



March 25, 2020

Hello «Fname» «Mname» «Lname» «Suffix»,

We are reaching out because it is almost time for Classified Open Enrollment. This packet contains some key information regarding enrollment this year. The most important thing to note is that this year is a “full positive” enrollment. This means **that if you do not log into BenefitSolver and elect the plans you want during open enrollment (April 14 – May 15), you will have no coverage beginning July 1, 2020.**

Please remember to correct any outdated contact information with HR so that your insurance cards and plan communications are sent to the correct address. Here is the contact information for you currently:

«Address_1»
«Address_2»
«City», «State» «ZIP»

«Email»

If you have any questions about the plans or completing your enrollment online, please do not hesitate to ask!

Best,

Human Resources

Human Resources
University of Northern Colorado
human.resources@unco.edu
P: 970-351-2718
F: 970-351-1386

Employee Name: _____

Classified Open Enrollment Checklist 2020-2021:

- ☐ Review Benefit Options
- ☐ Check to see if your doctor is in network
 - ☐ If your doctor is not in the network, contact HR and we can discuss your options
- ☐ If you are unable to enroll in benefits online, complete the Enrollment Form in your benefits packet and send to HR no later than **May 8, 2020**

Human Resources
501 20th St
Campus Box 54
Greeley, CO 80639

OR

human.resources@unco.edu

- ☐ Log into BenefitSolver (benefitsolver.com) & make plan elections (Open April 14th - **DEADLINE May 18th**) **Company Key: soc**
- ☐ Keep track of your username, password & Security Questions (see BenefitSolver card)
- ☐ Approve & Confirm your plan elections
 - Confirmation Number: _____
 - (Keep this number for your records)
- ☐ Submit Dependent Verification Documents to HR
- ☐ Apply for the Supplement Program
- ☐ Did you sign up for life insurance? If yes, Complete Evidence of Insurability Form
- ☐ Did you sign up for a High Deductible Health Plan? If yes, register for the HSA through Optum Bank
- ☐ Update your contact information and send it to HR
 - Insurance cards are sent to the address in BenefitSolver (we have listed your current information on the opening letter in this packet)
- ☐ Check the mail for your new insurance card and other important plan information
- ☐ Check your July paystub to ensure the correct amounts are withheld from your paycheck



Benefits Overview for Classified Employees

July 1, 2020 - June 30, 2021

The following is an overview of benefits available to University of Northern Colorado Classified Employees

Health Insurance (optional)

Your choice of six options; three options available through Kaiser Permanente and three options available through Cigna: (choose one)

Medical Plan Options	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	State Pays	You Pay	State Pays	You Pay	State Pays	You Pay	State Pays	You Pay
Cigna HDHP (HSA Qualified)	630.64	24.24*	1,122.26	145.42*	1,107.76	55.00*	1,542.40	232.22*
Cigna Copay Basic	633.64	35.96*	1,172.26	178.64*	1,167.76	66.10*	1,662.40	251.28*
Cigna Copay Plus	615.64	85.06*	1,145.26	268.94*	1,143.76	147.82*	1,595.40	408.08*
Kaiser HDHP (HSA Qualified)	568.64	25.78*	1,022.26	156.54*	1,022.76	51.32*	1,462.40	197.02*
Kaiser Copay Basic	588.64	34.80*	1,122.26	172.24*	1,107.76	65.58*	1,562.40	284.12*
Kaiser Copay Plus	603.64	54.42*	1,122.26	244.82*	1,122.76	116.24*	1,562.40	387.80*

***Tobacco Surcharge:** There will be a \$75/mo fee added to all plans for any employee who uses tobacco and does not commit to completing a cessation course during the plan year.

Dental Insurance (optional)

Your choice of two Delta Dental Plans: (choose one)

Dental Plan Options	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	State Pays	You Pay	State Pays	You Pay	State Pays	You Pay	State Pays	You Pay
Delta Dental Basic	26.68	4.44	43.55	16.28	47.82	15.24	64.08	27.98
Delta Dental Basic Plus	26.68	18.96	43.88	45.28	47.82	45.70	64.08	72.96

Vision Insurance (optional with the election of a medical plan)

Your choice of two EyeMed vision plans: (choose one)

Vision Plan Options	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	State Pays	You Pay	State Pays	You Pay	State Pays	You Pay	State Pays	You Pay
EyeMed Basic	No additional cost - included with medical plan.							
EyeMed Enhanced	0.00	4.40	0.00	8.36	0.00	8.80	0.00	12.94

Section 125 Salary Reduction Plan – Health, dental and vision premiums can be deducted pre-tax or post-tax; employees are required to select either post-tax or pre-tax premium.

Retirement (PERA) – Mandatory Employee Contribution to PERA = 10.0%; University Contribution = 20.9%
The retirement plan is in lieu of Social Security tax deductions.

Employer Paid Life and AD&D Insurance – University-provided Coverage is a minimum of \$50,000 for each Classified Employee, or one times the employee's annual salary, up to a maximum of \$250,000.

Unum Optional Life and AD&D Insurance – You may enroll in additional age-rated coverage in \$10,000 increments for you and your spouse to a maximum of \$500,000; Evidence of Insurability (EOI) may be required. Optional life insurance for children (up to age 26) can also be purchased (\$5,000 or \$10,000 policy).

Short-Term Disability

Coverage provided by Unum Insurance Company.

No cost to employees/no action required; enrollment is automatic.

STD insurance pays up to 60% of pre-disability income for up to 150 days following the required benefit waiting period, which is 30 days or until the end of all sick leave, whichever is longer.

Optional Long-Term Disability (LTD) Insurance –Income protection coverage for a disability lasting more than 6 months; cost is based on pay and vesting. Offered to employees working 30+ hours per week.

Flexible Benefits Plan for Health and Dependent Care - Employees can set aside pretax dollars for eligible out-of-pocket expenses.

Maximum Withholding: \$2,750/year for health care and \$5,000/year for dependent care

\$500 of unused health care flexible spending dollars can be carried over to the following year

Health Savings Account (for employees enrolled in HDHPs only) - Employees can enroll in a HSA when they have elected a High Deductible Health Plan. The State will contribute \$60/month to an Optum HSA.

Maximum Annual Contribution: \$3,550 – Individual Coverage or \$7,100 – Family Coverage

Vacation/Annual Leave Accrual (pro-rated for part-time employees)

Years of Service	Hours Accrued per Month	Maximum Accrual
1st through 5th year	8 hours	192 hours
6th through 10th year	10 hours	240 hours
11th through 15th year	12 hours	288 hours
16th year or longer	14 hours	336 hours

Sick Leave Accrual – Full-time employees accrue 6.66 hours/month; pro-rated for part-time employees

Employee Assistance Program – Employees and their household members can receive up to 10 free counseling sessions per fiscal year at the Counseling Center on-campus or take advantage of the Colorado Employee Assistance Program (CSEAP) through the State

Recreational Center Membership – Employees may purchase membership to the recreational facilities (swimming pool, gymnasium, tennis, and fitness classes) at the Campus Rec Center.

- Standard membership is \$300/year (or \$30 month-to-month)
- Non-peak membership (6am-2pm Mon-Fri and weekends) is \$120/year (or \$15 month-to-month)

Employee Professional Development (full time benefits listed below; part time benefits are pro-rated):

Classes at UNC: Employees are limited to 9 credit hours per year

Classes at CSU: Employees are limited to 6 credit hours per year, a part of the 9-total allowed at UNC.

Classes at Aims: Employees are limited to 6 credit hours per semester

LinkedIn Learning: Unlimited online courses covering a wide spectrum of content at no cost to you.

Dependent Tuition Grant - Children under the age of 25 and spouses are eligible for undergraduate tuition grants at UNC (Aims and CSU are excluded for dependents). Tuition Grant applications can be found at www.unco.edu/hr under HR Forms.

Contact Human Resources at 970-351-2718 for additional information



Benefits Summary

The following is a summary of the types of benefits available to University of Northern Colorado Classified Employees

Medical Insurance

Medical insurance provides protection when you need to visit the doctor. It covers appointments for annual physicals, wellness checkups, and vaccinations. It also helps to pay for prescription medications. In the event of an emergency, medical insurance helps to cover the cost of ambulance transportation, emergency room visits, and trips to urgent care.

Dental Insurance

Dental insurance helps to cover the cost of maintaining your oral health. It covers costs related to annual check-ups at the dentist, cleanings and x-rays. It also helps cover the cost when there is a problem with your oral health, like when you get a cavity. Our dental program also offers an option that helps to pay for the cost of orthodontic care if you or one of your dependents needs braces.

Flexible Spending Account (FSA) and Health Savings Account (HSA)

These accounts are set up to help you pay for expenses like doctor visits, dentist appointments, eye doctor appointments, glasses and contacts and other health-related expenses. You can even use it for items like sunscreen and Band-Aids. There is also an option to set aside money for dependent care expenses if you have dependents in daycare or after school programs. These accounts allow you to save money without paying tax on the money that deposited into these accounts.

Wellness Program

The State of Colorado offers a wellness program to help you save money on the monthly cost of medical insurance. By making healthy lifestyle choices such as exercising, eating healthy, and educating yourself about health and wellness. You earn points towards a discounted price on medical premiums.

Leave Benefit

UNC offers different leave programs to help employees balance time between their family life and work life. These leaves help to cover sick days, vacations, holidays, time off following the loss of a loved one.

Employee Assistance Program (EAP)

This is a program designed to help you and your family resolve the issues that may be affecting your personal life and/or work performance including financial, relationship, etc.

Retirement (PERA)

The university offers two types of retirement options through PERA.

Defined Benefit Account: The money withheld from your paycheck is invested for you, and you receive a set dollar amount in retirement based on the number of years you contributed to PERA and the income you earned during those years.

Defined Contribution Account: You will choose how to invest the funds that are contributed to your retirement account. The money available to you when you retire is based on the money you and UNC put into the account plus any earnings or losses incurred.

Life and AD&D (Accidental Death & Dismemberment) Insurance

This insurance protects your loved ones financially in the event that you are no longer around to provide for them. You elect the dollar amount that you want your loved ones to receive in the event of your death.

Disability Insurance

If you become unable to perform the duties of your job as the result of an injury or illness, this insurance allows you to receive a portion of your income while you are out. Short-term disability covers injuries and illnesses that last 6 months and less, long-term disability covers injuries or illnesses that prevent you from working for longer than 6 months.

Contact Human Resources at 970-351-2718 or human.resources@unco.edu for additional information

ENROLLING IS EASY

Enroll in your Benefits April 14- May 18, 2020

Get started

Visit www.benefitsolver.com and login by entering your user name and password. If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is **soc** (note: it's case sensitive).

Forgot your password?

1. Visit www.benefitsolver.com and click on the 'Forgot my Username or Password?' link.
2. Enter your social security number, company key and date of birth. Our 'Company Key' is **soc** (note: it's case sensitive).
3. Answer your security phrase.
4. Enter and confirm your new password, then click '**Continue**' to return to this page and login.

Begin enrollment

Click '**Start Here**' and follow the instructions to enroll in your benefits or waive coverage. Review your information.

You must make your elections by the deadline located above the '**Start Here**' button. If you miss the deadline, you will waive any electable benefit coverage and have to wait until the next annual enrollment period to enroll.

Wondering what something means?

View the online glossary by clicking '**Reference Center**' in the header.

Need help with your benefit choices?

Click 'Begin MyChoice' to answer a few questions about who you want covered and get customized recommendations based on those answers. These questions will assess you and your dependents' overall health, lifestyle and other factors that can help determine a better recommendation. **These answers are purely for recommendation purposes and are not shared with your employer.**

Already know what you want?

Click on '**No Thanks, I will explore on my own**' to skip directly to choosing your benefits.



SCAN & ENROLL

Enroll in your benefits from your mobile device. Visit www.benefitsolver.com or simply scan this QR code and tap your way through your elections. If you don't already have a QR code reader on your smart phone or tablet, download one from your device's app store.



COLORADO
Division of Human Resources
Department of Personnel
& Administration

www.benefitsolver.com
Company Key: soc
Toll-free: 800-719-3434
Local: 303-866-3434

View your bundle

This page will display your recommended bundle of coverages based on your MyChoice answers.

If you choose to enroll in all of the recommended plans, click **'Next'**. This will automatically enroll you in each of the recommended plans.

If you have any questions as you go through enrollment, contact the Benefit Administrators at 800-719-3434.

Use the **'Reference Center'** to help you make elections.

Review your elections

Review, edit and approve your personal information, elections, dependents and total cost.

Approve

Once you have reviewed your elections and they are accurate, click **'Approve'**.

Confirm your choices

Your enrollment isn't complete until you confirm your benefit elections.

Print

Print your election information and confirmation number for future reference.

Reference Center

Transaction Complete - Pending Approval Step 5 of 5

Confirmation Number: 4147252236

Print

To Do

What Would You Like To Do Or View?

Profile, Benefit Summary, Change My Benefits, Personal Documents

Need a Benefit Summary?

Select the reason for change that applies and enter the date of the event.

BASIC INFO, LIFE EVENT

View your bundle

This page will display your recommended bundle of coverages based on your MyChoice answers.

If you choose to enroll in all of the recommended plans, click **'Next'**. This will automatically enroll you in each of the recommended plans.

If you have any questions as you go through enrollment, contact the Benefit Administrators at 800-719-3434.

Use the **'Reference Center'** to help you make elections.

Review your elections

Review, edit and approve your personal information, elections, dependents and total cost.

Approve

Once you have reviewed your elections and they are accurate, click **'Approve'**.

Confirm your choices

Your enrollment isn't complete until you confirm your benefit elections.

Print

Print your election information and confirmation number for future reference.

MAKE MID-YEAR CHANGES

The benefit elections you make will remain in effect until the end of the plan year unless you are affected by one of these life changing events:

- Getting married or divorced,
- A change in job status (for you or an enrolled dependent),
- Having a baby or adopting a child, or
- An enrolled child turning 26.

If you experience any of these qualifying events, you must provide the required supporting documentation and make changes within **30 days**.

1. Login to www.benefitsolver.com.
2. Click on the **'Change My Benefits'** button to change your benefits or your basic information.
3. Select the life event button and make your changes.



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Human Resources

970-351-2718

human.resources@unco.edu

Hours available 8:00am - 5:00pm Monday – Friday

501 20th Street
Campus Box 54
Greeley, CO 80639

HR Staff who may contact you regarding your benefits:

- Hannah Romero Swick
- Megan Bauer
- Kyle Mathes
- Jennifer Ayers
- Sarah Chase
- Marshall Parks
- Julie Nava

2020 Open Enrollment Website

<https://www.unco.edu/human-resources/employee-resources/benefits/2020-classified-staff-open-enrollment.aspx>

Supplement Program

If you have dependent children you would like to cover under your plan, we recommend you apply for the Supplement Program. If approved, the state will help you pay some or all the employee cost of medical and dental insurance.

The 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 premiums. Employees and their children must either enroll or be willing to enroll in one of the state's medical insurance options during the annual open enrollment, or the special enrollment held after qualified applicants have been determined.

As the program is need-based, employees who apply must submit documentation to verify dependents and income (a copy of the first page of your previous year's federal tax return). Since the income eligibility requirements are based on the entire household, the previous year's tax return(s) must also be provided for the income of all wage earners in your household.

APPLICATION PERIOD: April 14, 2020 to May 26, 2020.

The supplement application can be completed at:

<https://idsonline.colorado.gov/dpa/dhr/medicalsupplement>

You can find more information about the program here:

<https://www.colorado.gov/dhr/supplement-program>



If you do not have access to a computer or are unable to access the BenefitSolver System, please complete this form and send to Human Resources

Bear # _____ OR SSN _____

Last Name: _____ First Name: _____ DOB (mm/dd/yyyy): _____

If you use tobacco, will you commit to completing a free tobacco-cessation program during the plan year? ____ Yes ____ No
(You will pay \$75 more per month if you are a tobacco use and do not commit to completing a tobacco cessation program.)

Dependent Information:

[illegible]

Medical: Choose one plan option (All rates are monthly and do not include the tobacco surcharge)

- | Cigna – HDHP (HSA Qualified) | | Cigna – Copay Basic | | Cigna – Copay Plus | |
|---|----------|---|----------|---|----------|
| <input type="radio"/> Employee Only | \$24.24 | <input type="radio"/> Employee Only | \$35.96 | <input type="radio"/> Employee Only | \$85.06 |
| <input type="radio"/> Employee + Spouse | \$145.72 | <input type="radio"/> Employee + Spouse | \$178.64 | <input type="radio"/> Employee + Spouse | \$268.94 |
| <input type="radio"/> Employee + Children | \$55.00 | <input type="radio"/> Employee + Children | \$66.10 | <input type="radio"/> Employee + Children | \$147.82 |
| <input type="radio"/> Employee + Family | \$232.22 | <input type="radio"/> Employee + Family | \$251.28 | <input type="radio"/> Employee + Family | \$408.08 |
-
- | Kaiser – HDHP (HSA Qualified) | | Kaiser – Copay Basic | | Kaiser – Copay Plus | |
|---|----------|---|----------|---|----------|
| <input type="radio"/> Employee Only | \$25.78 | <input type="radio"/> Employee Only | \$34.80 | <input type="radio"/> Employee Only | \$54.42 |
| <input type="radio"/> Employee + Spouse | \$156.54 | <input type="radio"/> Employee + Spouse | \$172.24 | <input type="radio"/> Employee + Spouse | \$244.82 |
| <input type="radio"/> Employee + Children | \$51.32 | <input type="radio"/> Employee + Children | \$65.58 | <input type="radio"/> Employee + Children | \$116.24 |
| <input type="radio"/> Employee + Family | \$197.02 | <input type="radio"/> Employee + Family | \$284.12 | <input type="radio"/> Employee + Family | \$387.80 |
- ☐ Pre-Tax Elections
☐ Post-Tax Elections
- ☐ DECLINE MEDICAL COVERAGE

HSA Enrollment: You are not required to contribute to this account. Employer contributions will continue at \$60/month regardless of your contribution amount. Contribution amounts will be deducted from your paycheck monthly.

Employee Contribution Amount Monthly: _____

- ☐ Pre-Tax Elections
☐ Post-Tax Elections

Dental: Choose one plan option (All rates are monthly)

- | Delta Dental Basic | | Delta Dental Plus | |
|---|---------|---|---------|
| <input type="radio"/> Employee Only | \$4.44 | <input type="radio"/> Employee Only | \$18.96 |
| <input type="radio"/> Employee + Spouse | \$16.28 | <input type="radio"/> Employee + Spouse | \$45.28 |
| <input type="radio"/> Employee + Children | \$15.24 | <input type="radio"/> Employee + Children | \$45.70 |
| <input type="radio"/> Employee + Family | \$27.98 | <input type="radio"/> Employee + Family | \$72.96 |
- ☐ Pre-Tax Elections
☐ Post-Tax Elections
- ☐ DECLINE DENTAL COVERAGE

EyeMed Vision: Choose one plan option (All rates are monthly)

Vision insurance is only available to those enrolled in a State medical plan. The Basic vision coverage is paid for through the medical plan. If you would like the enhanced coverage, you can pay an additional amount to have better vision coverage.

Vision - Basic

- ☐ Employee Only \$0.00
- ☐ Employee + Spouse \$0.00
- ☐ Employee + Children \$0.00
- ☐ Employee + Family \$0.00

Vision - Enhanced

- ☐ Employee Only \$4.40
- ☐ Employee + Spouse \$8.36
- ☐ Employee + Children \$8.80
- ☐ Employee + Family \$12.93

- ☐ Pre-Tax Elections
- ☐ Post-Tax Elections

- ☐ DECLINE VISION COVERAGE

Discovery Flexible Spending Accounts:

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

- ☐ Monthly Contribution Amount: _____
- ☐ WAIVE General Purpose FSA

Limited Purpose FSA (for those with an HSA, can be used for dental and vision expenses) - Maximum \$2,750 / year

- ☐ Monthly Contribution Amount: _____
- ☐ WAIVE Limited Purpose FSA

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

- ☐ Monthly Contribution Amount: _____
- ☐ WAIVE Dependent Care FSA

Short-Term Disability

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.

Voluntary Long-Term Disability

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. This is available to employees working 30+ hours per week.

- ☐ Enroll in Long-Term Disability
 - ☐ Less than 5 years of Service in PERA
 - ☐ More than 5 years of Service in PERA
- ☐ WAIVE Voluntary Long-Term Disability

Basic Life 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 Employee 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. An Evidence of Insurability may be required for coverage approval.

Increments: \$10,000

Maximum Coverage: \$500,000

- ☐ Coverage amount desired: _____
- ☐ WAIVE Voluntary Child Life and AD&D Coverage

Voluntary Spouse Life Insurance

In addition to Basic Life and AD&D, you may buy voluntary Life and AD&D coverage for your spouse at discounted rates. An Evidence of Insurability may be required for coverage approval.

Increments: \$10,000

Maximum Coverage: 50% of the employee coverage amount

- ☐ Coverage amount desired: _____
- ☐ WAIVE Voluntary Child Life and AD&D Coverage

Voluntary Child Life Insurance

In addition to Basic Life and AD&D, you may buy voluntary Life and AD&D coverage for your dependent children at discounted rates. There is one cost for all dependent children.

Coverage:

- ☐ \$5,000
- ☐ \$10,000
- ☐ WAIVE Voluntary Child Life and AD&D Coverage

Beneficiary Designation:

Primary Beneficiary Designation				
Name	Date of Birth	Relationship	Share (%)	SSN

Contingent Beneficiary Designation				
Name	Date of Birth	Relationship	Share (%)	SSN

I certify that I have read the benefits PowerPoint summary and understand the benefits for which I am enrolling. I hereby authorize my employer to make applicable changes, as noted above, to my current benefit elections and to deduct from my salary, under the Section 125 premium conversion, in the amount necessary to pay for the coverage(s) elected on this form. Such elections will remain in effect and cannot be changed during the plan year, unless the change is due to and consistent with a change in family status.

Employee Signature: _____

DATE: _____

Please email to: Human.Resources@unco.edu

or Mail to: University of Northern Colorado
Attn: Human Resources, Campus Box 54
501 20th Street
Greeley, CO 80639