		
45-49	\$1.00	45-49	\$1.80	Option 1: The monthly premium for \$5,000 coverage is \$0.50 per month per family unit		
50-54	\$1.20	50-54	\$2.60	0 11 0 71 11 11 1 1 1 1 1 1 1 1 1 1 1 1		
55-59	\$2.60	55-59	\$4.60	Option 2: The monthly premium for \$10,000 coverage is \$1.00 per month per family unit		
60-64	\$4.00	60-64	\$6.80			
65-69	\$8.00	65-69	\$13.40			
Age 70 and Over	\$12.20	Age 70 and Over	\$21.20			

Voluntary LTD Monthly Premium Rates

Age on December 31 of the Prior Calendar Year	PERA Vested* (rate as a % of monthly covered compensation)	PERA Non-Vested** (rate as a % of monthly covered compensation)
Less than Age 34	0.0010%	0.0030%
35-39	0.0012%	0.0036%
40-44	0.0015%	0.0044%
45-49	0.0020%	0.0062%
50-54	0.0031%	0.0094%
55-59	0.0047%	0.0140%
60-64	0.0065%	0.0207%
65-69	0.0071%	0.0212%
Age 70 and Over	0.0086%	0.0257%

^{*}If you are vested in the PERA Defined Benefit (DB) Retirement Plan, use these Voluntary LTD premium rates.

Example of Premium Calculation:

If you are vested in the PERA Defined Benefit (DB) Retirement Plan, age 42, with a monthly covered salary of \$4,000, your monthly premium would be \$6.00 per month (the age 42 PERA Vested premium rate is \$0.0015 multiplied by monthly covered salary of \$4,000 = \$6.00 per month).

^{**}If you are non-vested in the PERA Defined Benefit (DB) Retirement Plan or you are enrolled in the PERA Defined Contribution (DC) Retirement Plan, use these Voluntary LTD premium rates.



photo by: Karen Akins, State Employee

Coverage	Contact	Phone/Email	Website
Enrollment & Eligibility	State of Colorado	303-866-3434 or 800-719-3434 state_benefits@state.co.us	www.colorado.gov/dhr
Benefits-Dedicated Website	N/A	N/A	www.stateofcoloradobenefits.com
Medical & Basic Vision	Kaiser Permanente	888-413-0591 stateofcolorado@kp.org	Member: www.kp.org Non-member: my.kp.org/stateofcolorado
	Cigna	800-244-6224	www.mycigna.com
Primary Care Services	Paladina Health	866-808-6005 (option #3)	www.paladinahealth.com/colorado
Dental	Delta Dental	800-610-0201	www.deltadentalco.com
Vision	EyeMed	888-485-5174	www.eyemed.com
Wellness	State of Colorado	state_benefits@state.co.us	www.colorado.gov/dhr/wellness
Health Savings Account (HSA)	Optum Bank	866-234-8913	www.optumbank.com
Colorado Employee Assistance Program (EAP)	CSEAP	303-866-4314 Toll Free: 800-821-8154	www.colorado.gov/cseap
Flexible Spending Account (FSA)	Discovery Benefits	866-451-3399 customerservice@ discoverybenefits.com	www.discoverybenefits.com
Life and AD&D	Minnesota Life Insurance Company	877-828-7728	www.lifebenefits.com
Disability	Unum	866-679-3054	www.unum.com/employees
Retirement	Public Employees Retirement Association (PERA)	800-759-7372	www.copera.org www.peraontheissues.com (public policy blog) www.thedimecolorado.com (financial literacy for early to mid-career members)

This communication highlights some of your State of Colorado benefit plans. Your actual rights and benefits are governed by the official plan documents. A more detailed summary plan description for each plan can be found at www.stateofcoloradobenefits.com. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. The State of Colorado reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.