



COMMIT TO HEALTH 2014 OPEN ENROLLMENT

RESOURCE GUIDE FOR STATE EMPLOYEES

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OPEN ENROLLMENT PERIOD

APRIL 22 - MAY 15, 2014

www.colorado.gov/dhr/OE

OVERVIEW FOR STATE EMPLOYEES

Open Enrollment is the time of year when state employees can enroll in, or change their medical, dental, optional life, optional long-term disability, healthcare FSA and dependent care FSA insurance selections and make changes necessary to ensure that their benefits choices continue to meet their needs.

This year's Open Enrollment does not require employees to make a medical or dental plan selection. Employees' current medical and dental plan choices will automatically roll over into the next plan year for those that do not make changes. However, employees must make new elections for flexible spending accounts (FSA) because their current FSA elections will not roll over into the next plan year.

HEALTHCARE TERMINOLOGY

Knowing these terms will help you to understand your choices.

Co-insurance—A percentage of costs for covered services that the employee pays after the deductible is met.

Co-pay—A flat fee that is paid for health care services at the time service is provided. Co-payments are specific amounts, which is convenient in planning for the cost of care.

Deductible—An amount an individual must pay for covered health care expenses before insurance begins to cover costs.

WHAT YOU NEED TO KNOW

When Can I Enroll?

Open enrollment is one of the only times to make changes to your medical and dental benefits, outside of a qualifying life event. You can make changes to your plan, elect a different plan or enroll in a plan during the Open Enrollment Period from April 22- May 15, 2014.

Since the State of Colorado deducts premiums for medical, dental and FSA accounts on a pre-tax basis, federal law limits when you can change your elections for these benefits. Changes made outside of the annual Open Enrollment period are allowed only within 30 days of a "qualifying event" such as marriage or divorce, birth or death of a dependent.

Who Can I Enroll?

You can enroll the following dependents for medical, dental and optional life insurance:

- Spouse, including Common Law Spouse
- Domestic Partner
- Partner in a Civil Union
- A child through the end of the month in which the child turns age 26
- A physically or mentally disabled child who is 26 years of age or older

Dependents added to an employee's medical, dental and/or optional life insurance during open enrollment must be verified by providing the appropriate required documentation to the Department of Personnel & Administration, Division of Human Resources by uploading them must be made in the state's [benefit administration system, powered by BenefitSolver](#) by Thursday, May 15, 2014. [Click here to view the State of Colorado Dependent Definitions and Required Documents.](#)

How Do I Enroll?

Open enrollment is completed through the state's [online benefits administration system, BenefitSolver](#) where you can also research your benefit options, view premiums and review online system instructions.

You must go all the way through your open enrollment election. On the confirmation page, you must click on "I Agree" in order for your choices to be submitted. You are finished when you get to the screen that provides you with a confirmation number. If you do not get a confirmation number, you are NOT DONE. Print out your enrollment confirmation as documentation of your enrollment.

How Much Coverage Can I Purchase?

When making your medical and dental benefit selections, you may choose from among the following levels of coverage:

- Employee
- Employee and Spouse/Civil Union Partner/Domestic Partner
- Employee and Children
- Employee and Spouse and Children (Family)

Your premium for coverage – including your contribution and the state's contribution - will vary, depending on which level of coverage you select.

DECISIONS TO MAKE DURING OPEN ENROLLMENT

Where will you get health insurance for 2014?

The U.S. government has mandated that almost everyone should have health insurance by Jan. 1, 2014. Eligible employees will meet the coverage requirement by enrolling in one of the State of Colorado's four options in the Employee Group Health Plan.

Another option for coverage is through the federal government in the Health Insurance Marketplace. Learn more at HealthCare.gov and www.colorado.gov/health.

Will you enroll in a state sponsored medical or dental benefits plan?

The State of Colorado offers four medical insurance options and two dental insurance options.

Would you like to set aside pre-tax dollars to pay for medical or dependent care expenses?

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for healthcare or dependent daycare expenses. These contributions lower your taxes. How? Your pre-tax deductions lower your taxable income, meaning there is less pay in your check to be taxed. You can then use this pre-tax money to be reimbursed for eligible healthcare and dependent care expenses, saving up to 40% on each dollar contributed to an FSA.

IMPORTANT: Those who want an FSA in FY 2014-15 must enroll in an FSA during open enrollment.

Do you qualify for the low-income medical supplement?

For the upcoming FY2014-15 plan year, the supplement for medical insurance may again be available to qualified low-income State employees with dependent children. The application period begins the same day as open enrollment, Tuesday, April 22, 2014, but concludes a week later than open enrollment, ending on Thursday, May 22, 2014. Funding notification is generally received in April of each year.

To be eligible for the supplement in the FY2014-15 plan year, **employees MUST complete an application for this year.** Even though open enrollment will be passive, the supplement program is not. If you are currently receiving the supplement, you must apply again to be considered for the program in FY 2014-15. Your current supplement will stop after June 2014. For detailed information, required documentation or to learn if you qualify, [visit the website](#).

Will you save \$20 off your monthly health benefits premium by participating in the State of Colorado Employee Wellness Program?

With the State of Colorado Employee Wellness Program, powered by CaféWell, be inspired to get healthier, engage with others along the way, and get rewarded for your efforts. If you're covered by a State-sponsored health insurance plan, you can earn a discount of up to \$20 per month on your health insurance by participating on CaféWell - that's up to \$240 in savings per year! Visit www.colorado.gov/wellness for more information.

Have questions?

Open Enrollment representatives are available at Department of Personnel & Administration, Division of Human Resources at state_benefits@state.co.us, 303-866-3434 or 1-800-719-3434.

FY 2014-15 MEDICAL PLAN HIGHLIGHTS

The State of Colorado Group Employee Medical Plan continues to offer copayment and high deductible health plan [medical insurance options](#) through [UnitedHealthcare](#) (UHC) and [Kaiser Permanente](#) (KP) with no premium increases:

- UHC Copay Plus
- UHC High Deductible Health Plan (HDHP) with HSA
- KP Copay Plan
- KP High Deductible Health Plan (HDHP) with HSA

Most of your preventive care services are covered at little or no out-of-pocket cost to you, whether or not you've reached your deductible. Preventative care services* include but are not limited to:

- Routine physical exams / Well-woman / Well-child exams
- Preventive Mammograms
- Preventive Colonoscopy
- Cholesterol screenings

**Please see your plan information for a complete list.*

There are some changes to co-pay options or deductibles for medical plans this plan year.

COPAYMENT PLANS VS. HIGH DEDUCTIBLE PLANS

How copayment plans work

Copayment plans are the simplest to use and to understand. With copayment plans, you pay set charges (or copays) for certain covered services. Some services are subject to deductible. Once the deductible is met, these services are subject to coinsurance until the out of pocket maximum is reached and then expenses are paid at 100%.

How high deductible health plans (HDHP) work

High deductible health plans generally offer lower monthly premiums in exchange for you paying more out of your own pocket for services covered by your health plan. With these plans, you pay the full cost of covered services until your expenses meet an annual deductible. Then, for covered services, you pay coinsurance until the out of pocket maximum is reached. Once the out of pocket maximum is met, expenses are paid at 100%.

How health savings account (HSA) qualified deductible plans work

An HSA-qualified plan* is a deductible plan that is eligible to be paired with an optional health savings account, or HSA. If you sign up for an HSA-qualified deductible plan and open an HSA, you can pay for qualified medical expenses with tax-deductible dollars.

**Both Kaiser Permanente and Unitedhealthcare's High Deductible plans are HSA qualified*

FY 2014-15 MEDICAL DESIGN COMPARISON

Copayment Plan Options

Option	Current FY 2013-14		FY 2014-15	
	UHC	KP	UHC (PPO)	KP (HMO)
Deductible (In-Network)	\$1,500/\$3,000	0	\$750/\$1,500	N/A
Deductible (Out-of Network)	\$3,000/\$6,000	N/A	\$1,500/\$3,000	N/A
Co-Insurance (In-Network)	20%	NA	10%	N/A
Co-Insurance (Out-of-Network)	50%	N/A	No Change 50%	N/A
Out-of-Pocket Max. (In-Network)	\$5,000/\$10,000	\$1,000/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Max. (Out-of-Network)	\$10,000/\$20,000	N/A	\$4,000/\$8,000	N/A
Primary Care Office Visit	\$30	\$30	No Change \$30	\$30
Preventive Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	\$50	\$50	No Change \$50	\$50
Prescription Drugs: Generic	\$10	\$10	No Change \$10	\$10
Prescription Drugs: Preferred	\$25	\$30	No Change \$25	\$30
Prescription Drugs: Non-Preferred	\$50	N/A	No Change \$50	N/A
Prescription Drugs: Specialty	\$25 or \$50 Copay	20% Coinsurance up to \$75 max.	No Change \$25 or \$50 Copay	20% Coinsurance up to \$75 max.
Prescription Drugs: Office Administered	20% Coinsurance after Deductible	20% Coinsurance	10% Coinsurance after Deductible	20% Coinsurance
Emergency Room	Deductible + 20% Coinsurance	\$100 Copay	\$500 Copay	\$300 Copay
Urgent Care	\$75 Copay + 20% Coinsurance	\$50 Copay	\$75 Copay	\$50 Copay
Hospital	\$1,000 Copay + 20% Coinsurance	\$750 Copay	\$750 Copay + 10% Coinsurance	\$750 Copay

FY 2014-15 MEDICAL DESIGN COMPARISON

High-Deductible Health Plan Options

	Current FY 2013-14		FY 2014-15	
	UHC	KP	UHC	KP
Deductible (In-Network)	\$1,500/\$3,000	\$1,250/\$2,500	<i>No Change</i> \$1,500/\$3,000	\$1,250/\$2,500
Deductible (Out-of Network)	\$4,500/\$9,000	N/A	\$3,000/\$6,000	N/A
Co-Insurance (In-Network)	20%	10%	10%	10%
Co-Insurance (Out-of-Network)	50%	N/A	<i>No Change</i> 50%	N/A
Out-of-Pocket Max. (In-Network)	\$3,000/\$6,000	\$2,500/\$5,000	\$2,000/\$4,000	\$2,500/\$5,000
Out-of-Pocket Max. (Out-of-Network)	\$9,000/\$18,000	N/A	\$4,000/\$8,000	N/A
Primary Care Office Visit	Deductible then 20% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Preventive Office Visit	\$0	\$0	\$0	\$0
Specialist Office Visit	Deductible then 20% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Drug: Generic	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay, after Deductible is met
Drug: Preferred	\$25 Copay after Deductible is met	\$40 Copay after Deductible is met	\$25 Copay after Deductible is met	\$40 Copay, after Deductible is met
Drug: Specialty	\$25 or \$50 Copay after Deductible is met	20% Coinsurance up to a max. of \$100 per drug dispensed per prescription after Deductible is met	<i>No Change</i> \$25 or \$50 Copay after Deductible is met	20% Coinsurance up to a max. of \$100 per drug dispensed per prescription after Deductible is met
Office Administered	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Emergency Room	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Urgent Care	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Hospital	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met

FY 2014-15 MEDICAL PREMIUMS

Plan	Tier	Total Premium	State Contribution	Employee Contribution
HDHP with HSA-qualified option (UnitedHealthcare)	Employee Only	\$463.06	\$434.10	\$28.96
	Employee + Spouse	\$939.36	\$762.60	\$176.76
	Employee + Child(ren)	\$851.96	\$795.66	\$56.30
	Ee + Sp + Child(ren)	\$1,343.40	\$1,080.90	\$262.50
Co-Pay Choice Plus (UnitedHealthcare)	Employee Only	\$506.14	\$434.10	\$72.04
	Employee + Spouse	\$1,051.72	\$762.60	\$289.12
	Employee + Child(ren)	\$960.92	\$795.66	\$165.26
	Ee + Sp + Child(ren)	\$1,516.64	\$1,080.90	\$435.74
Kaiser HMO HDHP HSA-qualified option (Denver/Boulder, Southern Colorado, Northern Colorado)	Employee Only	\$453.38	\$434.10	\$19.28
	Employee + Spouse	\$924.54	\$762.60	\$161.94
	Employee + Child(ren)	\$850.78	\$795.66	\$55.12
	Ee + Sp + Child(ren)	\$1,331.42	\$1,080.90	\$250.52
Kaiser HMO Co-Pay (Denver/Boulder, Southern Colorado, Northern Colorado)	Employee Only	\$526.28	\$434.10	\$92.18
	Employee + Spouse	\$1,098.14	\$762.60	\$335.54
	Employee + Child(ren)	\$1,002.80	\$795.66	\$207.14
	Ee + Sp + Child(ren)	\$1,576.64	\$1,080.90	\$495.74

FY 2014-15 UNITED HEALTHCARE PLANS

Co-pay Choice Plus Plan

This plan offers the freedom to use any doctor or hospital, but gives you a higher level of coverage when you use our national network.

Here are a few changes to the plan this year:

- Lower deductible and out-of-pocket maximum
- Co-pays only for Urgent Care and Emergency room visits
- Co-insurance is changing from 20% member responsibility to 10% member responsibility

High Deductible Health Plan (HDHP) with HSA

The HDHP with HSA is a high deductible health plan that allows you to open a compatible Health Savings Account (HSA) at any financial institution of your choice. An HSA is your own personal bank account for qualified health care expenses.

Here are a few changes to the plan this year:

- Lower out-of-pocket maximum
- Co-insurance is changing from 20% member responsibility to 10% member responsibility

FY 2014-15 UNITED HEALTHCARE AT A GLANCE



UnitedHealthcare FY 2014-15 Open Enrollment ([PDF](#))

WATCH NOW: [UnitedHealthcare](#)

www.colorado.gov/dhr/unitedhealthcare

www.welcometouhc.com/colorado

FY 2014-15 KAISER PERMANENTE PLANS

HMO Co-Pay Option

This plan offers predictable out-of-pocket costs, and prescription drug coverage. There is no deductible and some copays count towards the out-of-pocket maximum.

Here are a few changes to the plan this year:

- Copayments and cost sharing for essential benefits will apply toward the annual out-of-pocket maximum

High Deductible Health Plan (HDHP) with HSA

The HDHP with HSA is a high deductible health plan that allows you to open a compatible Health Savings Account (HSA) at any financial institution of your choice. An HSA is your own personal bank account for qualified health care expenses.

There were no changes to the plan this year.

- Same great doctors
- Same personalized attention
- Same convenient locations
- Same health resources

FY 2014-15 KAISER PERMANENTE AT A GLANCE



- [DENVER BOULDER](#)
- [N. COLORADO](#)
- [S. COLORADO](#)

Kaiser Permanente FY 2014-15 Open Enrollment ([PDF](#))

www.colorado.gov/dhr/kaiser-permanente
www.kaiserpermanente.org

FY 2014-15 DENTAL PLAN HIGHLIGHTS

The State of Colorado continues to offer two choices for [dental insurance](#) through Delta Dental. The plans differ in premium cost and how much reimbursement is available.

The State of Colorado has a preferred provider organization (PPO) plus Premier Plan:

- You can choose from the more than 1,900 PPO or 3,000 Premier dentists.
- You will save money whenever you see a PPO or Premier dentist.
- **When you choose an in-network PPO dentist, you will have the lowest out-of-pocket costs.**
- You can see a non-participating provider, but it will cost you more than if you select a provider in the PPO or Premier networks as balance billing may occur.

NEW for FY 2014-15: Delta Dental Prevention First Program

- Prevention First benefit applies to both Basic and Basic Plus plans.
- Allows diagnostic & preventive services **not to count towards the annual maximum benefit.**
- If you need extensive dental work, you will be able to get your diagnostic & preventive services covered, even if your annual maximum benefit has already been reached.

Delta Dental FY 2014-15 Basic Plus Plan

- Annual Maximum Benefit: \$2,000 per person per plan year.
- Orthodontic Benefit: \$2,000 per person per lifetime (for children and adults).
- Plan Year Deductible: \$50 per person. \$150 per family.
- Diagnostic & Preventive Services: 100%. Deductible does not apply.
- Basic Services: 80%
- Major Services: 50%
- Orthodontic Services: 50%. Deductible does not apply.

Delta Dental FY 2014-15 Basic Plan

- Annual Maximum Benefit: \$1,000 per person per plan year.
- Orthodontic Benefit: Not applicable.
- Plan Year Deductible: \$50 per person. \$150 per family.
- Diagnostic & Preventive Services: 100%. Deductible does not apply.
- Basic Services: 70%
- Major Services: 50%
- Orthodontic Services: Not applicable.

FY 2014-15 DELTA DENTAL AT A GLANCE



Delta Dental FY 2014-15 Open Enrollment ([PDF](#))
www.colorado.gov/dhr/dental
www.deltadentalco.com

FY 2014-15 DENTAL PLAN PREMIUMS

Plan	Tier	Total Premium	State Contribution	Employee Contribution
Dental Basic	Employee Only	\$30.20	\$25.92	\$4.28
	Employee + Spouse	\$58.38	\$42.62	\$15.76
	Employee + Child(ren)	\$61.20	\$46.44	\$14.76
	Ee + Sp + Child(ren)	\$89.36	\$62.22	\$27.14
Dental Basic Plus	Employee Only	\$44.30	\$25.92	\$18.38
	Employee + Spouse	\$86.54	\$42.62	\$43.92
	Employee + Child(ren)	\$90.76	\$46.44	\$44.32
	Ee + Sp + Child(ren)	\$133.02	\$62.22	\$70.80

FY 2014-15 OPTIONAL LIFE INSURANCE

There are no changes to optional life insurance benefits for the upcoming plan year. However, several of the employee optional life premium rates have decreased.

There are separate premiums for employees and spouses/ domestic partners/civil union partners. View the optional life premiums at www.colorado.gov/dhr/life.

For optional child life insurance, eligible children may be covered up to age 26 (coverage terminates the end of the month turning 26).

Evidence of Insurability (EOIs) MUST be completed when an employee or spouse/ domestic partner/civil union partner is applying for new coverage or increasing coverage during open enrollment. This process will occur in the online Benefits Administration System (BAS). At the conclusion of your open enrollment choices, you will be offered a button to begin the EOI process. You complete the EOI form online and submit it immediately and electronically to Minnesota Life Insurance Company.

Children with optional child life coverage must be listed— name, age, social security number—and the optional child life insurance must be indicated for the child by clicking the “yes” button next to their names on the screen for optional child life insurance.

Spouses, domestic partners/civil union partners, and eligible children added to optional life insurance during open enrollment must be verified by providing the appropriate documentation to your agency benefit administrator.

IMPORTANT: NO DOUBLE COVERAGE. If your spouse/domestic partner/civil union partner is also a State employee, you may be covered for optional life either as an employee or as a spouse/domestic partner/civil union partner, but not both. **Double optional life coverage is not allowed.**

FY 2014-15 MINNESOTA LIFE AT A GLANCE



[Minnesota Life FY 2014-15 Open Enrollment](http://portal.sliderocket.com/LifeBenefits/SOC)
(<http://portal.sliderocket.com/LifeBenefits/SOC>)
www.colorado.gov/dhr/life

FY 2014-15 SHORT-Term Disability (STD) AND LONG-TERM DISABILITY (LTD) INSURANCE

Short-Term Disability (STD) Insurance

- Coverage provided by Standard Insurance Company.
- Provided by the State at no cost to employees. Enrollment is automatic and requires no action.
- 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

- Coverage provided by Standard Insurance Company.
- Employees can choose long-term disability (LTD) insurance, but pay the entire premium.
- LTD premiums for FY 2014-15 are determined by salary, age and PERA Defined Benefit (DB) Retirement Plan vesting status, and are deducted from pay post-tax.
- LTD enrollment is NOT guaranteed. Employees MUST complete Evidence of Insurability (EOI). The EOI application is completed as part of the online enrollment process.
- Employees with at least five years of PERA Defined Benefit (DB) Retirement Plan covered employment may be eligible for PERA disability benefits. LTD premiums for PERA DB vested members are lower than for non-vested members. For information about PERA benefits, please call PERA directly at 1-800-759-7372.
- After a six-month waiting period, LTD benefits are payable up to 60% of pre-disability earnings until age 65 (later in some cases) if person continues to meet plan requirements.

FY 2014-15 STANDARD INSURANCE AT A GLANCE



Disability Insurance (short/long-term)
State of Colorado – FY 2014-15
For Benefits Administrators



The Standard FY 2014-15 Open Enrollment ([PDF](#))
www.colorado.gov/dhr/disability

FY 2014-15 FLEXIBLE SPENDING ACCOUNTS (FSAs)

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Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for out-of-pocket healthcare or dependent day care expenses. These contributions lower your taxes. How? The pre-tax deductions lower your taxable income, meaning there is less pay in your check to be taxed. You can then use this pre-tax money to pay for eligible healthcare and dependent care expenses, saving up to 40% on each dollar contributed to an FSA. **Those who want a Healthcare FSA in FY 2014-15 must enroll during open enrollment.**

The State's FSAs work via reimbursement. You contribute money each month, and then after you incur your expenses, you submit a claim. You are then reimbursed the eligible claim amount. Use [ASIFlex's tax savings calculator](#) to estimate your healthcare/dependent day care expenses and what you may be able to save on your taxes.

Those interested in an FSA should understand that it can impact highest average salary calculations for retirement purposes. Those close to retirement should contact [PERA](#) or a financial or tax professional. Actual savings vary depending on your tax bracket.

For the FY 2014-15 plan year there will be two healthcare FSA options. The first option will be a **General Purpose Healthcare FSA**. The second option will be a new **Limited Purpose Healthcare FSA** (also called an HSA-Compatible Healthcare FSA).

- The General Purpose Healthcare FSA will allow you to be reimbursed for eligible medical, dental, and vision care expense incurred during the plan year.
- The new Limited Purpose Healthcare FSA will only allow you to be reimbursed for dental and vision care expenses incurred during the plan year. However, you will retain your eligibility to contribute to a Health Savings Account (HSA) if you are enrolled in a qualified High Deductible Health Plan (HDHP).

FY 2014-15 Healthcare FSA Maximum ANNUAL Contribution: \$2,500

This maximum annual contribution applies to both the General Purpose and Limited Purpose healthcare FSA options.

NEW: Carryover Provision

New beginning with the FY 2014-15 plan year will be a \$500 Healthcare FSA Carryover Provision. You will be allowed to carryover up to \$500 of unused healthcare FSA funds from the FY 2014-15 plan year to the FY 2015-16 plan year. The Carryover Provision will apply to both the General Purpose and Limited Purpose Healthcare FSA options. Unused healthcare funds in excess of \$500 will be forfeited.

NEW: Healthcare FSA Debit Card

Also new beginning with the FY 2014-15 plan year will be the availability of a Healthcare FSA Debit Card. If an employee chooses to order the Healthcare FSA Debit Card the cost is \$.50/month billed to the employee's Healthcare FSA account. The Debit Card will be available for both the General Purpose Healthcare FSA (debit card can be used to pay for eligible medical, dental and vision care expenses) and the Limited Purpose Healthcare FSA (debit card can only be used to pay for dental and vision care expenses).

FY 2014-15 FLEXIBLE SPENDING ACCOUNTS (FSAs) continued

Dependent Day Care FSAs—To qualify for reimbursement, dependent care must be for the purpose of allowing you, and your spouse, if married, to work or attend school full-time, and must be for day care for a child under age 13, or for care of a disabled dependent.

Remember, Dependent Day Care FSA does not cover medical expenses for dependents. It can ONLY be used to reimburse you for expenses you incur when you hire someone to take care of your young (under 13), disabled or elderly dependent so you and your spouse can work.

FY 201415 Dependent Day Care FSA Maximum ANNUAL Contribution: \$5,000

FY 2014-15 ASIFLEX AT A GLANCE



ASI Flex FY 2014-15 Open Enrollment ([PDF](#))
www.colorado.gov/dhr/fsa

MEDICAL INSURANCE SUPPLEMENT

Apply April 22 – May 22

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The FY 2014-15 Supplement Program Application Period will open April 22, 2014 and close on Thursday May 22, 2014 at 11:59 p.m. MDT. To be eligible for the program, employees must apply, even if they have applied in past years. The FY 2014-15 plan year runs from July 1, 2014 to June 30, 2015.

[CLICK HERE TO APPLY FOR THE SUPPLEMENT](#)

The medical premium supplement is a program that can assist qualified low-income state employees with dependent children with the cost of medical premiums. Employees and their children must either enroll in one of the state's medical insurance options as part of open enrollment, or be willing to enroll in one of the state's medical options during the special open enrollment held only for those employees qualifying for the supplement who are enrolled in any medical option.

As the program is need-based, employees who apply must submit documentation to verify dependents (spouse / same-gender domestic partners/children) and income (a copy of the previous year's federal tax return). Since the income eligibility requirements are based on the entire household, verification must also be provided for the income of other household members over the age of 16.

Because the program must be funded each year by the legislature, there is no guarantee the program will continue from year to year. In addition, the amount of money for the program appropriated by the legislature varies from year to year.

Learn more at www.colorado.gov/dhr/supplement-program.

2014 REGIONAL HEALTH FAIRS

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APRIL 7 - APRIL 29 at a location near you!

Join us at a regional health fair near you as we kick off Open Enrollment by celebrating state health and wellness. Activities include giveaways, door prizes, fun food samples and plenty of activities for employees to experience fun and fitness, health and wellness, prevention and preparedness with the goal to be more healthy.

Learn more at www.colorado.gov/dhr/2014-regional-health-fairs.

TAKE ADVANTAGE OF COMPLIMENTARY HEALTH SCREENINGS

Register today for a free health screening at one of the 2014 Regional Health Fair locations. The health screening is free for all state employees, regardless of whether or not you have a state sponsored benefits plan. Screening includes blood pressure, glucose, body mass index (BMI) and age related screenings and immunizations. Employees are highly encouraged to pre-register at <https://registration.lifehealthcorp.com/Colorado>.

[PRE-REGISTER FOR YOUR FREE SCREENING](#)

SPEAK WITH HEALTH AND OTHER BENEFIT PLAN REPRESENTATIVES

Visit a Regional Health Fair near you and re-familiarize yourself with the many great benefits the State of Colorado provides. The state's benefits vendors will all be available with detailed materials and provider directories and the state's Employee Benefits Unit will be there to discuss your benefit options.

2014 OPEN ENROLLMENT RESOURCES

Contact Your Department HR Office

[Click here.](#)

State of Colorado Employee Benefits Unit

Open Enrollment representatives are available at Department of Personnel & Administration, Division of Human Resources at state_benefits@state.co.us, 303-866-3434 or 1-800-719-3434.

Questions about the medical and dental plans(covered procedures, prescriptions, doctors, etc.)? Contact the carriers or plan administrator directly:

- United Healthcare - 1-877-283-5424, welcometouhc.com/colorado (a pre-member site) or myuhc.com (a member site requiring a username and password)
- Kaiser Permanente - 303-338-3800, 1-800-632-9700 (Denver/Boulder & Northern Colorado), 1-888-681-7878 (Southern Colorado) or kaiserpermanente.org
- Delta Dental - 1-800-610-0201 or deltadentalco.com