

## EMPLOYEE BENEFITS

# COMMIT to Health

### ■ COMMITTED

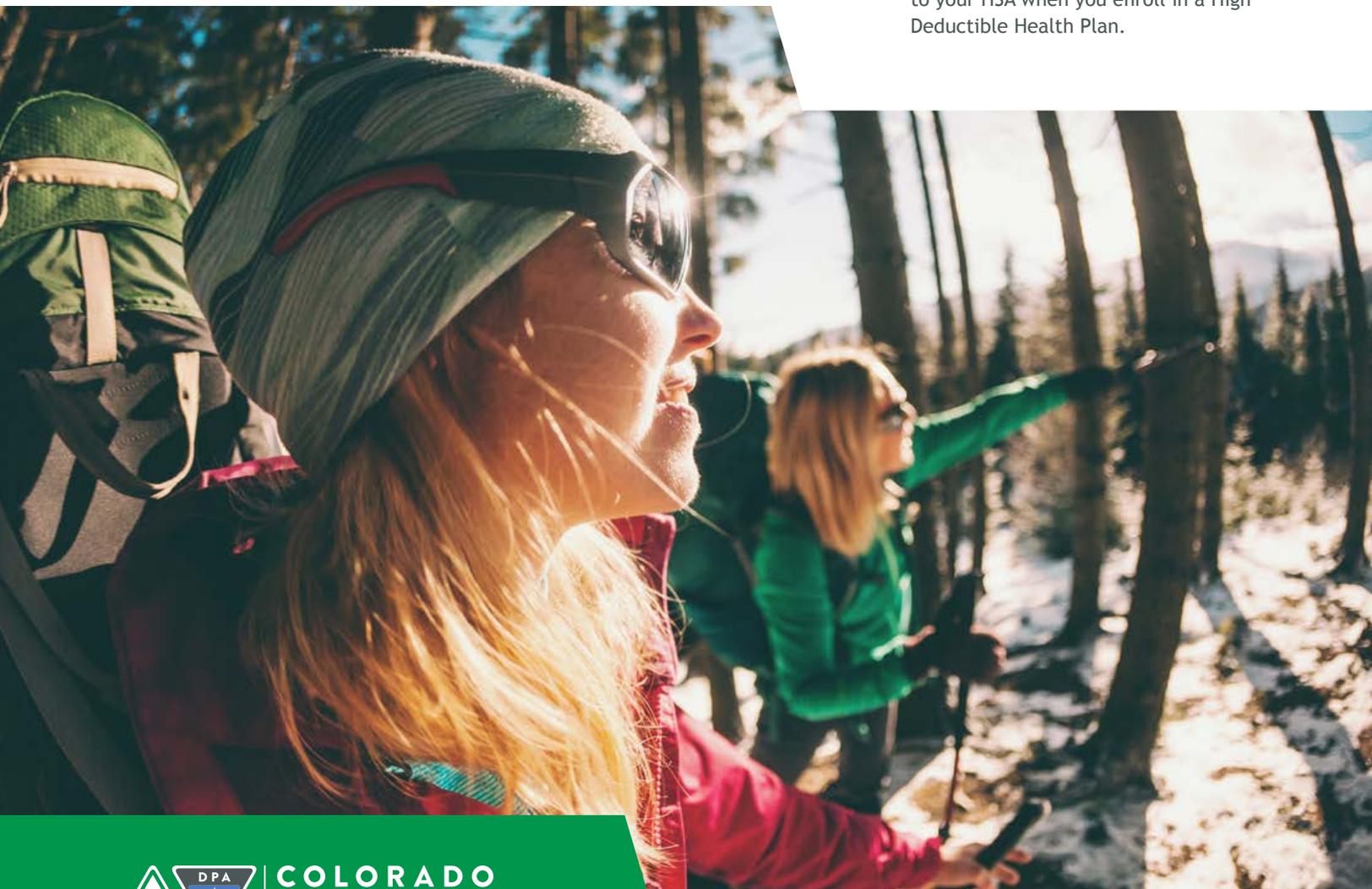
The State of Colorado is committed to providing you with a strong benefits package.

### ■ HEALTH

Save \$240 annually on your medical premium when you participate in the Employee Wellness Program.

### ■ \$720 ANNUAL HSA CONTRIBUTION

The State of Colorado will contribute to your HSA when you enroll in a High Deductible Health Plan.



**COLORADO**  
Division of Human Resources  
Department of Personnel  
& Administration

► [Colorado.gov/DHR](https://Colorado.gov/DHR)

# FY 2019-2020

July 1, 2019 to June 30, 2020

As Coloradans, we have every reason to live active and healthy lives. After all, we're surrounded by majestic beauty, we enjoy near-constant sunshine and we like to play as hard as we work. The State of Colorado strives to provide each of you with a benefits package that helps you make the most of your health and wellness.

## EMPLOYEE BENEFITS

**VERSION 1 | MARCH 2019**

*If there is any inconsistency between the information in this guide and the State's formal plans, programs, policies or contracts (or any subsequent change in such plan programs, policies or contracts), the actual provisions of each benefit program govern.*

*The premium information in this guide reflects the State funding as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four levels.*



# We know you're committed to Colorado. Let's commit to health.



## Colleagues,

The State of Colorado is committed to providing employees with a strong and competitive benefits package. Selecting your benefits is an important decision. The FY 2019-20 Employee Benefits Guide provides you with an overview of your options.

This year's Open Enrollment will be passive. Employees who would like to make changes to their benefits will have the option to do so at this time. If you are happy with your current benefits and choose not to make changes, you will continue to be enrolled in your previous plans with the exception of Flexible Spending Accounts, which requires an active enrollment each year. Please note that if you choose not to participate in Open Enrollment, there may still be a change in your plan's costs.

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

- Forecast your medical 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.

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.

Last year, 9,887 employees took advantage of this \$720 annual contribution. This annual contribution is yours and can help you pay for expenses in an HDHP before you meet your deductible and out-of-pocket maximum.

In addition to the FY 2019-29 Employee Benefits Guide, the State of Colorado offers tools and resources to help you make the right decision. Information can be found on the Benefits Website [www.colorado.gov/dhr/benefits](http://www.colorado.gov/dhr/benefits), and helpful tools can be located within [Benefitsolver.com](http://Benefitsolver.com) that provide you with customized recommendations based on your individual situation.

Make sure to review all the health insurance plans, research the cost of services, and decide whether a copay or high deductible health plan is right for you and your family.

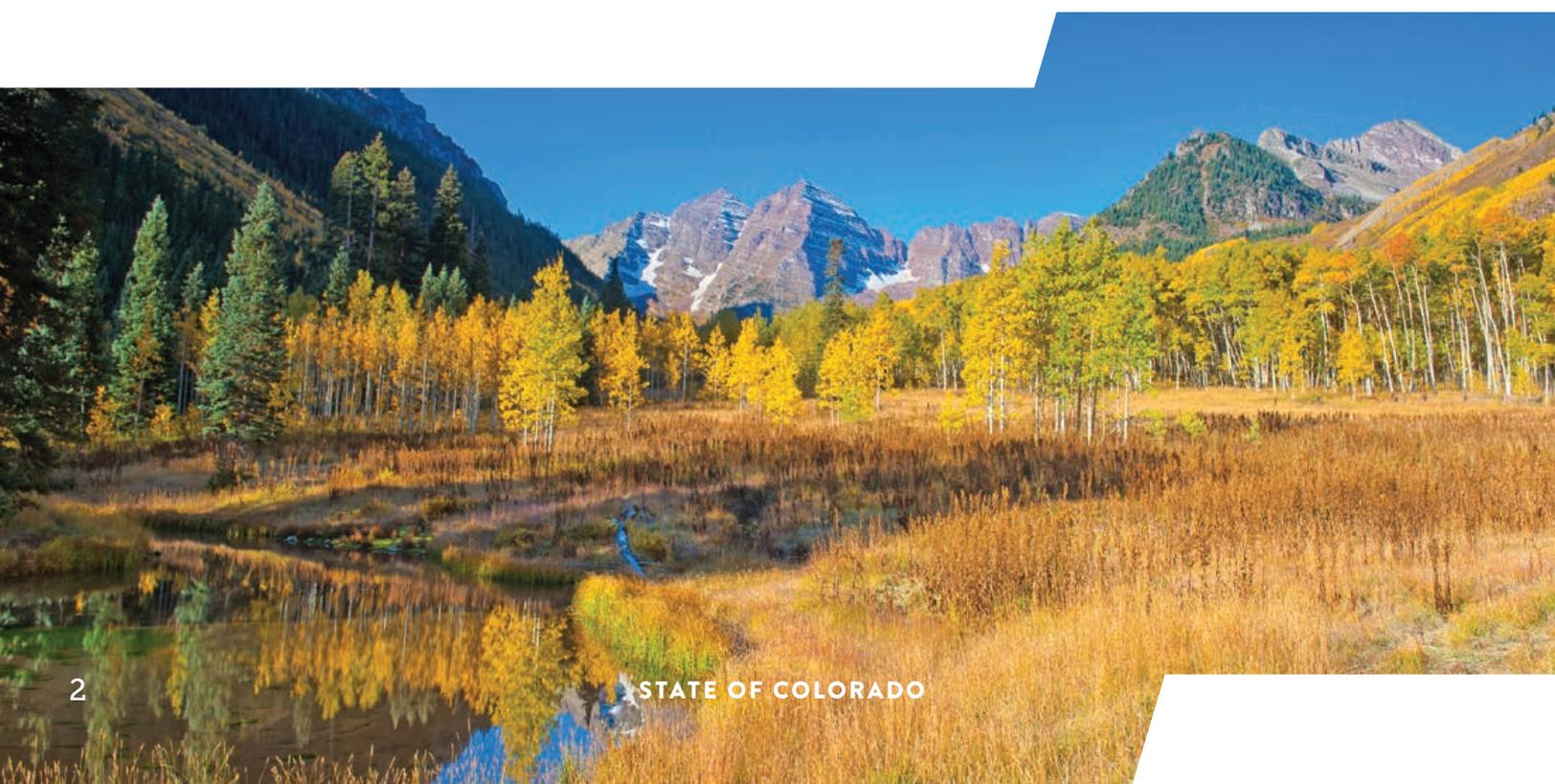
A handwritten signature in black ink that reads "Kara Veitch".

**Kara Veitch**

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

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# Benefits: The Basics

## Terms To Know

### ***Premiums:***

A premium is the monthly cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

### ***Copays:***

Copayments or copays, are a pre-set dollar amount you are expected to pay for office visits, medical procedures, or prescription drugs under your health insurance plan. All copays count toward your out-of-pocket maximum but do not count toward the annual deductible.

### ***Deductibles:***

A deductible is the amount you pay before your insurance pays. The deductible is set within a plan year period and once you have met that dollar amount, you have met the requirement for the plan year. All deductibles count toward your out-of-pocket maximum.

### ***Coinsurance:***

Coinsurance is a set percentage of service costs that you will be expected to pay once you've met your annual deductible. When your annual deductible is met, your health insurance provider takes responsibility for 80% - 90% of the full cost of services while you pay the remaining cost. Your coinsurance payments count toward your annual out-of-pocket maximum.

### ***Out-of-Pocket Maximum:***

An out-of-pocket maximum is an annual cap on the amount you are expected to pay for services throughout the plan year. Copays, deductibles, and coinsurance all count toward your out-of-pocket maximum. Once you reach your out-of-pocket maximum, the insurance company pays 100% of covered medical services for the remainder of the plan year.

### ***Health Savings Account (HSA):***

A Health Savings Account (HSA) is a bank account that can be used to pay your deductible and eligible out-of-pocket medical, dental, and vision expenses. If you elect a high deductible health plan (HDHP) and the HSA option, and you open your HSA account through Optum Bank, the State of Colorado will contribute \$60 to your HSA each month (up to \$720 annually). See page 17 for more information.

### ***Flexible Spending Account (FSA):***

A Flexible Spending Account (FSA) is an account you contribute pre-tax dollars into that can be used to pay for qualified medical, dental, and vision expenses or qualified dependent care expenses. As defined by Internal Revenue Service (IRS) regulations, these plans are designed to provide funds to pay for eligible out-of-pocket medical expenses on a pre-tax basis. See page 19 for more information.

## Pre-Tax & Post-Tax



You may choose to pay your health and dental premiums on either a pre-tax or post-tax basis. Simply put, pre-tax means that the premiums are deducted before the tax is calculated and deducted; post-tax means that your taxes are calculated and deducted before your premiums are deducted. The State's Salary Reduction Plan governs pre-tax premiums.

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### Why elect pre-tax contributions and what are the consequences?

Pre-tax premiums reduce your yearly taxable income, meaning that the amount of income in your pay that is used to calculate your taxes is reduced because your premiums have already been deducted. 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 under the Public Employee Retirement Association (PERA). PERA benefits are based on the average of your three highest annual salaries, and salaries generally increase with years of service. If you are within four years of retirement and you are at your highest career salary level, pre-tax premiums could reduce your PERA benefit. Therefore, you should consider carefully the effect of salary reductions, including pre-tax premiums, on your retirement benefits. Changing your mind about retirement during the plan year will NOT enable you to change your contributions from pre-tax to post-tax. This is true also of pre-tax salary reduction contributions to Flexible Spending Accounts. **For more information about PERA benefits, call 800-759-7372.**

Remember that with pre-tax deductions, your take-home pay will be greater, but your PERA contribution and Medicare Tax (where applicable) will be based on your reduced salary.

### Why elect post-tax contributions and what are the consequences?

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. You will need to consult a tax advisor for your personal circumstances.

Post-tax contributors can request a Qualifying Life Event within the official benefit administration system, the same as pre-tax contributors; however, the only documentation required will be dependent verification documentation when adding a new dependent. No other supporting documentation is required for the event.

### Review Your Selections Annually

As your circumstances can change every year, you must review your selection for your health and dental premiums during every Open Enrollment. Mid-year changes are allowed only in the event of a Qualified Life Event. Flexible Spending Account elections must be renewed each year.

You are expected to be familiar with the terms and conditions of each plan you select. Plan documents are readily available on the website for your review. If you have questions about benefit options, enrollment or eligibility, please contact your agency's Benefit Administrator. Questions about specific claims and coverage levels should be addressed directly to your insurance provider.

# Enrollment

## Who Is Eligible?

### State Employees

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

### Dependents

You can enroll yourself and your eligible dependents in medical and dental benefits.

#### *Eligible Dependents Include:*

- Your spouse or civil union partner
- Child(ren) under the age of 26 (your children, your spouse or partner's children, and children in your legal custody for who you are required to insure).
- Eligible child(ren) of any age who were disabled before age 26

### Covering Dependents

You'll be required to provide proof of eligibility for any new dependent you want to add to your coverage. You'll receive information about eligibility and documentation requirements after you enroll. The State of Colorado may conduct a dependent eligibility audit at any time.

### Civil Union Coverage

Civil union partners are eligible to enroll as dependents in the benefit plans. Any premium contributions made by the State of Colorado on behalf of your civil union partner are considered taxable income to you. Please contact your financial or tax advisor for more information.



# When Can I Enroll?

## When You're Hired

New employees have 31 calendar days from their date of hire to enroll in benefits. Elections made by new benefit eligible employees will be effective the first of the month following their date of hire, provided that elections are properly completed and submitted in BenefitSolver within the allotted time period. If you don't make your benefit elections within 31 days, you'll have to wait until the next Open Enrollment period to enroll in benefits.

## During Open Enrollment

Benefit eligible employees can enroll or make changes to benefits during the State of Colorado's Open Enrollment period. The State of Colorado's annual Open Enrollment period takes place in April and May of each year (specific dates change year to year). The benefits you select during open enrollment become effective on July 1 of the same year. The State of Colorado benefits plan year coincides with the State's fiscal year (July 1 - June 30).

## 2019 Open Enrollment

Open Enrollment for FY 2019-20 is April 23 - May 13, 2019, with your benefit choices being effective July 1, 2019. Our benefits plan year is July 1, 2019 - June 30, 2020.

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# Can I Change My Benefits?

After the Open Enrollment period ends in May, the benefits you choose will be in place from July 1 to June 30 of the following year. You cannot change your benefits during this time unless you have a qualifying life event.

### Qualifying Life Event

- Marriage, civil union, legal separation, or divorce
- Birth or adoption of a child
- Death of your spouse, civil union partner, or dependent child
- Spouse, civil union partner, or dependent children losing or gaining coverage
- Change in employment status for you, your spouse, or civil union partner
- Change in residence (only if your current coverage isn't available in the new location)
- Exhaustion of COBRA benefits from another employer

## How Do I Enroll?

### 1 Get Started at Benefitsolver.com

Enter your username and password. If you are a first-time user, click **Register**. The Company Key is soc (case sensitive).

### 2 Begin Enrollment

Click **Start Here** and follow instructions to enroll in your benefits.

### 3 Wondering What Something Means?

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

### 4 Need Help With Your Benefit Choices?

Click **Begin MyChoice** to answer a few questions and get customized recommendations based on those answers. If you already know what benefits you want, click **No Thanks, I Know What I Want**.

### 5 Review Your Elections and Agree

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

### 6 Approve

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

### 7 Confirm Your Choices

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

### 8 Print

Print your election information and confirmation page for future reference.

**PLEASE NOTE:** *Printing your confirmation* is your only way to confirm your benefits. It is very important that you print and keep your confirmation until you are able to compare your elections to the deductions that appear on your July paycheck.



DOWNLOAD THE APP FROM  
YOUR DEVICE'S APP STORE

Introducing another way to manage your benefits with the **MyChoice<sup>SM</sup> Mobile App**. It organizes your current benefit summaries into three bucketed sections: **MyHealth, MySavings, MySecurity**.

#### Key App Features:

- YOUR ELECTIONS • CHANGE YOUR BENEFITS • REVIEW DEPENDENTS & BENEFICIARIES • ID CARDS • MESSAGES • CONTACT INFO

# The State of Colorado Medical Supplement Program

## Medical Premium Reduction for Qualified Employees

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 premium.

### How Do I Apply?

#### ONLINE DURING THE APPLICATION PERIOD

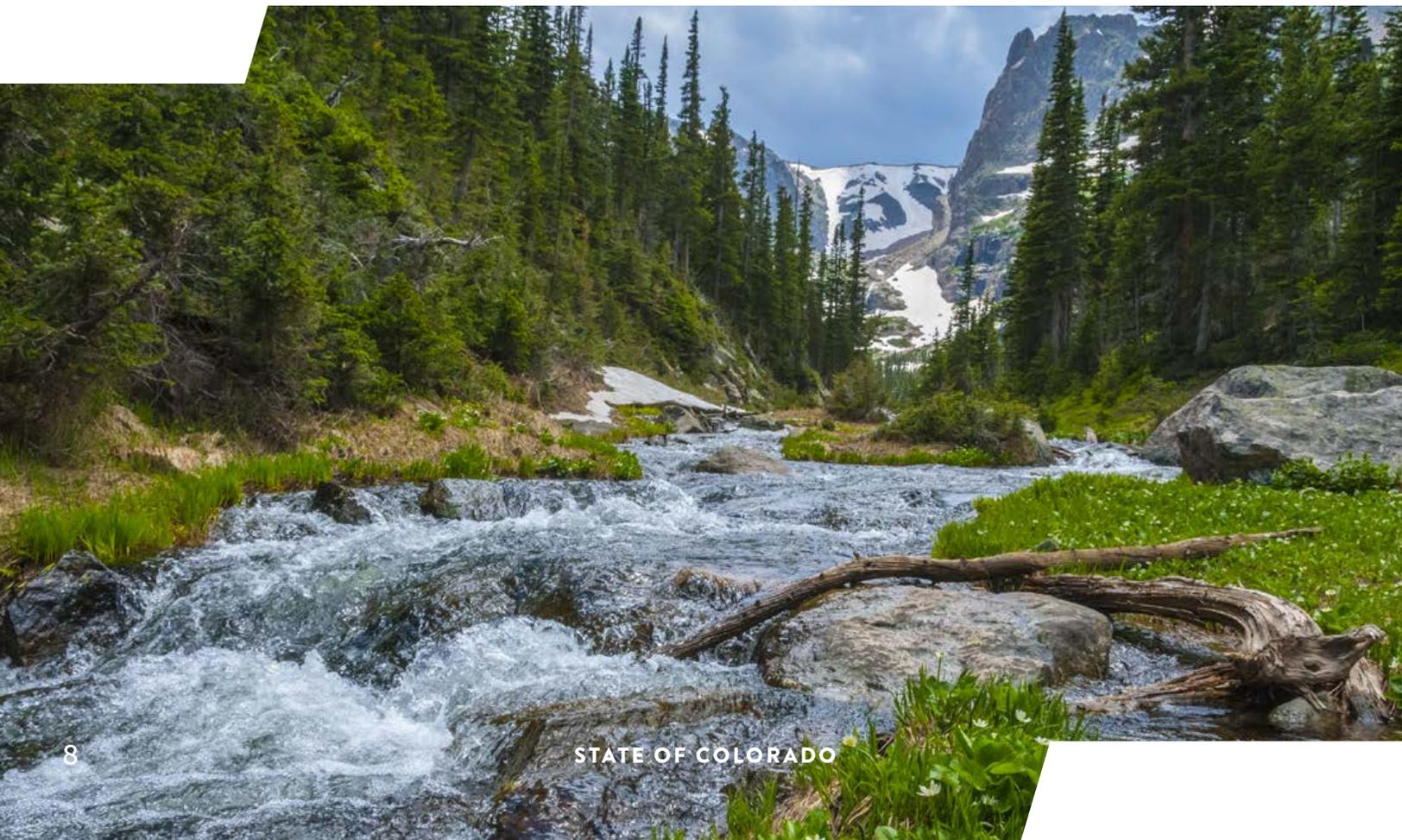
The program is funded each year by the legislature. Therefore, you must apply for the supplement every year, regardless of if you received the supplement for the previous year.

#### 1. Application Period

- The application period begins online at [Colorado.gov/DHR/Supplement-Program](https://Colorado.gov/DHR/Supplement-Program) the first day of open enrollment and concludes a week after open enrollment has ended.

#### 2. Submit Supporting Documentation

- Since the program is need-based, low-income employees with dependents must submit documentation to verify dependents and income.
- You must provide the first page of the previous year's federal tax return to verify income eligibility. Tax returns for all wage earning household members must also be provided.
- Additional requirements and information can be found at [Colorado.gov/DHR/Supplement-Program](https://Colorado.gov/DHR/Supplement-Program)



# Medical Benefits

## State of Colorado Medical Plan Options

The State of Colorado offers copay plans with deductibles and high deductible health plans (HDHPs) from UnitedHealthcare and Kaiser Permanente. The plan designs differ based on how you and the insurance company share the cost of your care. The plan designs have no effect on the quality of care you receive. The medical plan options are as follows:

MEDICAL PLAN OPTIONS	
	
■ Copay Choice Plus Plan	■ Deductible HMO Plan
■ HDHP with HSA Plan	■ HSA qualified HDHP

## What You Can Expect

### ✓ 100% Coverage For Your Preventive Care.

- Preventive services, such as routine physicals, screenings, and vaccinations are covered 100% by all of our medical plans when you use in-network providers, even before you meet your annual deductible.

### ✓ Receive \$720 Annually When You Meet the Eligibility Requirements of an HSA.

- Our high deductible health plans (HDHPs) are eligible for a health savings account (HSA), which lets you save money for medical expenses when you open an HSA.
- The State of Colorado will contribute \$60 each month to your HSA at Optum Bank if you enroll in an HDHP with UnitedHealthcare or Kaiser Permanente and meet the qualifications to elect the HSA option.

### ✓ Vision and Optical Benefits are Covered.

- All of our medical plans include vision and optical benefits. All employees are automatically enrolled in an optical plan through their medical insurance carrier.

# Things to Consider When Choosing the Correct Plan

## Copay Plans:

Copay medical plans provide you with the security and predictability of paying copays for most routine care and prescriptions without needing to first reach your deductible. This plan is suitable for people who are willing to pay more out of their paycheck for the security of knowing how much they will pay when they visit the doctor.

### Advantage

- You'll have set copays for primary care, specialty care, behavioral health care, most prescriptions and more.

## High Deductible Health Plans:

High Deductible Health Plans (HDHPs) with a Health Savings Account (HSA) require you to pay the full cost of prescriptions and medical services other than preventive care until you meet your deductible (per IRS regulations). This reduces what you pay out of your paycheck, but means you will pay more costs when seeking care. This plan is suitable for people who are good at financial planning and have an accurate idea of what medical care they will use in the year.

### Advantage

- You are eligible for a health savings account (HSA) with this plan to help pay for expenses until you meet your deductible and out-of-pocket maximum. HSA funds roll over from year to year. For more information on Health Savings Accounts, see page 17.

	High Deductible Plans	Copay/HMO Plans
<b>Annual Deductible</b>	For services other than preventive care, you are responsible for the full cost of services until your deductible is met. This includes the full cost of prescriptions, diagnostic tests, and emergency room care.	You will pay set copays determined by your health plan. Until your deductible is met, most diagnostic services are billed on top of your copay and are applied to your deductible.
<b>Out-of-Pocket Maximum</b>	When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health care costs. Copays, deductible, and coinsurance count toward your out-of-pocket maximum.	When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health care costs. Copays, deductible, and coinsurance count toward your out-of-pocket maximum.
<b>Coinsurance</b>	Once your deductible has been met, you'll pay 20% of the cost of services and your health insurance provider will cover the remaining cost.	Once your deductible has been met, you will pay coinsurance for medical services received until you satisfy your annual out-of-pocket maximum. You'll pay 10% of the cost of services if you are covered by Kaiser Permanente or 20% if you are covered by UnitedHealthcare.

# Copay & HDHP Plan Comparisons

## Copay Plan with Deductible Premiums

UnitedHealthcare			Kaiser Permanente		
877-283-5424 Member: Myuhc.com Non-member: Welcometouhc.com/Colorado Mobile App:  			 Denver/Boulder: 800-632-9700 Northern Colorado: 844-201-5824 Southern Colorado: 888-681-7878 Member: KP.org Non-member: My.kp.org/Stateofcolorado 		
Copay Choice Plus Plan			DHMO Plan		
ANNUAL DEDUCTIBLE	NETWORK	NON-NETWORK	ANNUAL DEDUCTIBLE	NETWORK	NON-NETWORK
Individual	\$1,500	\$3,000	Individual	\$750	Not Covered
Family	\$3,000	\$6,000	Family	\$1,500	Not Covered
ANNUAL OUT-OF-POCKET MAX			ANNUAL OUT-OF-POCKET MAX		
Individual	\$5,000	\$10,000	Individual	\$2,000	Not Covered
Family	\$10,000	\$20,000	Family	\$4,000	Not Covered
CO-INSURANCE			CO-INSURANCE		
<i>Percentage you pay after you have satisfied your deductible.</i>	20%	50%	<i>Percentage you pay after you have satisfied your deductible.</i>	10%	Not Covered
OFFICE VISITS/URGENT CARE <sup>1</sup>			OFFICE VISITS/URGENT CARE <sup>1</sup>		
Preventative Care/Screenings	No Charge	50% of eligible expenses after deductible	Preventative Care/Screenings	No Charge	Not Covered
Primary Care—Illness/Injury	\$30 Copay		Primary Care—Illness/Injury	\$30 Copay	
Specialist	\$50 Copay		Specialist	\$50 Copay	
Inpatient Hospital	20% after \$1,000 Copay		Inpatient Hospital	10% Coinsurance	
Urgent Care	\$75 Copay		Urgent Care	\$75 Copay	
Ambulance	20% after deductible		Ambulance	\$500 Copay	
Emergency Room	\$500 Copay		Emergency Room		
Virtual Visits <i>(Network Benefits are available only when services are delivered through a Designated Virtual Network Provider.)</i>	\$30 Copay	Not Covered	Virtual Care — Primary/Specialty • Phone Visit, Video Visit • Chat Online, E-mail, E-visits	No Charge	Not Covered

Copay Choice Plus Plan			DHMO Plan		
■ VISION	NETWORK	NON-NETWORK	■ VISION	Pediatric <i>(up to end of month he/she turns age 19)</i>	Adult <i>(members age 19 and over)</i>
Up to 1 Routine Exam per plan year under the Medical Plan	\$50 Copay	Allowances apply to network providers only. Please refer to your plan details for out-of-network allowances	Optometrist/Ophthalmologist	Optometrist: \$30 Copay/ Ophthalmologist: \$50 Copay <i>(Includes contact lens fitting up to \$175)</i>	
Optical Hardware	Frames \$130 allowance OR Contact lens \$150 allowance		Optical Hardware	10% Coinsurance 1 pair of glasses & lenses every 2 years or 2 years of contact lenses	\$150 Credit once every 24 months towards optical hardware
■ PRESCRIPTION			■ PRESCRIPTION <sup>2</sup>		
	RETAIL: 30-DAY SUPPLY	MAIL ORDER: 90-DAY SUPPLY		RETAIL: 30-DAY SUPPLY	MAIL ORDER: 90-DAY SUPPLY
Tier 1	\$10 Copay	\$20 Copay	Generic	\$10 Copay	\$20 Copay
Tier 2	\$30 Copay	\$60 Copay	Preferred Brand Name	\$30 Copay	\$60 Copay
Tier 3	\$50 Copay	\$100 Copay	Non-Preferred Brand Name	Approved drugs covered at generic costshare	
Specialty (30-day supply)	20% up to \$100	N/A	Specialty	20% up \$100	



Copay Choice Plus Plan			DHMO Plan		
■ MENTAL HEALTH <sup>1</sup>	NETWORK	NON-NETWORK	■ MENTAL HEALTH <sup>1</sup>	NETWORK	NON-NETWORK
Inpatient (Hospitalization/ Day Treatment)	20% after \$1,000 Copay	50% of eligible expenses after deductible	Inpatient (Hospitalization/ Day Treatment)	10% Coinsurance	Not Covered
Outpatient (Therapy)	\$30 Copay		Outpatient (Therapy)	\$30 Copay	
Substance-Related and Addictive Disorders Services <sup>1</sup>			Substance-Related and Addictive Disorders Services <sup>1</sup>		
Inpatient	20% after \$1,000 Copay	50% of eligible expenses after deductible	Inpatient	10% Coinsurance	Not Covered
Outpatient (Therapy)	\$30 Copay		Outpatient (Therapy)	\$30 Copay	
<p>Please refer to the official plan documents for detailed information and listing of covered services</p> <p>1. If a procedure is preformed during a Primary Care, Specialty Care, or Urgent Care Visit then the service is covered at coinsurance after deductible is met.</p> <p>2. For Southern Colorado Kaiser Permanente members: maintenance medications must be filled at a Pharmacy in a Kaiser Permanente medical office or through Kaiser Permanente mail order.</p>					



Copay Choice Plus Plan		DHMO Plan	
RATES – Employee Monthly Contribution		RATES – Employee Monthly Contribution	
Employee Only	\$159.14	Employee Only	\$93.72
Employee + Spouse	\$437.52	Employee + Spouse	\$298.02
Employee + Child(ren)	\$310.30	Employee + Child(ren)	\$190.34
Family	\$638.86	Family	\$440.48

# HDHP Plan with Comparisons

UnitedHealthcare			Kaiser Permanente			
877-283-5424 Member: Myuhc.com Non-member: Welcometouhc.com/Colorado Mobile App:			Denver/Boulder: 800-632-9700 Northern Colorado: 844-201-5824 Southern Colorado: 888-681-7878 Member: KP.org Non-member: My.kp.org/Stateofcolorado			
						
 						
HDHP with HSA Plan			HDHP with HSA Plan			
ANNUAL DEDUCTIBLE <sup>1</sup>	NETWORK	NON-NETWORK	ANNUAL DEDUCTIBLE <sup>1</sup>	NETWORK	NON-NETWORK	
Individual	\$1,500	\$4,500	Individual	\$1,500	Not Covered	
Family	\$3,000	\$9,000	Family	\$3,000		
ANNUAL OUT-OF-POCKET MAX <sup>2</sup>			ANNUAL OUT-OF-POCKET MAX <sup>2</sup>			
Individual	\$3,000	\$9,000	Individual	\$3,000	Not Covered	
Family	\$6,000	\$18,000	Family	\$6,000		
CO-INSURANCE			CO-INSURANCE			
<i>Percentage you pay after you have satisfied your deductible</i>	20%	50%	<i>Percentage you pay after you have satisfied your deductible</i>	20%	Not Covered	
OFFICE VISITS/URGENT CARE			OFFICE VISITS/URGENT CARE			
Preventative Care/Screenings	No charge	50% of eligible expenses after deductible	Preventative Care/Screenings	No charge	Not Covered	
Primary Care—Illness/Injury	20% after Deductible		20% after in network deductible	Primary Care—Illness/Injury		20% after deductible
Specialist				Specialist		
Inpatient Hospital				Inpatient Hospital		
Urgent Care				Urgent Care		
Ambulance		Ambulance		20% after deductible		
Emergency Room	Emergency Room					
Virtual Visits <i>(Network Benefits are available <u>only</u> when services are delivered through a Designated Virtual Network Provider.)</i>		Not Covered	Virtual Care — Primary/Specialty • Phone Visit, Video Visit • Chat Online, E-mail, E-visits	• No Charge after deductible • No Charge	Not Covered	

HDHP with HSA Plan			HDHP with HSA Plan		
<b>VISION</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>	<b>VISION</b>	<b>Pediatric</b> <i>(up to end of month he/she turns age 19)</i>	<b>Adult</b> <i>(members age 19 and over)</i>
Up to 1 Routine Exam per plan year under the Medical Plan	20% after Annual Deductible	Allowances apply to network providers only.	Optometrist/Ophthalmologist	20% after deductible	
Optical Hardware	Frames \$130 allowance OR Contact lens \$150 allowance	Please refer to your plan details for out-of-network allowances	Optical Hardware	After deductible, 20% coinsurance once every 24 month	\$150 Credit once every 24 months towards optical hardware
<b>PRESCRIPTION</b>			<b>PRESCRIPTION<sup>3</sup></b>		
	<b>RETAIL: 30-DAY SUPPLY</b>	<b>MAIL ORDER: 90-DAY SUPPLY</b>		<b>RETAIL: 30-DAY SUPPLY</b>	<b>MAIL ORDER: 90-DAY SUPPLY</b>
Tier 1	Deductible, then \$10 Copay	Deductible, then \$20 Copay	Generic	Deductible, then \$10 Copay	Deductible, then \$20 Copay
Tier 2	Deductible, then \$30 Copay	Deductible, then \$60 Copay	Preferred Brand Name	Deductible, then \$30 Copay	Deductible, then \$60 Copay
Tier 3	Deductible, then \$50 Copay	Deductible, then \$100 Copay	Non-Preferred Brand Name	Approved drugs covered at generic costshare	
Speciality	Deductible, then 20% up to \$100	N/A	Speciality	Deductible, then 20% up to \$100	
<b>MENTAL HEALTH</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>	<b>MENTAL HEALTH</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>
Inpatient (Hospitalization/Day Treatment)	20% after deductible	50% of eligible expenses after deductible	Inpatient (Hospitalization/Day Treatment)	20% after deductible	Not Covered
Outpatient (Therapy)			Outpatient (Therapy)		
Substance-Related and Addictive Disorders Services			Substance-Related and Addictive Disorders Services		
Inpatient	20% after deductible	50% of eligible expenses after deductible	Inpatient	20% after deductible	Not Covered
Outpatient			Outpatient		

Please refer to the official plan documents for detailed information and listing of covered services

1. If more than one person is covered under the policy, the single coverage deductible stated above does not apply. For more than one person, the family Annual Deductible is \$3,000 per policy year.
2. If more than one person is covered under the policy, the single coverage out of pocket maximum stated above does not apply. For more than one person, the family out of pocket maximum is \$6,000 per policy year.
3. For Southern Colorado Kaiser Permanente members: maintenance medications must be filled at a Pharmacy in a Kaiser Permanente medical office or through Kaiser Permanente mail order.

HDHP with HSA Plan		HDHP with HSA Plan	
RATES – Employee Monthly Contribution		RATES – Employee Monthly Contribution	
Employee Only	\$25.18	Employee Only	\$36.78
Employee + Spouse	\$156.26	Employee + Spouse	\$178.00
Employee + Child(ren)	\$55.80	Employee + Child(ren)	\$82.36
Family	\$237.02	Family	\$268.46



# Health Savings Account (HSA)

## \$720 Health Savings Account (HSA) Contribution

A Health Savings Account (HSA) is a savings account that lets you set aside money to pay for qualified out-of-pocket medical expenses such as deductibles, copayments, coinsurance, and other expenses to help lower your overall health care costs. The State of Colorado will contribute \$60 monthly (up to \$720 annually) when you elect an HDHP plan with either UnitedHealthcare or Kaiser Permanente and open an HSA with Optum Bank.

### Eligibility

For each month you are an active employee participating in one of the offered HDHP plans, have elected the HSA option, and have an active HSA with Optum Bank, you will receive a \$60 monthly contribution from the State of Colorado.

#### *Under Federal Law You May Not Open or Contribute to an HSA If You Are:*

- Covered by another medical plan (even a spouse or civil union partner's plan) that is not a HDHP
- Enrolled in any part of Medicare
- Enrolled in TRICARE or TRICARE for Life
- Received Veterans Administration (VA) benefits within the last three months, except service disability
- Enrolled in an employer-sponsored General Purpose Healthcare FSA (or covered by a spouse or civil union partner's General Purpose Healthcare FSA)
- Claimed as a dependent on someone else's federal income tax return

### Optum Bank

Along with choosing to participate in one of the two offered HDHP plans, you must contact Optum Bank to open your HSA through [Benefitsolver.com](https://www.benefitsolver.com) in order to receive the \$60 monthly contribution. In addition, you can also make post-tax contributions into your HSA account as a means to save for your future healthcare needs. Once your HSA reaches the investment threshold (typically \$2,100), you may choose to invest a portion of your HSA dollars in \$100 increments in mutual funds just like you would in a 401(k). HSA contribution limits are determined by the IRS. In 2019, your contributions cannot exceed \$3,500 for individuals or \$7,000 for families. If you are 55 or older, you may contribute an additional \$1,000 each year.

### Tax Savings

HSAs have tax advantages: You don't generally pay federal income taxes on the state's contribution, earnings on your HSA balance or the money you use to pay for eligible medical expenses. You are able to make post-tax contributions directly to your HSA and get an "above the line" federal tax deduction, even if you don't itemize deductions.

### It's Yours to Keep

Whatever money you don't use, you keep. Whether you save it for the next year, retire, or leave employment, the balance in your HSA is yours to use for qualified medical expenses.

► For additional information, please visit [www.colorado.gov/dhr/HSA](https://www.colorado.gov/dhr/HSA)



HSA  
Plan. Spend. Save.

By enrolling in the State of Colorado’s qualifying high-deductible health plan you become eligible to open and save with a health savings account (HSA) from Optum Bank®, Member FDIC\*. Optum Bank differs from other banks in that it focuses exclusively on health care banking.

**Save today. Spend whenever.**

With an HSA, there’s no “use it or lose it” rule. You decide whether to spend your money on health care now or build your savings for expenses later. You can use your HSA to pay for qualified medical, dental and vision expenses including doctor visits, prescriptions and hospital visits. The money is yours until you spend it, even if you change jobs or health plans. The money that the State of Colorado contributes to your HSA belongs to you, too.

**Get the tax advantages**

**With an HSA, you have significant tax advantages:**

- Your deposits are exempt from both federal and state income tax.
- Your savings grow tax free.
- Money you spend on qualified medical expenses is income tax free, too.

**Using your account is easy**

**When you have a qualified medical expense, you can:**

- Use your Optum Bank HSA Debit MasterCard® at a pharmacy, doctor’s office or other health care provider.
- Reimburse yourself for qualified medical expenses from your HSA.
- Pay bills easily online, or pay with checks linked to your HSA.
- Upload receipts and store them in the online receipt vault.

**Wondering how to get started?**

Use our Health Savings Account Calculator at [optumbank.com](http://optumbank.com). It helps you figure out your maximum contribution, estimate your tax savings and see how your savings can grow over time.

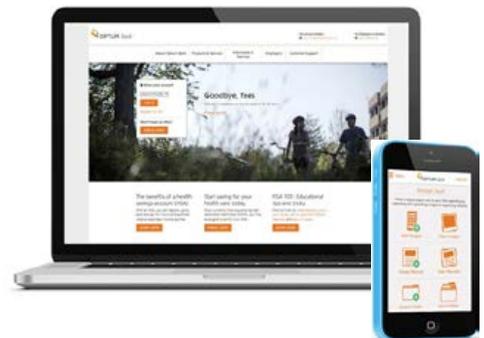
**What’s a qualified medical expense?**

Visit [optumbank.com](http://optumbank.com) or [irs.gov](http://irs.gov) for a complete list

**The IRS sets contribution limits each year.**

In 2019 you can deposit up to the following amounts:

- \$3,500 if you have individual health coverage
- \$7,000 if you have family coverage
- You can deposit an additional \$1,000 per year if you are 55+



\*And if you meet other eligibility requirements as defined by the IRS.

Health savings accounts (HSAs) are individual accounts offered by Optum Bank®, and are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice.

11000 Optum Circle, Eden Prairie, MN 55344

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Optum is an equal opportunity employer.

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# Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) is an account where you contribute pre-tax dollars. The funds are only to be used to pay for qualified medical, dental, and vision or qualified dependent care expenses. As defined by the Internal Revenue Service (IRS) regulations, these plans are designed to assist you with eligible out-of-pocket medical expenses on a pre-tax basis. Since the contributions are pre-tax, your take-home paycheck is generally larger meaning you save on the amount equal to the taxes you would have paid on the money you set aside.

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.**

The State of Colorado offers three FSA options to help you manage a variety of expenses.

## Medical

- **General Purpose Healthcare FSAs** permit the reimbursement of any Qualifying Medical Expense while participating in a traditional medical plan.

**Please note: Participation in a General Purpose Healthcare FSA prohibits you from participating in an HSA.** This also means that you will not receive the \$60 monthly state contribution if you enroll in a General Purpose Healthcare FSA.

- **Limited Purpose Healthcare FSAs** permit reimbursement only for Qualifying Medical Expenses in relation to dental and vision care (that is not considered medical in nature and cannot be reimbursed by the accompanying High Deductible Health Plan) and, to the extent permitted by applicable guidance, for Qualifying Medical Expenses acquired after the deductible has been met for a High Deductible Health Plan.

FY 2019-2020 IRS maximum limit: \$2,700

Maximum carryover limit: \$500

Minimum contribution amount: \$10 per month

FY 2019-2020 deadline to submit claims for reimbursement: October 15, 2020

## Dependent Care

- **The Dependent Care FSA** is a voluntary optional employee benefit plan designed to assist you with eligible out-of-pocket dependent care expenses on a pre-tax basis.

Dependent care elections are irrevocable, except in the event of certain changes in legal marital status, a change in number of dependents, or a change of employment status of the employee, his or her spouse or dependent. Please refer to the IRS regulations for a complete list of eligible dependent expenses.

FY 2019-2020 IRS maximum limit: \$5,000

Minimum contribution amount: \$10 per month

FY 2019-2020 deadline to submit claims for reimbursement: October 15, 2020

## Claims Submission

Depending on your election, you will receive a dedicated debit card which is to be used only for your healthcare FSA out-of-pocket expenses. The State’s FSAs work via reimbursement, so in the event you forget your card, you can always reimburse yourself through your account. Just remember to keep your receipts and submit them prior to the October 15 deadline.

▶ For more information on the State of Colorado FSA’s plans, visit [colorado.gov/dhr/fsa](http://colorado.gov/dhr/fsa)

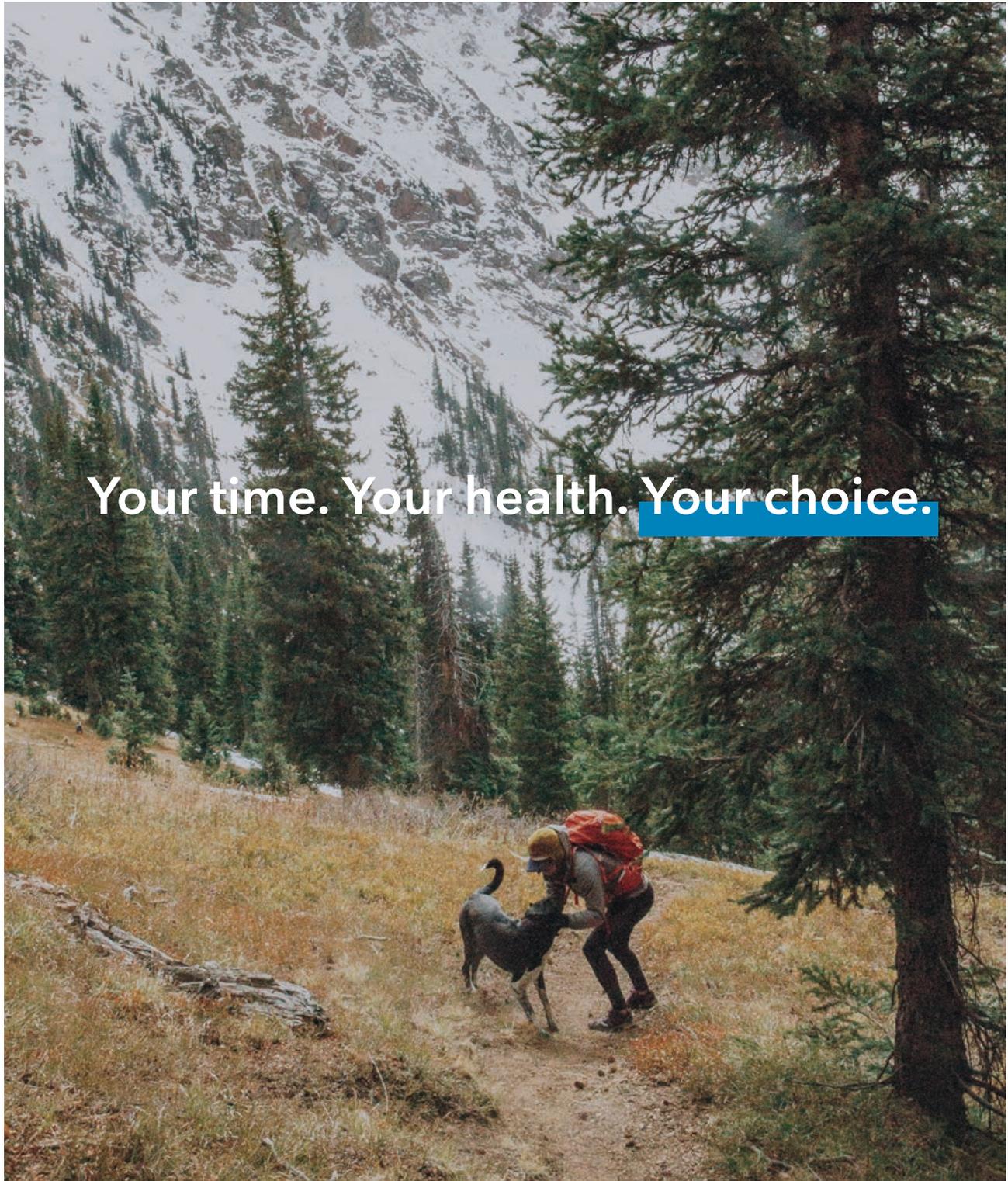
# HSA vs. FSA Comparisons

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) (Limited Purpose)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) (General Purpose)
Minimum Monthly	No Minimum	\$10.00	\$10.00
Annual IRS Contribution Limits	Self Only: \$3,500 Family: \$7,000 Catch-up (Age 55 and older): \$1,000	Medical: \$2,700 Dependent Care: \$5,000	Medical: \$2,700 Dependent Care: \$5,000
Health Plan Eligibility	High Deductible Health Plan	High Deductible Health Plan	HMO/PPO
Purpose	Post-tax contributions used to pay for qualified out-of-pocket medical expenses such as deductibles, copayments, coinsurance, qualified prescriptions, medical devices and other expenses.	Pre-tax contributions used to pay for qualified <u>dental and vision expenses only.</u>	Pre-tax contributions used to pay for qualified out-of-pocket medical expense such as deductibles, copayments, coinsurance, qualified prescriptions, medical devices and other expenses.
Who funds the account?	Employee and employer—State of Colorado contributes \$60/month	Employee	
What type of corresponding health plan is allowed?	Eligibility to contribute requires opening and maintaining a qualifying high-deductible health plan.	A limited-purpose health care FSA is typically used in conjunction with participation in an HSA and its qualifying high-deductible health plan.	
Can unused amounts carry over?	Yes. The individual owns the account and any contributions made to it, regardless of the source or timing of the contribution.	Yes, by plan design, a medical FSA participant may carry forward up to \$500 to future plan years.	
Is the account portable between employers?	Yes. The individual owns the account.	No. FSAs cannot be rolled over to a new employer.	
Does interest accrue?	Interest may accrue in an HSA.	No.	
Is the account subject to COBRA continuation?	No. An HSA is not a health benefit plan subject to continuation.	COBRA rights apply.	

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) (Limited Purpose)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) (General Purpose)
Is there a “catch-up” contribution provision for older workers?	Employees ages 55 and older may contribute more to the account per year until they are enrolled in Medicare. Please refer to the IRS Contribution/ Deductible Guidelines sheet for specifics.	Not available.	
Can the account be funded with pre-tax salary deduction?	No.	Yes.	
What are the tax benefits for employees?	Contributions are tax deductible, interest and capital gains on investments are tax-free. Withdrawals for qualified medical expenses are tax-free, although State taxes may apply.	Employee contributions are exempt from federal and FICA tax as well as most State and local tax.  Reimbursements are tax-free.	
Can COBRA premiums be reimbursed from the account?	Yes. Distributions to pay premiums for COBRA are tax-free.	No. A health care FSA may not reimburse participants for premiums paid for health insurance. This includes premiums paid for health coverage under a plan maintained by the employer or the employee’s spouse or dependent.	
Must a health care expense be incurred during the plan year the contribution is made?	No. Expenses are eligible for reimbursement once an HSA is established.	Yes, if the plan does not have a grace period or carryover feature.	

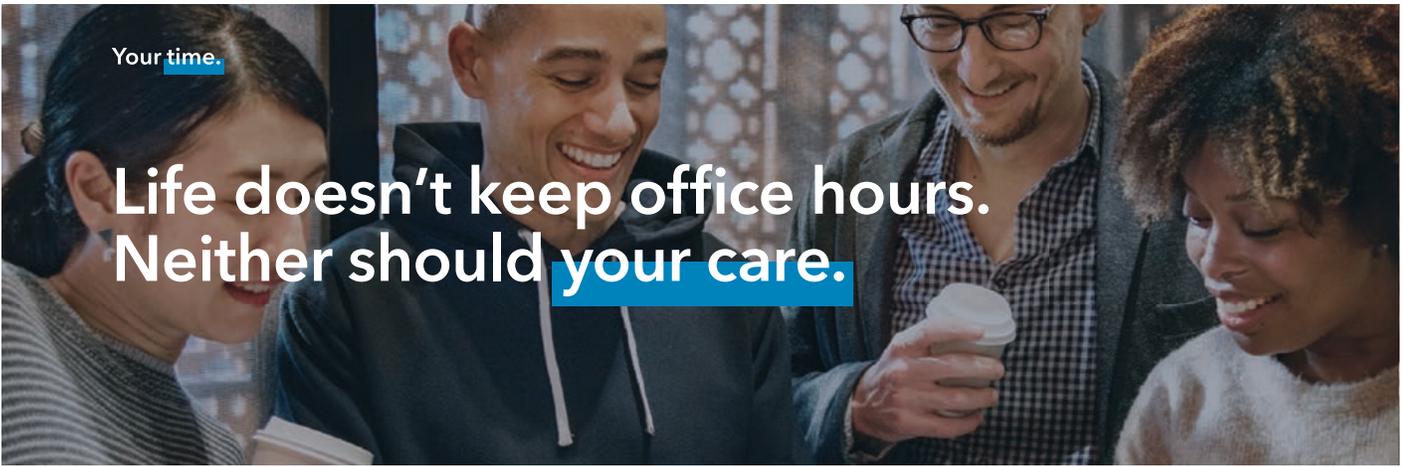


# Kaiser Permanente



Your time. Your health. **Your choice.**





You never know when you'll need care – or where you'll be when you need it. That's why we offer so many convenient ways to connect to your care team.

**No-cost advice from virtually anywhere**

-  Chat with a Kaiser Permanente doctor via our mobile app or through **kp.org**, from 7 a.m. to 10 p.m., 7 days a week.
-  Get 24/7 medical guidance by calling our Appointment and Advice Contact Center.

**Other convenient care options**

-  Email your doctor's office with nonurgent questions.<sup>1</sup>
-  Conduct phone or video visits with your provider.<sup>1,2</sup>
-  Get a care plan from a nurse through an e-visit.<sup>1</sup>

**Care under one roof**

In most Kaiser Permanente medical offices, you can see a doctor, get a lab test, get an X-ray and pick up prescriptions – all under one roof.



**Urgent and emergency care**

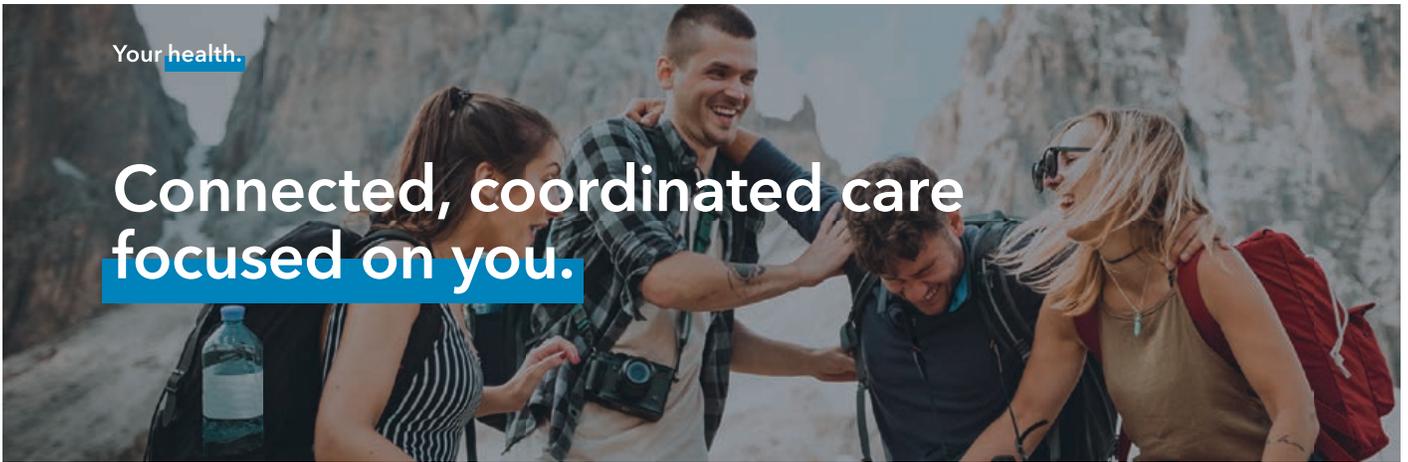
We offer multiple urgent and extended-hours care locations throughout Colorado. If you or your dependents need urgent or emergency care anywhere in the world, you're covered.



1. These features are available when you receive care at Kaiser Permanente medical offices.  
 2. Check with your doctor's office to find out if video visits are available to you.

Your health.

# Connected, coordinated care focused on you.



When you choose a physician from among more than 1,200 Kaiser Permanente doctors across Colorado, you really choose a team. Our primary care physicians, specialists, nurses, and pharmacists are connected to each other—and to you—through your electronic health record. So you get personalized care that's right for you.

If you live in Mountain, Northern or Southern Colorado, you can also choose to see one of our affiliated network physicians.<sup>1</sup>

## Choose medical excellence



Many of our doctors are recognized by their peers as **Top Doctors** in 5280 magazine.

**Top-rated Private health plan in Colorado**, according to NCQA's Private Health Insurance Plan Ratings 2018–2019.<sup>2</sup>



**Kaiser Permanente led the nation** in 25 effectiveness-of-care measures.<sup>3</sup>

## Care options across Colorado

**1,200+**

Kaiser Permanente physicians

**31**

Medical offices

**2,600+**

Affiliated network providers<sup>1</sup>

**30+**

Urgent care locations

**30+**

Affiliate emergency care locations<sup>4</sup>

1. Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change.

For the most up-to-date information about providers included in your plan, visit [kp.org/locations](http://kp.org/locations).

2. NCQA's Private Health Insurance Plan Ratings 2018–19, National Committee for Quality Assurance, 2018; Kaiser Foundation Health Plan of Colorado–HMO (rated 4.5 out of 5).

3. Kaiser Permanente 2017 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2017 and is used with the permission of NCQA. Quality Compass 2017 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

4. If you have a medical emergency, call **911** or go to the nearest Emergency Department.

Your time. Your health. **Your choice.**



Your **health.**

# Healthy extras. **No extra cost.**

Your mental and physical health are connected. That's why we make it easy – and less costly – to keep your health on track.



Health management at your fingertips through the Kaiser Permanente mobile app (**kp.org/mobile**).



Online healthy living guides help you stay informed about popular health topics (**kp.org/livehealthy**).



Financial wellness tools, such as personalized cost estimates online, and chat with a financial counselor.



Manage chronic conditions and improve your health with online healthy lifestyle programs.



Brain resilience tools and information (**TotalBrain.com**).



Wellness and nutrition coaching, podcasts, and videos.

## Ready to learn more?

Explore your options to find the right plan for you.



[my.kp.org/stateofcolorado](https://my.kp.org/stateofcolorado)



1-866-635-8743



[StateOEKaiser@kp.org](mailto:StateOEKaiser@kp.org)

Your time. Your health. **Your choice.**

 KAISER PERMANENTE®

KAISER PERMANENTE

# Kaiser Permanente Health Plan Comparisons 2019-2020

**Deductible HMO:** You pay copays for most routine care and prescriptions without first meeting your deductible.

**HDHP with HSA:** You pay full charges for most services until you reach your deductible.

	Deductible HMO (DHMO)	HDHP with HSA
<b>Deductible</b> (Individual / Family)	<b>\$750 / \$1,500</b>	<b>\$1,500 / \$3,000<sup>3</sup></b>
<b>Out-of-Pocket Maximum</b> (Individual / Family)	<b>\$2,000 / \$4,000</b>	<b>\$3,000 / \$6,000</b>
Preventive Care	No Charge	No Charge
24/7 Medical Advice by Phone	No Charge	No Charge
<b>Primary Care</b>		
Office Visit <i>Procedures received during a visit</i>	\$30 Copay 10% Coinsurance <sup>2</sup>	20% Coinsurance <sup>2</sup>
Chat Online with a Kaiser Permanente Doctor	No Charge	No Charge
Email <sup>1</sup>	No Charge	No Charge
Phone or Video Visit <sup>1</sup>	No Charge	No Charge <sup>2</sup>
<b>Specialty Care</b>		
Office Visit <i>Procedures received during a visit</i>	\$50 Copay 10% Coinsurance <sup>2</sup>	20% Coinsurance <sup>2</sup>
Chat Online with a Kaiser Permanente Doctor	No Charge	No Charge
Email <sup>1</sup>	No Charge	No Charge
Phone or Video Visit <sup>1</sup>	No Charge	No Charge <sup>2</sup>
<b>Mental Health Outpatient</b>		
Office Visit <i>Procedures received during a visit</i>	\$30 Copay 10% Coinsurance <sup>2</sup>	20% Coinsurance <sup>2</sup>
Email <sup>1</sup>	No Charge	No Charge
Phone or Video Visit <sup>1</sup>	No Charge	No Charge <sup>2</sup>
<b>Other Benefits</b>		
Urgent Care <i>Procedures received during a visit</i>	\$75 Copay 10% Coinsurance <sup>2</sup>	20% Coinsurance <sup>2</sup>
Emergency Room	\$500 Copay	20% Coinsurance <sup>2</sup>
Inpatient Hospital	10% Coinsurance <sup>2</sup>	20% Coinsurance <sup>2</sup>
Diagnostic Lab & X-Ray	10% Coinsurance <sup>2</sup>	20% Coinsurance <sup>2</sup>
Chiropractic Services	\$50 up to 20 visits	20% Coinsurance up to 20 visits <sup>2</sup>
Adult Optical Hardware	\$150 Credit every 24 months	\$150 Credit every 24 months
Pediatric Optical Hardware	10% Coinsurance every 24 months	20% Coinsurance every 24 months <sup>2</sup>
<b>Prescription Drugs</b>		
<b>Retail:</b> 30-Day Supply	<b>Generic:</b> \$10 <b>Brand:</b> \$30 <b>Specialty:</b> 20% up to \$100 per fill	<b>Generic:</b> \$10 <sup>2</sup> <b>Brand:</b> \$30 <sup>2</sup> <b>Specialty:</b> 20% up to \$100 per fill <sup>2</sup>
<b>Mail Order:</b> Up to a 90-Day Supply	<b>Generic:</b> \$20 <b>Brand:</b> \$60	<b>Generic:</b> \$20 <sup>2</sup> <b>Brand:</b> \$60 <sup>2</sup>

The information provided is only a summary. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.

1. Available when you receive care from Kaiser Permanente medical offices. Check with your doctor to find out if video visits are available to you.

2. Your cost share after you have met your deductible.

3. If you have other family members enrolled on the HDHP plan, the overall family deductible must be met before the plan begins to pay.

Your time. Your health. **Your choice.**



## Pick a plan that's right for you.



### Employee Coverage

John is an active 37-year-old who enjoys hiking and biking. He may need an occasional office visit, but overall is in good health.

	Deductible HMO (DHMO)	HDHP with HSA
<b>Expenses</b>		
 Annual Premium <sup>1</sup>	\$1,125	\$441
 Preventive Visit	\$0	\$0
 Chat online with a Kaiser Permanente Doctor	\$0	\$0
 Pharmacy Generic Rx	\$10	\$17 <sup>2</sup>
<b>Savings</b>		
 Wellness Program Participation <sup>3</sup>	(\$240)	(\$240)
HSA funds used <sup>4</sup>	N/A	(\$17)
<b>Annual Cost</b>		
 Total	\$895	\$201



### Family Coverage

Jessica covers her spouse and son on her plan and is expecting a second child. With a growing family, she'll have more expenses this year.

	Deductible HMO (DHMO)	HDHP with HSA
<b>Expenses</b>		
 Annual Premium <sup>1</sup>	\$5,286	\$3,222
 Preventive Visit (e.g. Well-woman Exam, Child Immunizations)	\$0	\$0
 Hospital Stay (Delivery)	\$1,575 \$750 Deductible +\$825 Coinsurance	\$4,200 <sup>2</sup> \$3,000 Deductible +\$1,200 Coinsurance
 Specialist Visit + Procedure	\$108 \$50 Copayment +\$58 Deductible	\$42 <sup>2</sup> Coinsurance
 Chat online with a Kaiser Permanente Doctor	\$0	\$0
 Pharmacy Generic Rx	\$10	\$10 <sup>2</sup>
<b>Savings</b>		
 Wellness Program Participation <sup>3</sup>	(\$240)	(\$240)
HSA funds used <sup>4</sup>	N/A	(\$720)
<b>Annual Cost</b>		
 Total	\$6,739	\$6,514

1. This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on the State's website ([colorado.gov/dhr/benefits](http://colorado.gov/dhr/benefits)) and sent to your department's benefits, payroll, and HR staff. However, do not delay your open enrollment until the last minute. Revised February 2019.
2. For HDHP plans, prescription copays and coinsurance apply after deductible is met.
3. Both scenarios assume that John and Jessica participate in the State's Employee Wellness Program and earned all the points in the 2018-2019 plan year. As a result, they get \$240 per year toward their state-sponsored medical plan premiums for the 2019-2020 plan year.
4. The State of Colorado will contribute \$720 per year to each eligible employee's Health Savings Account (HSA); in these scenarios John would have \$703 of his HSA funds remaining, and Jessica would have \$0 of her HSA funds remaining.

Your time. Your health. **Your choice.**



Start a journey to **better health.**



# A WHOLE NEW WAY TO GET HEALTHY

**As a Kaiser Permanente member, you have access to Omada, a digital lifestyle change program that inspires healthy habits that last.\***

The special gear you'll need to participate – including a wireless scale synced to your account – will be delivered right to your door. Plus, you get a professional health coach and can join an online support group. Weekly interactive lessons transform healthy choices into lifelong habits.

**[omadahealth.com/soc](https://omadahealth.com/soc)**

\*Participation is subject to program eligibility requirements. For more information, visit [omadahealth.com/soc](https://omadahealth.com/soc).

Your time. Your health. **Your choice.**

 KAISER PERMANENTE®

UnitedHealthcare

**Get to know  
your benefits.**



**State of Colorado  
2019 Employee Benefit Guide**

Plans  
made  
to fit  
your life?

You  
got it.



UNITEDHEALTHCARE



# Why choose UnitedHealthcare?

## Broad national network.

No matter which plan you choose, you and your family have access to a Nationwide network of doctors and hospitals with a commitment to personalized care.

## Innovative tools and programs.

From help managing a chronic condition, seeing how your claims were processed, to the freedom to see a doctor from your home computer, you can take advantage of these tools and programs as part of your benefits.

## Lower costs with HSA.

A health savings account (HSA) can help you save on health care costs. The State of Colorado will contribute **\$60 a month** when High Deductible Health Plan members have an HSA with OptumBank®.



# Review your health plan options.

You have 2 different plans to choose from, each with its own benefits.

## Both plans include:

- Preventive care that's 100 percent covered.
- Access to a national network of 960,000+ physicians and health care professionals.
- Out-of-network benefits.
- Visits with specialists without having to get a referral first.
- Access to mental health, vision and pharmacy benefits.

To compare the key details of each plan, see the chart on the next page.



## Copay Choice Plus Plan.

This plan has predictable, lower costs:

- Copays for non-preventive doctor visits.
- Copays for prescription medications.
- Deductibles for higher levels of care, such as surgery, before benefits apply.



## HDHP with HSA.

The high-deductible health plan (HDHP) is paired with a health savings account (HSA) to help manage your costs and give you flexibility:

- No copays for doctor visits, but you have to meet your deductible before benefits apply.
- Extra financial help from your employer and additional tax benefits.

### How the HSA works.

The HSA is a personal bank account that helps you save and pay for health care expenses:

- Build your HSA savings. The money you deposit is federal income tax-free.
- Invest up to \$3,500 (individual) or \$7,000 (family) in 2019.
- Use your HSA to pay for qualified medical and pharmacy expenses.
- Your HSA balance can carry over year to year, even if you leave your job.

## More benefits that are part of the plans.

UnitedHealthcare's digital tools and online resources help make managing your health — and health plan — easier and more convenient. Here are just a few examples of what's included.



### Access your plan easily.

**myuhc.com**® is your personalized health hub. Find a doctor, manage your claims, estimate costs and more.



### Get your info on the go.

Our **Health4Me**® app helps you find care, review and pay claims and even gives you a digital health plan ID card — all from the palm of your hand.



**State of Colorado will contribute \$60 per month into your OptumBank HSA when you select the HDHP Plan.**



# A side-by-side comparison of plans.

Summary of Covered Benefits *	HDHP	Copay Choice Plus Plan
	Network	Network
<b>Plan Year Deductible</b> Individual/Family	\$1,500/\$3,000**	\$1,500/\$3,000
<b>Out-of-Pocket limit</b> Individual/Family Includes deductible, coinsurance, and copays	\$3,000/\$6,000**	\$5,000/\$10,000
<b>Preventive Care***</b>	You pay 0%	You pay 0%
<b>Physician Services</b> Primary Care Specialist Urgent Care	20% Coinsurance after deductible	\$30 Copay \$50 Copay \$75 Copay
<b>Virtual Visits</b>	20% Coinsurance after deductible	\$30 Copay
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray  High-Tech Services MRI, CT, PET	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Hospital Services</b>  Surgery- Outpatient  Physician Fees for Surgical and Medical Services  Inpatient Stay	20% Coinsurance after deductible  20% Coinsurance after deductible	20% Coinsurance after deductible  \$1000 Copay, then 20% Coinsurance after deductible
<b>Emergency Room</b>	20% Coinsurance after deductible	\$500 Copay
<b>Prescription Drugs</b> (30-day supply) Tier 1 Tier 2 Tier 3	Deductible, then: \$10 Copay \$30 Copay \$50 Copay	\$10 Copay \$30 Copay \$50 Copay
<b>Mail Order</b> (up to 90-day supply)	Deductible then 2x Retail Copay	2x Retail Copay
<b>Specialty Medication</b> (30-day supply)	Deductible then 20% up to \$100	20% up to \$100

\*This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. This outline is intended as a summary only. For a detailed description of the benefits available please refer to the official plan documents.

\*\*For family coverage, a member of the family can receive benefits once the family annual deductible is met.

\*\*\*The plan pays 100% of covered services provided by in-network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).

## Health care terms

**Copay:** A fixed amount you pay for a covered health care service, usually when you receive the service.

**Deductible:** The amount you owe for health care services before your health plan begins to pay.

For more health care term definitions, visit the **Just Plain Clear® English and Spanish Glossary** at [glossary.justplainclear.com](http://glossary.justplainclear.com).

**Coinsurance:** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service.

**Out-of-pocket limit:** The most money you have to pay for covered expenses in a plan year.

Note: Visit [welcometouhc.com/colorado](http://welcometouhc.com/colorado) for more information.



# A little help to make your decision easier.



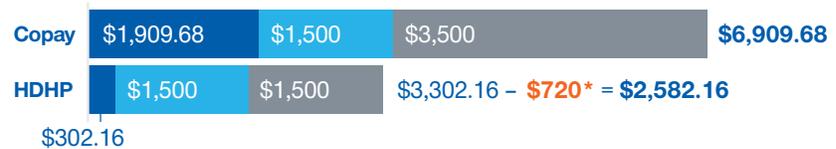
## Meet Mario Single Coverage

He's a healthy 26-year-old with no chronic conditions. Without any dependents to cover, Mario is looking for a plan with low monthly payments, but still has coverage in case he has any unexpected health incidents. During the year, he has the following care:

Type of cost	Copay Choice Plus Plan	HDHP with HSA <sup>2</sup>
Yearly premium <sup>1</sup>	\$1,909.68	\$302.16
<b>Qualified medical expenses</b>		
Sick visit to PCP	\$30 copay	\$68
Preventive care visit	\$0	\$0
Specialty visit	\$50	\$127
Tier 1 medication	\$10	\$8
<b>Total cost</b>	<b>\$1,999.68</b>	<b>\$505.16</b>

### Medical Cost Summary

The graph represents your potential total cost for medical care based on the network benefits and premiums.



■ Annual premium ■ Deductible ■ Copay/Coinsurance \*HSA contribution



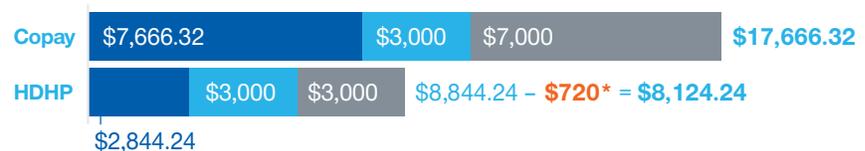
## Meet Sandra Family Coverage

As a mother of 2, Sandra and her spouse are also expecting a third child. She has family coverage and needs a plan that makes the most financial sense. Her yearly care is as follows:

Type of cost	Copay Choice Plus Plan	HDHP with HSA <sup>2</sup>
Yearly premium <sup>1</sup>	\$7,666.32	\$2,844.24
<b>Qualified medical expenses</b>		
4 sick visits to PCP	\$120 copay	\$272
Preventive care visit	\$0	\$0
Specialty care	\$100	\$264
Urgent care visit	\$75	\$110
Emergency room visit	\$500 copay	\$1,800
Tier 1 medication	\$15	\$8
4-day inpatient hospital admit	\$5,000	\$3,546
<b>Total cost</b>	<b>\$13,476.32</b>	<b>\$8,844.24<sup>3</sup></b>

### Medical Cost Summary

The graph represents your potential total cost for medical care based on the network benefits and premiums.



■ Annual premium ■ Deductible ■ Copay/Coinsurance \*HSA contribution

<sup>1</sup> This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the 4 coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our website, colorado.gov/dhr/benefits, and sent to your department's benefits, payroll and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute. <sup>2</sup> The State of Colorado will contribute \$60 per month into your HSA if you have elected the HDHP. In the examples above, Mario could use his HSA to pay for his sick visit and Tier 1 medication, and Sandra could use her full employer contribution of \$720 per year to reduce her total medical costs and what she spends out of pocket. <sup>3</sup> The State of Colorado HDHP deductible is non-embedded, which means the entire family has a deductible of \$3,000 which must first be met. The deductible can be met by 1 single person in the family or by several family members. Once the out-of-pocket family limit of \$6,000 is met, the entire family will pay at 100 percent.



# Review your pharmacy and vision benefits.



## Pharmacy benefits.

OptumRx®, your pharmacy care provider, helps make it easier to pay for medications.

### Save on prescriptions with UnitedHealthcare tools.

The Pharmacies & Prescriptions section on [myuhc.com](http://myuhc.com) lets you:

- Look up the cost of a medication.
- Compare pharmacy prices.
- See how much you could save by switching to home delivery.
- View your Prescription Drug List (PDL).

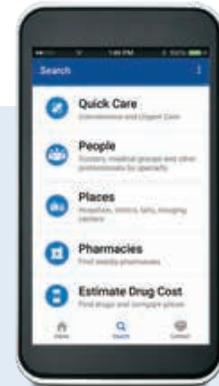
### Fill your prescriptions 2 ways:

- 1 Take advantage of the convenience of OptumRx home delivery.
- 2 Choose from thousands of network retail pharmacies.

### Manage your pharmacy benefits on the go.

With [myuhc.com](http://myuhc.com) and the Health4Me app, you can:

- Enroll in home delivery.
- Find network pharmacies.
- Refill prescriptions and set up refill reminders.
- Estimate and compare medication costs.
- Search your plan's PDL.



## Vision benefits.

Eye health is important to you and your family's overall health. Your vision plan includes:



### Eye exam.

Vision exams are eligible for coverage when you see a medically contracted optometrist or ophthalmologist. A specialist copay or deductible may apply.



### Frame and Contact allowance.

When you use a UnitedHealthcare Vision network provider, you have an allowance of up to \$130.00 you can use towards the purchase of your frames\*. In lieu of frames, your plan covers up to 6 boxes of covered selection contacts, or up to \$150.00 for non-selection contacts\*.

\*Covered once every 24 months. Copay may apply to the fitting of frames or contacts.

To find a contracted optometrist or ophthalmologist, log in to your [myuhc.com](http://myuhc.com)® account and search under “**Medical & Mental Health Care Provider**”.



# Choose smart. Look for blue hearts.

## Get the support you need.

Choosing a doctor is one of the most important health decisions you'll make. The UnitedHealth Premium® program can help you find doctors who are right for you and your family.

### Find quality, cost-efficient care.

Studies show that people who actively engage in their health care decisions have fewer hospitalizations, fewer emergency visits, higher utilization of preventive care and overall lower medical costs.

Take an active part in your health by seeking out and choosing providers, with the help of the UnitedHealth Premium program.

The Premium designation makes it easy for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency.

Learn more at [UnitedHealthPremium.com](https://UnitedHealthPremium.com).

### Choose with confidence.

The UnitedHealth Premium program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. It's easy to find a UnitedHealth Premium Care Physician. Just go to [myuhc.com](https://myuhc.com)® and click on Find a Doctor. Choose smart. Look for blue hearts.



#### Premium Care Physician

The physician meets the premium program quality and cost-efficient care criteria.



#### Quality Care Physician

This physician meets the premium program quality care criteria but does not meet the program's cost-efficient care criteria or is not evaluated for cost-efficient care.



#### Does Not Meet Premium Quality Criteria

The physician does not meet the premium program quality criteria so the physician is not eligible for a Premium designation.



#### Not Evaluated for Premium Care

The physician's specialty is not evaluated in the premium program, the physician does not have enough claims data for program evaluation or the physician's program evaluation is in process.



## Virtual Visits

### Convenient access to a doctor—whenever, wherever.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer – 24/7, no appointment needed. The doctor can give you a diagnosis and prescription\*, if needed. And with a UnitedHealthcare plan, your cost is \$50 or less.

### Get care in 20 minutes or less.

Use a Virtual Visit for these minor medical needs:

- Bladder infection/UTI
- Rash
- Bronchitis
- Sinus problems
- Cold/flu
- Sore throat
- Fever
- Stomach ache
- Pinkeye

\* Prescription services may not be available in all states.



### Virtual Visits can save time and money.

An estimated 25 percent of ER visits could be treated with a Virtual Visit – which brings a potential \$2,200 cost down to an estimated \$50.



## Do more of what you love.

### The Spine and Joint Solution. Call today.

Has **back, knee or hip** pain changed how you live your life? Get back to doing what you love with the Spine and Joint Solution. It's already part of your benefits, so there's no extra cost. Our Spine and Joint Solution team helps you **understand your treatment options, decide where to go for care and enjoy a shorter recovery.**

The Spine and Joint Solution offers support to people who are considering:

- Spine disc surgery
- Spinal fusion surgery
- Total hip replacement
- Total knee replacement

**Connect** – First, you'll speak with an orthopedic nurse to discuss your current activity and pain levels.

**Explore** – You and a specialized nurse will review all of your treatment options.

**Support** – For surgery, help with appointments or travel arrangements for you and a companion to a Center of Excellence facility.

**Follow up** – After surgery, a nurse will check in from time to time to see how well you're recovering.

#### Program benefits

**No extra cost**- Take advantage of this program today – it's provided at no extra cost as part of your benefit plan.

**1-on-1 support**- Speak with an orthopedic nurse for answers, information and encouragement along the way.

**Quality facilities**-Enjoy access to the Centers of Excellence (COE) network to find care that's right for you.

Call today to learn more about this benefit and possible cost savings. **1-888-936-7246**



## Get support for your precious delivery.

If you're thinking about having a baby, or you have one already on the way, your **Maternity Support Program** is ready to help in every way we can. When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- **Choosing** a doctor or nurse midwife, and help you with finding a pediatrician or other specialist.
- **Information** to help you take care of yourself and the health of your baby – even if your pregnancy is considered high-risk
- **Support** to help you manage your health – physically and emotionally – before and after your baby is born.

Call today to learn more. **1-877-283-5424**

Download now: the **UnitedHealthcare Healthy Pregnancy<sup>SM</sup> app.**

- Track milestones.
- Set reminders.
- Get daily tips.



### We're here to help.

If you have any questions, please visit us online or call:

Call our toll free-number at **1-877-283-5424.**

For pre-enrollment and open enrollment info, visit **welcometouhc.com/colorado.**

To enroll in a health plan, go to **colorado.gov/dhr/benefits.**

Now you're ready to rock and enroll!



# Healthcare Designed to Save You Time and Money



We are redefining healthcare by establishing the primary care setting as a convenient **one-stop shop** to treat up to 80-90% of your healthcare needs, including chronic conditions, preventive care, urgent needs, referrals, and more, **saving you time and money.**

By having a UnitedHealthcare plan, you and your eligible family members have access to Paladina Health at **no additional cost.**

## WITH PALADINA HEALTH, YOU CAN:

- Save money with no co-pays or co-insurance.<sup>1</sup>** 
- Manage up to 90% of health concerns with your primary care provider, saving you costly co-pays and time-consuming specialty appointments.** 
- Enroll your dependents to get care for the entire family, including pediatrics.** 
- Retain your current benefits and chosen providers, including pediatricians and specialists, while gaining unlimited access to Paladina Health providers.** 
- Complete lab work and fill prescriptions onsite.<sup>2</sup>** 
- Schedule same- and next-day appointments for urgent needs.** 
- Avoid expensive trips to urgent care by contacting your provider at any time, day or night, via phone for pressing health concerns.** 
- Maintain your current Health Savings Account.** 

Enroll Now and Establish Care With Your Provider Today:  
[PaladinaHealth.com/Colorado](http://PaladinaHealth.com/Colorado) or Call Member Services at **1-866-808-6005**



<sup>1</sup> Certain prescriptions and procedures, and tests sent to outside labs will be charged to your insurance. For those contributing to a Health Savings Account (HSA), some fees may be required for non-preventive services; acute/non-preventive services are provided, on average, at a lower cost than other providers. Care delivered by phone or email is no cost to all. <sup>2</sup> Some office locations have a supply of more than 50 common, generic locations, but not all locations have onsite pharmacy. To learn more, contact your doctor's office directly. Actual savings may vary by age, gender, medical history and health plan. <sup>3</sup> Calculations based on random sampling of Paladina Health clients equaling approximately 25% of enrolled patient population in 2015.



Patients saved up to 68% on primary care expenses<sup>3</sup>



96% of patients are satisfied or very satisfied with the quality of care received



79% of patients have seen their health somewhat or significantly improved



**"Paladina Health has provided me with the best medical care since I started working for the State. My health has improved, and my overall medical costs have decreased."**

*Karen, State of Colorado*



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# BENEFITS THAT KEEP YOU HEALTHY

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## Using Your Dental Benefits

Online or On The Go, Delta Dental Makes Taking Care of Your Teeth Easy

Congratulations! You have a dental plan from Delta Dental of Colorado. It's so important to use your dental benefits because **your oral health is connected to your overall health**. Your dentist can spot the early signs of systemic diseases and can help you avoid painful and costly dental procedures in the future. So make dental care a priority.

▶ **CREATE A SUBSCRIBER ACCOUNT ON DELTADENTALCO.COM.**

You can check the specifics of your plan, the status of claims, and much more. To create a secure account, go to our homepage and click on the Members link and follow the prompts. If you need help setting this up, you can contact our customer service team.

▶ **DOWNLOAD OUR FREE MOBILE APP.**

Once you've created an account online, you can access all of the same information AND make an appointment with your dentist within the app.\* To download and install the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

▶ **GO TO OUR WEBSITE OR MOBILE APP AND FIND A DENTIST NEAR YOU.**

Choose either a Delta Dental PPO<sup>SM</sup> or a Delta Dental Premier<sup>®</sup> provider based on the plan you have. A Delta Dental PPO provider will always cost you less out of pocket, so search for one near you to get the greatest savings.

▶ **MAKE AN APPOINTMENT...AND SMILE!**

You're taking steps to protect your oral health *and* your overall health! Plus, preventive services — like cleanings and exams — are usually at no cost to you, so there's no reason to wait.\*\*

### ADDITIONAL RESOURCES

Our website has additional resources to help you understand your benefits and the importance of your oral health:

- [www.deltadentalco.com/using-your-benefits.aspx](http://www.deltadentalco.com/using-your-benefits.aspx)
- [www.deltadentalco.com/wellness.aspx](http://www.deltadentalco.com/wellness.aspx)
- [www.deltadentalco.com/mobile-app.aspx](http://www.deltadentalco.com/mobile-app.aspx)

### CONTACT US

Toll-free: 1-800-610-0201 | Monday–Friday 8 a.m. to 6 p.m.  
Email: [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com)

\*Dentist participation in the mobile scheduling tool varies. If your dentist does not currently participate, ask them to sign up for that option.

\*\*Frequencies and limitations apply. Be sure to check your specific plan benefits and eligibility.

[deltadentalco.com](http://deltadentalco.com)



# Dental Benefits



## State of Colorado Dental Plan Options

The State of Colorado offers two comprehensive, high-quality dental plan options from Delta Dental:



DENTAL PLAN OPTIONS	
■ Delta Dental Basic Plan	■ Delta Dental Basic Plus Plan

Delta Dental's PREVENTION FIRST program covers preventive visits at 100%, so your preventive care does not count toward your annual maximum benefit.

Delta Dental of Colorado		
www.deltadentalco.com   Customer Service: 800.610.0201   Mobile App:		
	Basic	Basic Plus
<b>DEDUCTIBLE</b>		
Employee-only		\$50
Family		\$150
<b>MAXIMUM BENEFIT</b>		
Annual Maximum	\$1,500 per person per plan year	\$3,000 per person, per plan year
Orthodontic Services	Not applicable	Per lifetime
<i>Amounts paid by DDCO for your Diagnostic and Preventative Services do not count towards your Annual Maximum Benefit.</i>		
<b>REIMBURSEMENT</b>		
Diagnostic & Preventative Services	100%	
Basic Services (semi-annual check-ups, x-rays, cleanings and fluoride treatments)	70%	80%
Major Services (bridges, crowns, dentures and implants)	50%	50%
Orthodontics	Not applicable	
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	
<i>Please refer to official plan documents for detailed information and listing of covered services.</i>		
EMPLOYEE CONTRIBUTION	Basic Rates	Basic Plus Rates
Employee Only	\$4.62	\$19.78
Employee + Spouse	\$16.98	\$47.28
Employee + Child(ren)	\$15.90	\$47.70
Family	\$29.22	\$76.18

# Disability Insurance

## Disability Insurance Plan Options

To help protect your income in the event of a disability, the State provides eligible employees with Short-Term Disability Insurance and the option to purchase Voluntary Long-Term Disability Insurance through Unum.

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### Short-Term Disability (employer paid)

The State provides eligible employees with Short-Term Disability Insurance, which pays up to 60% of your weekly pre-disability covered compensation. The plan pays up to a maximum benefit up to \$3,000/ week for up to 150 days during any 12-month period, following the required Short-Term Disability benefit waiting period, which is 30 days, or until the end of all sick leave (whichever is longer).

If you are eligible, you are automatically enrolled in the Short-Term Disability insurance plan. Coverage is effective the first day of the month following your date of hire. However, your Short-Term Disability Insurance effective date will be delayed if you are not in active employment because of injury, sickness, temporary layoff, or leave of absence on the date that your Short-Term Disability Insurance would otherwise become effective. Your Short-Term Disability Insurance will become effective the first day of the month following your return to active employment.

### Voluntary Long-Term Disability (employee paid)

Employees who regularly work at least 30 hours or more each week are eligible to enroll in the Voluntary Long-Term Disability Insurance plan. The Voluntary Long-Term Disability Insurance plan pays up to 60% of your monthly pre-disability covered compensation, up to a maximum monthly benefit of \$10,000 per month, following the required waiting period of six months.

### Pre-Existing Conditions

Voluntary Long-Term Disability Insurance does not cover pre-existing conditions. You have a pre-existing condition if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to the effective date of your Voluntary Long-Term Disability coverage and your disability begins in the first 12 months after your effective date of Voluntary Long-Term Disability coverage.

### How can I enroll in voluntary long-term disability insurance?

#### Open Enrollment

If you elect to enroll in the Voluntary Long-Term Disability Insurance plan during FY 2019-20 Open Enrollment, you need to provide proof of good health (medical evidence of insurability) to Unum. Unum will review your medical information and either approve or decline your benefit election. If you are approved for coverage on or before June 30, 2019, your effective date for coverage will be July 1, 2019. Benefits can pay until age 65. Premiums are determined by salary, age and PERA Defined Benefit (DB) Retirement Plan vesting status and are deducted from pay post-tax.

#### New Hire

During the FY 2019-20 plan year, if you elect Voluntary Long-Term Disability Insurance, you will be enrolled without having to prove good health (Guarantee Issue). The effective date is the first day of the month following your date of hire, as long as you are in active employment on that day.

# Monthly Premium Rates

## FY 2019-2020 Monthly Employee Voluntary Long-Term Disability Premium Rates

AGE ON DECEMBER 31 OF THE PRIOR CALENDAR YEAR	PERA Vested*	PERA Non-Vested**
Less Than Age 30	0.0010	0.0030
30-34	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

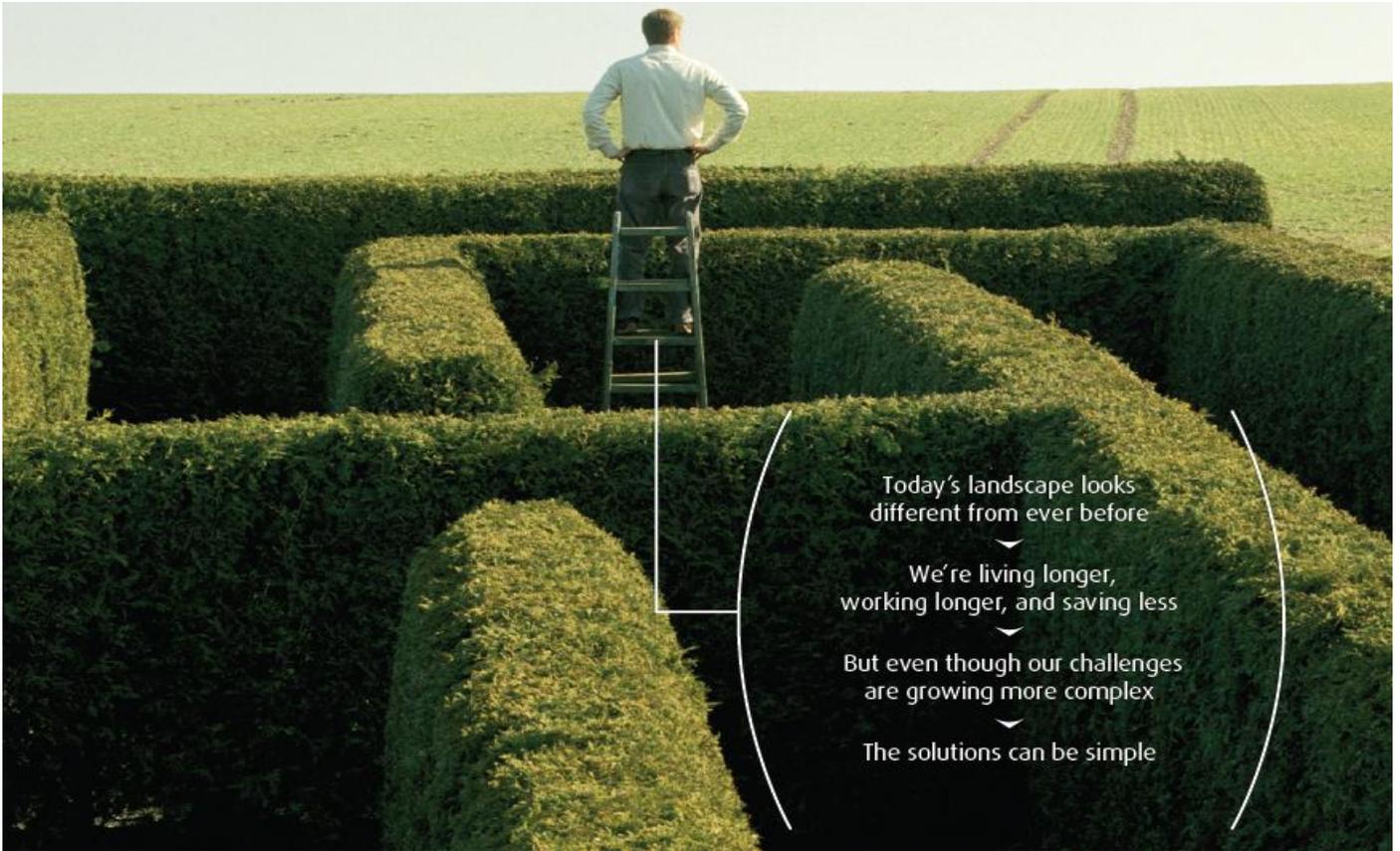
*\*If you are vested in the PERA Defined Benefit (DB) Retirement Plan, use these Voluntary LTD premium rates.*

*\*\*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.*

### **Example of Premium Calculation:**

If you are vested in the PERA Defined Benefit (DB) Retirement Plan, age 42 on December 31, 2018, 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 .0015), multiplied by monthly covered salary of \$4,000 = \$6.00 per month.





Each day, millions of people count on Unum for help protecting their livelihoods and quality of life. We are committed to being there when you need us the most.

Many workers think winning the Mega Millions, being struck by lightning or an IRS audit are more likely to happen than becoming disabled during their careers.<sup>1</sup> In actuality, more than **37** million American live with a disability each year.<sup>2</sup> And **3 out of 10** employees between the ages of 35 and 65 will be out of work for **3 months or longer** due to an injury or illness.<sup>3</sup>

As a **leading** provider of disability benefits, Unum is proud to have partnered with State of Colorado to provide better benefits through work. Unum's disability benefits can help you pay your bills and protect your finances at a time most needed.

Have questions about your disability benefit? Please call or visit us at:

UNUM PAID \$5.8 Billion in BENEFITS in 2015<sup>4</sup>

Call: 1-877-225-2712 Visit: www.unum.com/employees

<sup>1</sup> Council for Disability Awareness, "America's income Protection Picture: 2014 Disability Awareness Study"
<sup>2</sup> U.S. Census Bureau, "2009-2013 5-Year American Community Survey"
<sup>3</sup> Commissioners Individual Disability Table A, Society of Actuaries, 1985.
<sup>4</sup> Unum internal claims data as of YE 2015.

# Life Insurance and AD&D

## State of Colorado Life Insurance Plans

The State offers several group term life insurance plans through the Minnesota Life Insurance Company. All eligible employees are automatically enrolled in the Basic Life insurance plan and are also eligible to enroll in the Voluntary Life insurance plan for themselves and their eligible dependents.

All life insurance includes a matching amount of Accidental Death and Dismemberment (AD&D) coverage.

*The Life and AD&D options are as follows:*

### MINNESOTA LIFE INSURANCE COMPANY

■ Basic Life and AD&D Insurance  
(employer paid)

■ Voluntary Life and AD&D Insurance  
(employee paid)

## Basic Life and AD&D Plan

### Beneficiary Designations

Be sure to designate a beneficiary for your life insurance and make changes to keep it current. Your beneficiary designations must be made through the state's online benefits administration system, [Benefitsolver.com](https://www.benefitsolver.com).

#### *FY 2019-20 Basic Life and AD&D Insurance Benefit*

The FY 2019-20 Basic Life and AD&D Insurance benefit is equal to one times your annual base regular pay, rounded to the next higher \$1,000 (with a minimum benefit of \$50,000 and a maximum benefit of \$250,000).

- If your date of hire is on or before June 30, 2019, your annual base regular pay amount will be your pay as of July 1, 2019.
- If your date of hire is after July 1, 2019, your annual base pay will be your pay as of your date of hire.



# Are you fiscally fit?

## It's as important as staying physically fit. What if the worst happened tomorrow?

Regardless of life stage, your family may benefit from life insurance to cover medical bills, funeral costs and estate management expenses.

Other considerations, based on life stage, include the following:

### Single and in your 20s

Life insurance can help pay off student loans, car payments, credit cards or other debts.

### Married with young children

Life insurance will help your spouse maintain your home, current lifestyle and provide for your children's support.

### Single parent and sole breadwinner

Life insurance will help a caregiver cover your childcare costs and other living expenses and fulfill plans for their future education.

### Married with no children

Life insurance can provide the money to meet financial obligations and help your spouse hold onto the assets and lifestyle you've both worked hard to achieve.

**No matter what your situation, you'll have financial responsibilities that will need to be covered in the event of your unexpected death and loss of paycheck.**

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates.

Securian Financial Group, Inc.  
[securian.com](http://securian.com)

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## Why life insurance?

Learn how life insurance can protect your financial future by watching a brief video at

**[LifeBenefits.com/  
videos/term](http://LifeBenefits.com/videos/term)**



## How much life insurance do I need?

Check out our life insurance calculator at **[LifeBenefits.com/  
insuranceneeds](http://LifeBenefits.com/insuranceneeds)**

# Voluntary Life and AD&D Plan

You can enroll for additional life insurance for yourself, your spouse, and your eligible child(ren). You can purchase Voluntary Life and AD&D insurance at a minimum of \$10,000 and up to a maximum of \$500,000 (in increments of \$10,000) for yourself at any time.

When you enroll in Voluntary Life Insurance for yourself, you can elect life coverage for your spouse (including common-law spouse) or civil union partner in increments of \$10,000 up to a maximum of \$250,000 (not to exceed 50% of the employee's voluntary life coverage), and for your eligible child(ren) in the amount of \$5,000 or \$10,000.

## Enrollment

Enrollment and providing Evidence of Insurability (EOI) is completed at [Benefitsolver.com](https://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.

## Monthly Premium Rates

FY 2019-20 Monthly Employee Voluntary Life Insurance Premium Rates					
	Employee		Spouse		Children
FY 2019-20 Monthly Premium Cost per \$10,000 of coverage (based on employee or spouse age as of the end of each calendar year)	Under Age 30	\$0.60	Under Age 30	\$0.80	<b>OPTION 1:</b> The monthly premium for \$5,000 coverage is \$0.50 per month per family unit  <b>OPTION 2:</b> The monthly premium for \$10,000 coverage is \$1.00 per month per family unit
	30-34	\$0.80	30-34	\$1.00	
	35-39	\$0.80	35-39	\$1.20	
	40-44	\$1.00	40-44	\$1.20	
	45-49	\$1.00	45-49	\$1.80	
	50-54	\$1.20	50-54	\$2.60	
	55-59	\$2.60	55-59	\$4.60	
	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	
Minimum Amount of Coverage	\$10,000		\$10,000		\$5,000
Maximum Amount of Coverage	\$500,000		\$250,000 <i>Coverage may not exceed 50% of the employee's coverage</i>		\$10,000 <i>Coverage may not exceed 50% of the employee's coverage</i>
Purchase Units	Must be purchased in units of \$10,000		Must be purchased in units of \$10,000		Must be purchased in units of \$5,000

## Imputed Income

According to the Internal Revenue Code (IRC) Section 79, group term life insurance coverage in excess of \$50,000 may be subject to federal taxes based on a rate table provided by the IRC. The amount of life insurance in excess of \$50,000 is multiplied by a premium rate based on age as of the end of the calendar year, which results in a monthly amount of imputed income.



[www.copera.org](http://www.copera.org)  
1-800-759-7372

Since 1931, Colorado PERA has served our state's public employees in ways that meet their retirement needs—investing for the future of our members.



# Leading Change, Lasting Security

For Colorado's Public Employees

# Retirement

## State of Colorado Retirement Options

The Colorado Public Employees' Retirement Association (PERA) provides retirement and other benefits to employees of the State of Colorado. PERA has two types of plans:

### PUBLIC EMPLOYEES' RETIREMENT ASSOCIATION (PERA)

#### ■ Defined Benefit (DB) Plan

#### ■ Defined Contribution (DC) Plan

An employee of the State of Colorado hired on or after January 1, 2006, and any classified college or university employee in the State personnel system hired on or after January 1, 2019, may have the option to choose between the PERA DB Plan and the PERA DC Plan.



Both plans are considered 401(a) plans and are created under that section of the Internal Revenue Code. The current contribution rate is 8% to both the PERA DB and PERA DC Plan (State Troopers and CBI Agents contribute 10%). These contributions are tax deferred, which means reduced current state and federal income taxes. Beginning July 1, 2019, the contribution rate will increase to 8.75% for most members (State Troopers and CBI Agents will contribute 10.75%).

## PERA Defined Benefit (DB) Plan

The PERA DB Plan is commonly referred to as a pension plan, where contributions are invested by professionals on behalf of all members. PERA's DB Plan has many of the qualities of a pension plan as well as some unique characteristics of a DC plan, which is why it's technically called a "hybrid" plan. Under PERA's hybrid DB Plan, you earn a monthly lifetime retirement benefit based on age, number of years of service, and your Highest Average Salary (HAS). Upon termination of employment you will have access to your contributions (plus interest and an employer match, if applicable). You also qualify for additional built-in benefits, including survivor and disability coverage.

## PERA Defined Contribution (DC) Plan

In the PERA DC Plan, you direct your investments to an array of fund options, similar to a 401(k) plan, and you determine the amount you want to contribute. You have the flexibility to make investment decisions, which also means you assume the investment risks. The PERA DC Plan is based solely on the money you and your employer have contributed, and the investment earnings or losses incurred, minus expenses. The amount of your retirement benefit will depend on the success of your investment decisions, when you begin withdrawals, and your life expectancy. With the PERA DC Plan, you bear risk of outliving your investments. The PERA DC plan has no survivor or disability coverage.

## Opportunity to Switch Plans

You may have the one-time option of switching between the PERA DB and DC Plans. During your second to fifth year of participation, you can end participation in one plan and begin in the other plan.

## PERA Plus 401(k) and 457 Plans

Under either option, you may choose to contribute additional retirement savings to the voluntary PERA Plus 401(k) and 457 Plans.



# Employee Wellness Program

## Commit to Health and Save Money

With the State of Colorado Employee Wellness Program, powered by **CaféWell**, become inspired, engage with others and get rewarded for your efforts. By completing activities designed to make you healthier and happier, you can earn up to \$240 per year to reduce State-sponsored health insurance premiums for the next plan year.

### How Do I Earn My Annual \$240 Medical Premium Savings?

*Participate in activities online by going to [Colorado.gov/Wellness](https://Colorado.gov/Wellness)*

- 1 Tell us about yourself and create your health wish list.
- 2 Start earning points in CaféWell by participating in healthy activities tailored to you. You get to decide when and how you participate. Some programs may be time sensitive and may not be available for the entire fiscal year, so be sure you check back often to take full advantage of the program.
- 3 Collect your \$20 monthly discount simply by completing activities by the annual deadline.

*\*To earn your medical premium discounts for FY2019-20, complete all requirements online in CaféWell by June 14, 2019.*

### New Hire

If you are new hire in FY 2019-20, all you need to do is complete a health assessment in CaféWell by the end of the quarter that you are hired. When you do, you'll receive the \$20 monthly incentive for the rest of the current fiscal year (FY 2019-20).



# COMMIT TO HEALTH

STATE OF COLORADO EMPLOYEES

Earn  
**\$240!**

STAY HEALTHY AND **EARN UP TO \$240/YEAR** IN PREMIUM RELIEF!



UNDERSTAND YOUR MEDICAL BENEFITS WITH CAFÉWELL CONCIERGE, POWERED BY IBM WATSON



CONNECT YOUR FITNESS DEVICE TO CAFÉWELL WALKING PROGRAMS



DE-STRESS, JOIN WEIGHT MANAGEMENT PROGRAMS, AND CONNECT WITH YOUR MEDICAL BENEFITS!

START EARNING: [HTTP://WWW.COLORADO.GOV/WELLNESS](http://www.colorado.gov/wellness)

# CSEAP

## Colorado State Employee Assistance Program (CSEAP)

CSEAP is a comprehensive benefit set up to support employees, supervisors, managers and agencies through a variety of support services focused on maintaining both a healthy and productive workforce.

### CSEAP Provides Confidential Counseling

- Confidential, short-term counseling
- Resources
- Referral services
- Manager and supervisor consultation
- Work group facilitation
- Training and education
- Coaching
- Mediation
- Couples and relationships
- Managing emotions
- Family matters
- Workplace concerns
- Substance related issues
- Stress
- Crisis intervention services
- Psychological Fitness for Duty

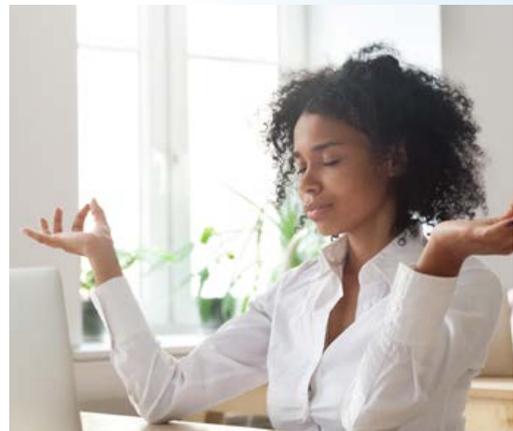
**Trained staff members provide the following services to all state employees FREE of charge:**

#### *Office Locations:*

Crisis intervention services office locations include Denver, Golden, Loveland, Sterling, Colorado Springs, Canon City, Pueblo, Alamosa, Durango, and Grand Junction.

### Contact

For more information or assistance, please contact CSEAP at 1-800-821-8154 or 303-866-4314, or visit [Colorado.gov/CSEAP](https://Colorado.gov/CSEAP).



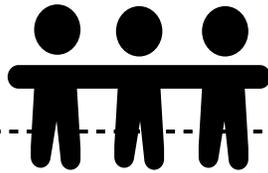
# • EAP Counseling •

**6 Sessions . Confidential . No Cost**



**Short-term**

Six sessions of brief, solution-focused counseling for individuals, couples, families



**Family Members**

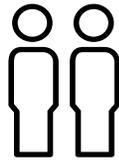
Sessions may be used by family members (age 15 and older) including partner



**Rolling Year**

Your EAP benefit begins on your intake date and restarts annually around that date

## Reasons to Seek Counseling:



### Relationship Concerns

Partners, spouses, children, parents, coworkers



### Stress, Anxiety, Depression

Feeling down, hopeless, overwhelmed, unstoppable worry



### Workplace Stressors

Conflict, difficult people, burnout, bored or overwhelmed with workload



### Phase of Life

Starting a family, divorce, leaving home, launching children, marriage, re-marriage, retirement



### Substance Abuse or Other Addiction Concerns

Alcohol, marijuana, opioids, pornography, sex, devices, gaming, gambling



### Grief, Loss, Other Concerns

Death of loved one, death of coworker, loss of relationship; Financial stress, health or medical stress, sexuality, trauma, referrals ...



**COLORADO**  
State Employee Assistance  
Program  
C-SEAP

For questions or appointments, call **1-800-821-8154**.

# Employee Resources

## State Resources

### Your Agency Human Resources Office

Employees and supervisors are first encouraged to contact their respective agency HR Office or Benefit Administrators with questions and issues.

### Division of Human Resources

 [Colorado.gov/DHR](https://Colorado.gov/DHR)

#### Contact:

 [State\\_benefits@State.co.us](mailto:State_benefits@State.co.us)

 303-866-3434 or 1-800-719-3434

MEDICAL	
<p>Denver/Boulder: 800-632-9700 Northern Colorado: 844-201-5824 Southern Colorado: 888-681-7878 Member: KP.org Non-member: <a href="http://My.kp.org/Stateofcolorado">My.kp.org/Stateofcolorado</a></p> 	<p>877-283-5424 Member: <a href="http://Myuhc.com">Myuhc.com</a> Non-member: <a href="http://Welcometouhc.com/Colorado">Welcometouhc.com/Colorado</a></p> 
DENTAL	WELLNESS PROGRAM
<p>Delta Dental 800-610-0201 <a href="http://deltadentalco.com">deltadentalco.com</a></p> 	<p>303-866-3892 <a href="http://Colorado.gov/DHR/Wellness">Colorado.gov/DHR/Wellness</a> Email: <a href="mailto:State_wellness@State.co.us">State_wellness@State.co.us</a></p> 
DISABILITY—SHORT/LONG	COLORADO STATE EMPLOYEE ASSISTANCE PROGRAM (CSEAP)
<p>Unum.com 866-679-3054</p> 	<p>CSEAP 303-866-4314 Toll Free 1-800-821-8154 <a href="http://Colorado.gov/CSEAP">Colorado.gov/CSEAP</a></p>
PUBLIC EMPLOYEES RETIREMENT ASSOCIATION (PERA)	DIVISION OF HUMAN RESOURCES
<p>Call PERA @ 800-759-7372 <a href="http://www.copera.org">www.copera.org</a> <a href="http://www.peraontheissues.com">www.peraontheissues.com</a> (public policy blog) <a href="http://www.thedimecolorado.com">www.thedimecolorado.com</a> (financial literacy for early to mid-career members)</p> 	<p>Employee Benefits Unit 303-866-3434 or 1-800-719-3434 <a href="http://Colorado.gov/DHR">Colorado.gov/DHR</a> Email: <a href="mailto:State_benefits@State.co.us">State_benefits@State.co.us</a></p> 

# 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 charges 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 did not elect the HSA option and/or you did not open an account with Optum Bank. You will need to confirm you elected the HSA option under the HDHP plan and establish an HSA account with Optum Bank. To confirm your election for an HSA account you will need to log into Benefitsolver by going to [www.benefitsolver.com](http://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, we will contribute \$60 into your account on a monthly basis.

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

If you have an HSA, then the money is yours to keep even if you separate from the State of Colorado. You can choose to contribute on a post-tax basis as well, and once you have a balance of \$2,100 in your account, you can invest in mutual funds just like you would in a traditional 401(k) plan.

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

If you have a Healthcare FSA, you can carry over up to \$500 to the following plan year. Any unclaimed funds remaining after the deadline of October 15, 2019 are forfeited. FSA plans fall under the "use it or lose it" rule, so it's important to plan carefully.

## **Q: Will I lose all the funds in my Dependent Care FSA if I don't use it by the end of the year?**

Yes. There is no carry over for the Dependent Care FSA plan and the "use it or lose it" rule applies to this plan as well.

**Q: I am eligible for Medicaid. How should I sign up for benefits? Should I sign up for the State's insurance and Medicaid?**

- If you are eligible for Medicaid, you can continue with the State of Colorado plan. The State plan would be primary and Medicaid would be secondary. You can be covered by both. You are not required to enroll in a State plan, but can if you want to do so.
- If you choose to drop your State of Colorado coverage, you must do so within 60 days of becoming enrolled in Medicaid, at open enrollment, or if you lose Medicaid coverage.

**Q: Can I increase my Life and AD&D coverage amounts mid-year?**

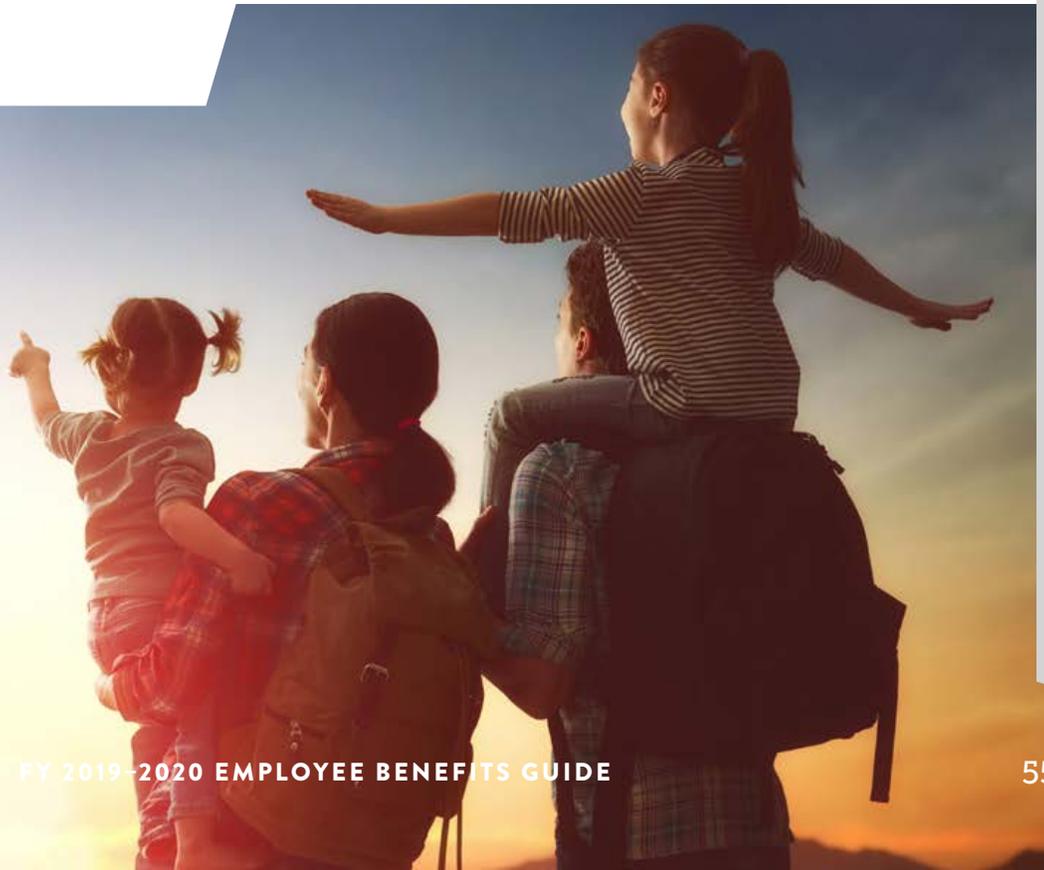
- Yes, changes to increase coverage amounts can be made throughout the year. In addition, if you are enrolling for the first time and/or beyond your initial enrollment period you will be subject to Evidence of Insurability (EOI).

**Q: I am eligible for Medicare. How should I sign up for benefits? Should I sign up for the State's insurance and Medicare?**

If you are eligible for Medicare, you are required to elect part A which is the hospital coverage. You are not required to elect part B (medical) if you are covered by another qualified medical plan. The State plan is considered a qualified plan.

*You have several options:*

- You can enroll in health coverage through a State of Colorado medical plan by itself and you will not be penalized for not taking the Medicare medical portion when you apply later in life, or at retirement.
- You can elect to be covered under both Medicare and a State of Colorado medical plan. In this instance, the State plan is the primary health plan and Medicare will pay secondary after you have met your deductible.
- You can elect to be covered under the Medicare plan by itself. In this instance you may purchase voluntary coverage through a private plan provider such as Kaiser, UnitedHealthcare, Cigna etc., to cover the fees not covered by Medicare.







The State of Colorado employees enjoy the following benefits:



### Medical Benefits

- UnitedHealthcare
- Kaiser Permanente



### Dental Benefits

- Delta Dental of Colorado



### Financial Resources

- Optum Bank Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)



### Income Protection Benefits

- Unum Disability Insurance
- Minnesota Life Insurance



### Additional Benefits

- Vision Insurance
- Employee Wellness Program powered by CaféWell
- PERA Retirement

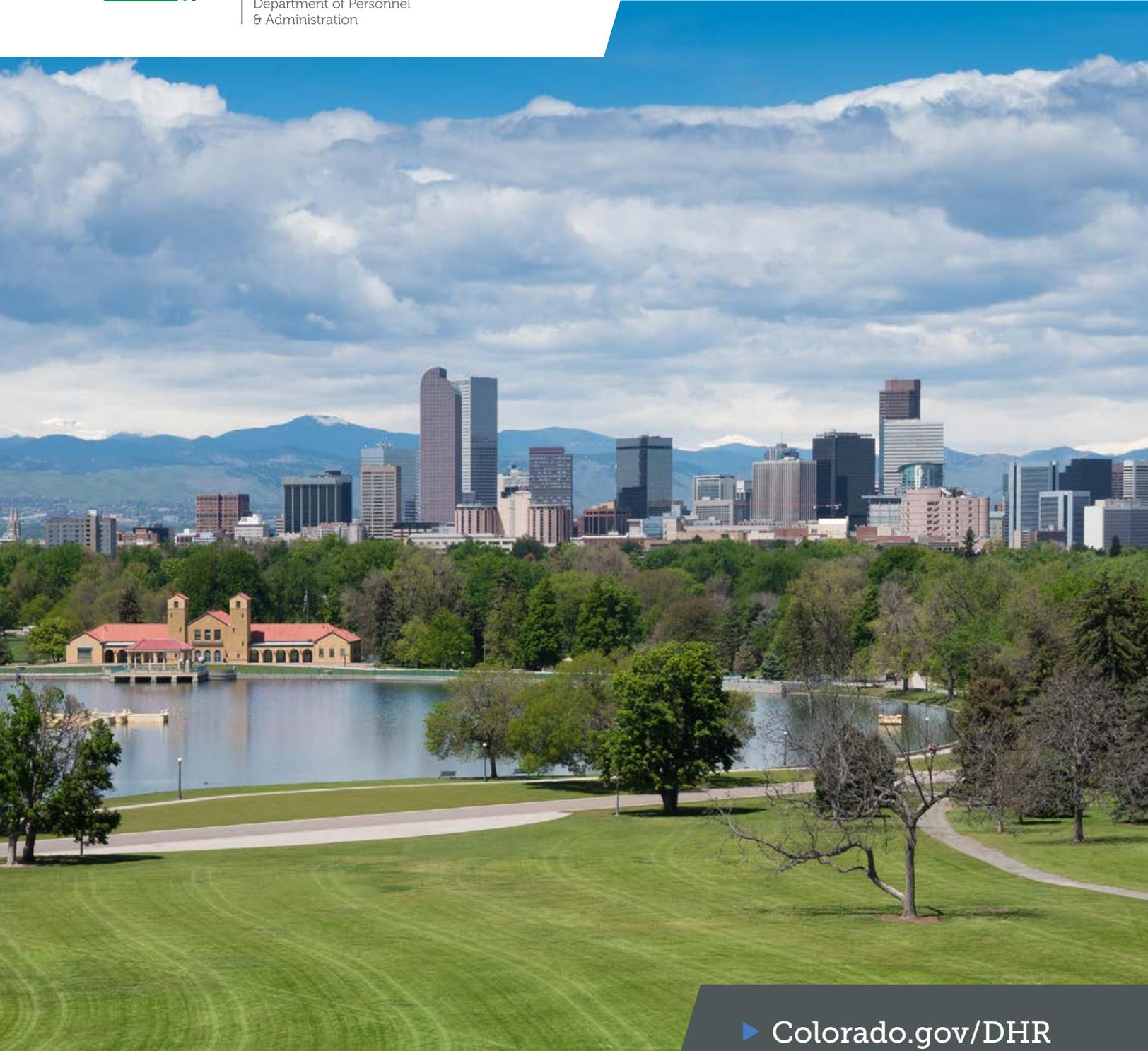
**CO**mmit  
to Health

# EMPLOYEE BENEFITS

## FY 2019–2020 GUIDE



**COLORADO**  
Division of Human Resources  
Department of Personnel  
& Administration



▶ [Colorado.gov/DHR](https://colorado.gov/DHR)