COmmit to health

COLORADO

FY 2016–17
State of Colorado

Employee Benefits Guide

The employee benefit programs described in the Benefit Guide are for the FY 2016–17 Plan Year from July 1, 2016 through June 30, 2017. The information in this Guide is a summary of the State of Colorado benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern 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.

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A Message from the Chief HR Officer

Hello Colleagues,

Colorado ranks as one of the healthiest states in the nation. One in two State employees—nearly 15 thousand employees—participate in the State of Colorado Employee Wellness Program.[1] And another 62% of have identified a primary care physician[2] and more than 65% of employees received their appropriate cancer screenings last plan year.[3]

While State employees have made strides in these areas, we can continue to improve our overall health by making sure that we get the recommended amount of daily exercise, managing our weight and preventing the risk for pre-diabetes.

The State of Colorado is committed to providing employees with strong and competitive benefits plans. The FY 2016–17 Employee Benefits Guide provides you with an overview of your options. Selecting your benefits plans is an important decision.

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

- Calculate the annual premium of each plan; remember you pay this monthly amount regardless of whether you use medical services or not.
- Forecast your medical and dental needs for the upcoming plan year and review the cost of services under each plan.
- Understand the deductible and out of pocket maximum for each plan; this is the full cost of healthcare expenses that you are expected to pay before your health insurance pays 100% of your expenses during a plan year.
- Set up a savings account(s) and take advantage of other 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—this includes annual exams, certain cancer treatments and other benefits.

We are excited to offer a new benefit for State employees this year. For employees who enroll in a high deductible health plan (HDHP) through UnitedHealthcare or Kaiser Permanente, the State of Colorado will provide an employer contribution of $60 per month toward your health savings account with Oputm Bank. This $720 annual contribution is yours and it can help you pay for medical and dental expenses in a HDHP before you meet your deductible and out of pocket maximum.

We hope you find this guide helpful as you make decisions about your benefits. For more information visit **www.colorado.gov/dhr/benefits**.

We know you're committed to Colorado. Let's commit to health. It benefits you, and all of us.

Kim Burgess

Kim Burgess, Chief Human Resources Officer
State of Colorado, Department of Personnel & Administration
Division of Human Resources

[1] Data reported by CaféWell for FY 2014-15
[2] Data taken from FY 2014-15 Annual Reports UnitedHealthcare (62%) and Kaiser Permanente (84%)
[3] Data taken from FY 2014-15 Annual Reports UnitedHealthcare (65%) and Kaiser Permanente (70%)

CaféWell

State of Colorado Employee Wellness Program

Providing wellness resources, and up to $240 in Insurance Premium Credits for employees on state-sponsored medical coverage!

What can you find on CaféWell?

- Information about the resources available to you through your state sponsored medical plan
- Enrollment and benefits information
- Opportunity to earn up to $20 per month by participating in fun, healthy activities;
- Health and Wellness Articles
- FitBit & Mobile App enabled Walking Programs
- Incentive opportunity just for completing online health assessments, biometric screenings and receiving flu shots
- Wellness Activities and Challenges
- Healthy Recipes
- 1:1 Interaction with Coaches
- Video Coaching on Season Wellness Topics
- And More!

Sign up today and start earning your $240 as part of this great employee program!
CaféWell.com/colorado

FY 2016-17 Benefits Plan at a Glance

HEALTH INSURANCE

UnitedHealthcare

- Copay Plan
- High-Deductible Health Plan

Kaiser Permanente

- Copay Plan
- High-Deductible Health Plan

- Vision & Optical Benefits Included with Health Insurance

DENTAL INSURANCE

- Delta Dental Basic Plan
- Delta Dental Basic Plus Plan

Savings Account Options

Health Savings Account

- The State of Colorado will contribute $60 per month to your HSA with Optum Bank when you select a High Deductible Health Plan and meet all HSA eligibility requirements.

Flexible Spending Account

- Healthcare, Limited Purpose Healthcare and Dependent Care FSAs available.

OPTIONAL BENEFITS & ADDITIONAL PROGRAMS

Employer-Provided Benefits

- Short-Term Disability Insurance
- Basic-Term Life Insurance

Optional Benefits

- Optional Long-Term Disability Insurance
- Optional Life Insurance (Employee, Spouse & Child)

RETIREMENT

- Public Employees Retirement Association (PERA) Defined Benefit Plan
- Public Employees Retirement Association (PERA) Defined Contribution Plan

For more information on the State of Colorado FY 2016-17 Benefits Plan visit www.colorado.gov/dhr/benefits.

Eligibility

Employees

The State of Colorado offers benefits to permanent full-time and part-time employees who meet eligibility requirements. You can also enroll your spouse, civil union or domestic partner and your eligible child(ren) for coverage. Currently, temporary employees are not eligible for benefits.

Dependents

Eligible Dependents Include The Following:

- Your spouse (including those defined as common-law and same-sex legally married)
- Your civil union partner
- Your same-gender domestic partner
- Eligible child(ren) under the age of 26, yours or your spouse's or partner's
- Eligible child(ren) of any age who were disabled prior to age 26
- Child(ren) under your legal custody

If You Are Not Eligible For Benefits

If you are not eligible for health benefits through the State of Colorado there are several resources you can use to find healthcare coverage. You can't be denied coverage through these public insurance marketplaces, and you may be eligible for tax credits that lower the cost of health insurance. Visit **healthcare.gov** or **connectforhealthco.com** to explore a variety of comprehensive insurance plans that you can enroll in for healthcare coverage.

PLEASE NOTE:

For federal income tax purposes for non-tax dependents the employee's share of the medical and dental premiums related to a non-tax dependent must be deducted from an employee's pay on an after tax basis. The difference between employee only coverage rates and the rate with the non-tax dependent is added to the employee's gross income and taxed as imputed income. Please contact your human resources/benefits office about enrollment and your financial/tax advisor about your tax implications.

Enrollment

When to Enroll in Benefits

New Hire

New employees must complete their enrollment transaction in benefits within the first 31 days of employment with the State as a new hire or re-hire. Benefit elections are effective the first of the month following your date of hire. The transaction is not complete until the employee receives a confirmation number.

Annual Open Enrollment

The State of Colorado's annual open enrollment period takes place in April and May of each year (specific dates change year to year). Benefits elections made during the open enrollment period become effective on July 1st of the same year. The State of Colorado benefits plan year coincides with the State's fiscal year (July 1–June 30).

Open enrollment can be active or passive depending on the plan year. Active enrollments require all benefit eligible employees to enroll in benefits plans or waive coverage, even if you wish to keep the same insurance plan that you are currently enrolled in. If you do not enroll in benefits during an active open enrollment, you will be dropped from the State's insurance plans. Unlike active enrollments, passive enrollments do not require the same action from you. If you wish to keep the plan that you are currently enrolled in, you do not need to re-enroll for those benefits, except for employees who want to continue their Flexible Spending Accounts.

FY 2016-17 Open Enrollment:

The open enrollment period for the FY 2016–17 Plan Year is passive, meaning State employees may choose to participate and enroll or waive coverage for medical and dental plans, but are not required to make changes. Employees who want to continue their Flex spending accounts will be required to go into the system and make an election as this does not roll to the new plan year.

Employees who want to receive the new State-sponsored Health Savings Account (HSA) contribution must make an election to participate in the HSA contribution during open enrollment. Employees who do not participate in the FY 2016–17 Open Enrollment Period will keep the same benefits they had in FY 2015–16.

For more information visit **Colorado.gov/dhr/2016OE**.

How to Enroll

Enrollment is completed through the State's online benefits administration portal, **www.benefitsolver.com**, where you can research plans and enroll in your benefits or waive coverage.

Online Enrollment

Log into the State's benefits administration system, Benefit Solver
Visit **www.benefitsolver.com** and login by entering your user name and password. If you are a first-time user, click on 'Register' to set up your user name, password and security questions. The State's 'Company Key' is **soc** (Note: It's case sensitive).

Begin enrollment
Click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage. If you miss the deadline you will waive any electable benefit coverage, and have to wait until the next annual enrollment period to enroll.

Wondering what something means?
View the online glossary in the 'Reference Center.'

Make your elections
Review your options as you walk through the enrollment process. Click 'Select' on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total cost.

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

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

Confirm your choices
Your enrollment isn't complete until you confirm your benefit elections by clicking on the "I Agree" button on the final page and receive a confirmation number (Note: Your transaction is not complete until you have this confirmation number).

Print
Print your election information and confirmation number for future reference.

Changing Benefits during the Plan Year

Qualifying Life Events

IRS regulations limit when you can make changes to your benefits during the year. After you have made your elections during your first 31 days of eligibility, you cannot change your medical, dental, vision care or Flexible Spending Account (FSA) elections outside annual Open Enrollment (held each April–May) unless you have a qualifying life event that permits you to make benefits changes under IRS rules.

If you experience a qualifying life event, you must make changes within 31 days of the event and provide the required supporting documentation within 45 days from the date of the event in the State's benefits administration system www.benefitsolver.com.

Examples of Qualifying Life Events:

- Marriage
- Civil Union Partnership
- Domestic Partner
- Divorce
- Birth
- Adoption
- Death
- Change in Number of Dependents

Questions While Enrolling?

If you have any questions as you go through enrollment contact one of the benefits administrators at your department, agency or institution of higher education.

Visit www.colorado.gov/dhr/contact for the statewide list of benefits administrators.

Changing Your Benefits due to a Qualifying Life Event

The benefit elections you make will remain in effect until the end of the plan year, unless you are affected by a qualified life changing event.

1. Log into www.benefitsolver.com.
2. Click on the 'Start Here' button to change your benefits or your basic information.
3. Select the life event button and then select the appropriate reason for the change from the drop down list and make your changes.

- Change in Employment Status—beginning or end of employment for you or your spouse/civil union/domestic partner; going from benefits-eligible to benefits-ineligible (or vice versa); beginning or ending Family Medical Leave
- Dependent Losing Eligibility—dependent child reaches the maximum age of 26
- Dependent Gaining Eligibility
- Change in Health Coverage—significant change in healthcare coverage for you or your spouse/civil union/domestic partner
- Retirement
- Relocation to a non HMO area

Heath Insurance

Providers & Networks

The State of Colorado offers health insurance from two different providers: UnitedHealthcare and Kaiser Permanente.

A provider network is a list of the doctors, other healthcare providers, and hospitals that the State's health insurance providers UnitedHealthcare and Kaiser have contracted with to provide healthcare to members. These providers are called "network providers" or "in-network providers." A provider that hasn't contracted with the health insurance provider is called an "out-of-network provider." The provider networks for UnitedHealthcare and Kaiser are different.

UnitedHealthcare®

Network: Preferred Provider Organization (PPO)

UnitedHealthcare is a preferred provider organization (PPO). This network allows you to see almost any doctor or healthcare facility in the nationwide network of providers.

For a list of doctors or healthcare facilities in UnitedHealthcare's network visit **welcometouhc.com/colorado**.

KAISER PERMANENTE®

Network: Health Maintenance Organization (HMO)

Kaiser Permanente is a health maintenance organization (HMO). Under the Kaiser Permanente HMO plans, members must receive services at one of the Kaiser Permanente Medical Offices or through a contracted community provider.

For a list of doctors or healthcare facilities in Kaiser Permanente's network visit **my.kp.org/stateofcolorado**.

Healthcare Basics

Definitions

Premium

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. Once the copay has been met, the insurance company pays all remaining costs. All copays count towards your out-of-pocket maximum. Copays do not count towards the annual deductibles.

Deductibles

A deductible is the amount you pay out of pocket 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. For example, if you have a deductible of $500, you are required to pay that amount before the insurance begins to pay coinsurance, or the majority (80% to 90%) of health care costs. All deductibles count towards 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% to 90% of the full cost. This means you'll pay 10% to 20% of the full cost for a service and the provider pays the majority of the full cost, after you have met your annual deductible. All your coinsurance payments count towards your annual out of pocket maximum.

Out Of Pocket Maximum

An out of pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including copays, deductibles and coinsurance) throughout the plan year. These annual caps are set for a single person or a family. This means, once you meet out of pocket, your health insurance provider will cover 100% of remaining medical expenses.

How Copay & High Deductible Health Plans Work

The State of Colorado has two health insurance plan designs: copay plans and high-deductible health plans. The plan designs differ based on how you and the insurance company share the costs of your care. The plan designs have nothing to do with the amount or quality of care you get.

Copay Plans

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 changes for some services until you reach your deductible. For example, if you have a copay plan and visit your primary care physician, you pay a $30 copay, plus the full cost of the medical services you receive during that appointment. Once you meet your deductible, you will pay copay and coinsurance for those services.

Copay Plan Design:

- Higher monthly premium or monthly rate you pay for health insurance
- Set copays (or copays) for most healthcare services
- You will pay the full charges for some services until you reach your deductible

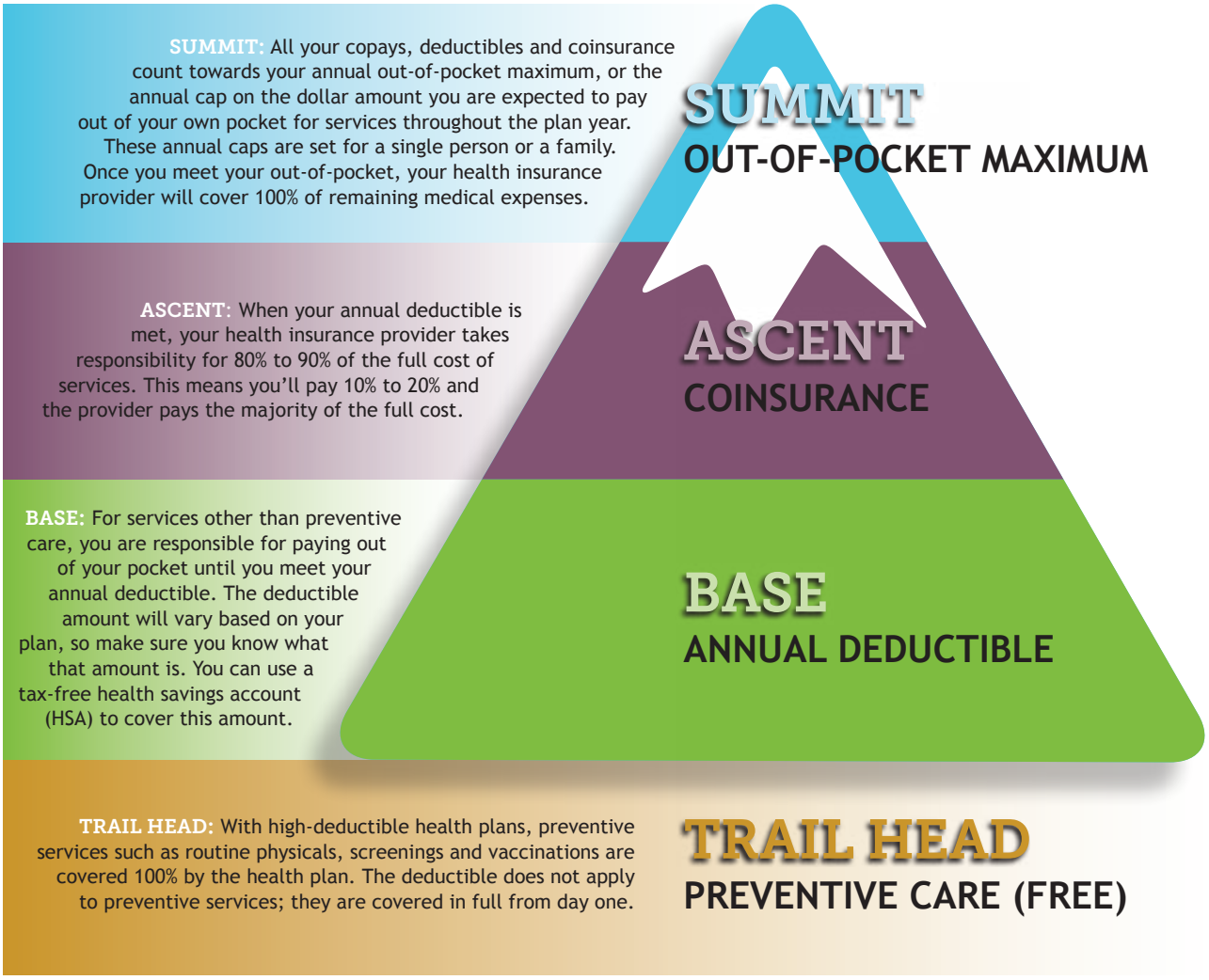
High Deductible Health Plans (w/HSA)

High deductible health plans are designed to help keep premium costs low for you and your family. You are expected to pay the full charges for services until you meet the deductible. Once you hit your deductible, your health insurance provider pays coinsurance, or 80% to 90% of your medical costs. You can use a tax-free health savings (HSA) or flexible spending account (FSA) to cover your deductible amount.

High Deductible Health Plan Design:

- Lower monthly premium or monthly rate you pay for health insurance
- Higher deductibles or the amount you pay before insurance begins to pay the majority of healthcare costs.

How High Deductible Health Plans Work:



Cost Comparison: Copay Plans

Up Front Costs: Premiums

Copay plans have a set monthly premium, or the monthly rate you pay for health insurance regardless of whether you use medical services or not.

Plan Components	Employee	Employee + Spouse	Employee + Child(ren)	Family
UnitedHealthcare	$135.14/month	$377.74/month	$266.66/month	$553.10/month
	($1,621.68/year)	($4,532.88/year)	($3,199.92/year)	($6,637.20/year)
Kaiser Permanente	$89.20/month	$280.22/month	$177.02/month	$412.74/month
	($1,070.40/year)	($3,362.64/year)	($2,124.24/year)	($4,952.88/year)

Out of Pocket Costs for Medical Services

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. A deductible is the dollar amount that you are required to pay for some medical services in a copay plan before your insurance begins to contribute to the cost of medical services and medication. Once you meet that deductible, coinsurance applies.

Medical Service Cost	UHC	Kaiser	Deductible	
Primary Care Visit	$30 copay	$30 copay plus 10% coinsurance	Costs of some medical services are subject to a cost that counts toward your deductible in a copay plan (e.g. x-rays, diagnostic, surgery and ambulance).	
Generic Prescriptions	$10 copay	$10 copay		
Preferred Prescriptions	$30 copay	$30 copay		
Emergency Room	$500 copay	$500 copay		
Urgent Care	$75 copay	$75 copay		
Hospital	$1,000 copay plus 20% coinsurance	10% coinsurance after deductible		
Coinsurance	20% Coinsurance	10% Coinsurance	UHC Deductible:	$1,500 individual $3,000 family
Once you meet your deductible, you pay a copay and coinsurance until you meet your out of pocket maximum.			Kaiser Deductible:	$750 individual $1,500 family

Annual Out of Pocket Maximum

An out of pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services. This means, once you meet out of pocket, your health insurance provider will cover 100% of remaining medical expenses.

UnitedHealthcare	$5,000 individual	$10,000 family
Kaiser Permanente	$2,000 individual	$4,000 family

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 our website ***www.colorado.gov/dhr/benefits*** *and sent to your department's benefits, payroll, and HR staff.*

Cost Comparison: High Deductible Health Plans

Up Front Costs: Premiums

HDHP plans have a set monthly premium, or the monthly rate you pay for health insurance regardless of whether you use medical services or not.

Plan Components	Employee	Employee + Spouse	Employee + Child(ren)	Family
UnitedHealthcare	$18.20/month	$132.14/month	$44.46/month	$202.24/month
	($218.40/year)	($1,585.68/year)	($533.52/year)	($2,426.88/year)
Kaiser Permanente	$56.20/month	$212.22/month	$116.02/month	$315.74/month
	($674.40/year)	($2,546/year)	($1,392.24/year)	($3,788.88/year)

Out of Pocket Costs for Medical Services

For services other than preventive care, you are responsible for the cost out of your own pocket until you meet your annual deductible. Once you meet your deductible, your insurance begins to pay coinsurance and contribute to 80% to 90% of the cost of medical services and medication.

Medical Service Cost	UHC	Kaiser	Deductible	
Primary Care Visit	20% after deductible	10% after deductible	For services other than preventive care, you are responsible for the cost out of your own pocket until you meet your annual deductible. The deductible amount will vary based on your plan. If your deductible is $1,500, then once you pay that in medical costs, your health insurance provider will pay coinsurance, or 80% to 90% of your remaining medical costs for the plan year.	
Generic Prescriptions	$10 after deductible	$10 after deductible		
Preferred Prescriptions	$30 after deductible	$30 after deductible		
Emergency Room	20% after deductible	10% after deductible		
Urgent Care	20% after deductible	10% after deductible		
Hospital	20% after deductible	10% after deductible		
Coinsurance	20% Coinsurance	10% Coinsurance	UHC Deductible:	$1,500 individual $3,000 family
Once you meet your deductible, you pay coinsurance until you meet your out of pocket maximum.			Kaiser Deductible:	$1,500 individual $3,000 family

Annual Out of Pocket Maximum

An out of pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services. This means, once you meet out of pocket, your health insurance provider will cover 100% of remaining medical expenses.

UnitedHealthcare	$3,000 individual	$6,000 family
Kaiser Permanente	$2,000 individual	$4,000 family

Now you have a reason to cheer even louder.

Our great Colorado network of top doctors.

You have extensive coverage in Colorado with UnitedHealthcare.

From the Rockies to the Great Sand Dunes, you can access a network that's committed to giving you quality care. Wherever your adventures take you, we strive to give you and your family the right care at the best cost.

Here to help you get high-quality care.

See a doctor from anywhere.
Save time and money—use your computer or mobile device to see a doctor through a virtual visit.

Reach a nurse 24/7.
Ask a registered nurse your health questions anytime, anywhere at no extra cost. Just call **1-866-402-0006**.

Prescriptions delivered to your door.
Now you can save a trip to the pharmacy. With your health plan, you can order a 90-day supply of your regular medication straight to your home.

Here to help you manage your health plan.

All you need at your fingertips.
Visit **myuhc.com®** or download the UnitedHealthcare **Health4Me®** mobile app to find doctors, estimate your cost of care before you go, manage claims, access health planID cards and more.

An easy-to-open HSA account.
Open your Health Savings Account with Optum Bank® to get an extra $60 per month from the State of Colorado deposited into your HSA account and more. Visit **optumhealthbank.com**.

Fast claims processing.
Your claims will be managed quickly and accurately with our innovative clear claims tracking process.

Here with ways to help you stay healthy.

Feel good about no-cost preventive care and convenient online tools and resources to help you live healthier, including:

- Ideas to improve your health when you take an online health survey.
- Wellness coaching and support for your weight-loss goals through a customized program.
- Friendly wellness advice and the opportunity to save on your health premium at **colorado.gov/wellness**.

Find out more at welcometouhc.com/colorado or call 1-877-283-5424.

You have the option of primary care with Paladina Health.

- Boulder
- Cañon City
- Colorado Springs
- Denver metro area
  - Broomfield
  - Capitol Hill Denver
  - Centennial
  - Denver Tech Center
  - Lakewood
  - LoDo Denver
  - Pueblo West

Get an extra $60 month added to your health savings account (HSA).

This year, the State of Colorado will contribute $60 per month to your HSA account when you select the High Deductible Health Plan (HDHP) with HSA.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.
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UnitedHealthcare®

A little help to make your decision easier.

Meet Ashley

Single Coverage

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

Type of Cost	Co-Pay Choice Plus	High-Deductible Health Plan**
Yearly Premium*	$1,621.68	$218.40
Qualified Medical Expenses		
Sick Visit to PCP	$30 co-payment	$68
Preventive Care Visit	$0	$0
Tier 1 Medication	$10	$8
Total Cost	$1,661.68	$294.40

Meet Tom

Employee Plus Family Coverage

Tom and his wife are expecting their third child. He needs family coverage with a plan that makes the most financial sense.

Type of Cost	Co-Pay Choice Plus	High-Deductible Health Plan**
Yearly Premium*	$6,637.20	$2,426.88
Qualified Medical Expenses		
4 sick visits to PCP	$120 co-payment	$272
Preventive Care Visit	$0	$0
Urgent Care Visit	$75	$110
Emergency Room Visit	$500 co-payment	$1,800
Tier 1 Medication	$10	$8
4 Day Inpatient Hospital Admit	$5,000	$3,000
Total Cost	$12,342.20	$7,616.88

*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 our web site www.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.

**The State of Colorado will contribute $60 per month into your HSA Account if you have elected the HDHP. In this example above, Ashley could use her HSA to pay for her sick visit and tier 1 medication.

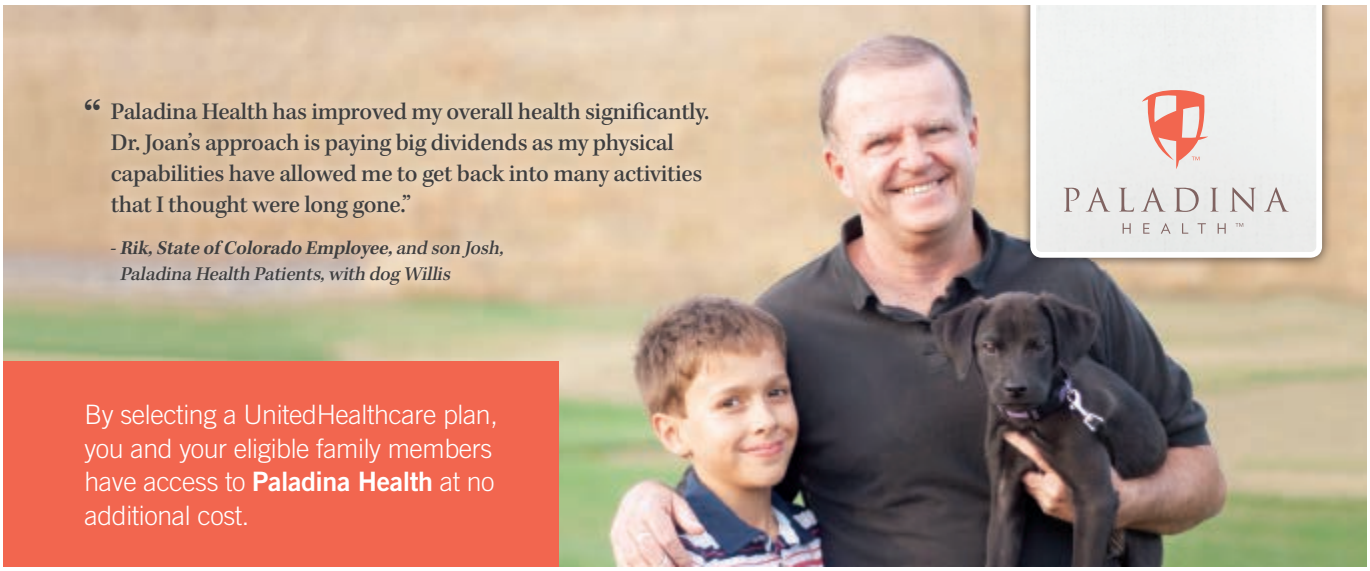
A side-by-side comparison of plans.

	Co-Pay Choice Plus Plan Network / Out-of-network	HDHP with HSA Network / Out-of-network
Deductible		
Employee	$1,500 / $3,000[1]	$1,500 / $4,500
Family[3]	$3,000 / $6,000[1]	$3,000[2] / $9,000[2]
Out-of-pocket maximum		
Employee	$5,000 / $10,000	$3,000 / $9,000
Family[3]	$10,000 / $20,000	$6,000 / $18,000
Lifetime maximum benefit	**Unlimited**	**Unlimited**
Annual adult physical	100% / 50%	100% / 50%
Well-child visits	100% / 50%	100% / 50%
Mammogram	100% / 50%	100% / 50%
PSA tests	100% / 50%	100% / 50%
Doctor visit	100% after $30 co-payment / 50%[4]	80%[4] / 50%[4]
Specialist visit	100% after $50 co-payment / 50%[4]	80%[4] / 50%[4]
Urgent care visit	$75 co-payment / 50%[4]	80%[4] / 50%[4]
Emergency room	$500 co-payment	80%[4]
Ambulance	80%[4]	80%[4]
Outpatient surgery	80%[4] / 50%[4]	80%[4] / 50%[4]
Lab and X-ray	Preventive: 100% / 50% Diagnostic: 80%[4] / 50%[4]	Preventive: 100% / 50% Diagnostic: 80%[4] / 50%[4]
Hospital stay	80% after $1,000 co-payment per inpatient stay[6] / 50%[4]	80%[4] / 50%[4]
Mental health services	Outpatient at 100% after a $30 co-payment per visit / 50%[4]	80%[4] / 50%[4]
Vision exam (once per plan year)	100% after $50 co-payment / Not covered	80%[4] / Not covered
Vision benefit frames or standard lenses (once every 24 months)	Frames $130 allowance or contact lens $150 allowance *Allowances apply to in-network providers only. Please refer to your plan details for out-of-network allowances.	Frames $130 allowance or contact lens $150 allowance *Allowances apply to in-network providers only. Please refer to your plan details for out-of-network allowances.
Pharmacy	Retail (up to a 31-day supply) Tier 1 $10 Tier 2 $30 Tier 3 $50 Mail Order[5] (up to a 90-day supply) Tier 1 $20 Tier 2 $60 Tier 3 $100	Co-pays apply after you've reached your deductible Retail (up to a 31-day supply) Tier 1 $10 Tier 2 $30 Tier 3 $50 Mail Order5 (up to a 90-day supply) Tier 1 $20 Tier 2 $60 Tier 3 $100

Note: Visit welcometouhc.com/colorado for a prescription drug list as well as additional pharmacy information.

[1]Co-pay Choice Plus Plan: Any deductible amounts satisfied during the last 3 months of the plan year ending June 30, will be carried over to the new plan year. [2]HDHP with HSA: The family deductible maximum (which applies to Employee + Spouse, Employee + Children and Family) must be satisfied before benefits are paid for any individual family member. [3]Employee plus spouse/same-gender domestic partner/child or children/family. [4]After you've reached your deductible. [5]Only certain prescription drugs are available through mail order; please visit our pre-member website at www.welcometouhc.com/colorado for more information. [6]Network deductible does not apply

For more information about deductibles, call Customer Care at 1-877-283-5424. This information is a brief, general description of your coverage, is not a contract and does not replace your Summary of Benefits. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Summary of Benefits. If descriptions, percentages and dollar amounts conflict with official benefit coverage documents, the official benefit coverage documents prevail. Co-payments do not apply to deductible. Co-payments and co-insurance apply to out-of-pocket maximum.



“ Paladina Health has improved my overall health significantly. Dr. Joan’s approach is paying big dividends as my physical capabilities have allowed me to get back into many activities that I thought were long gone.”

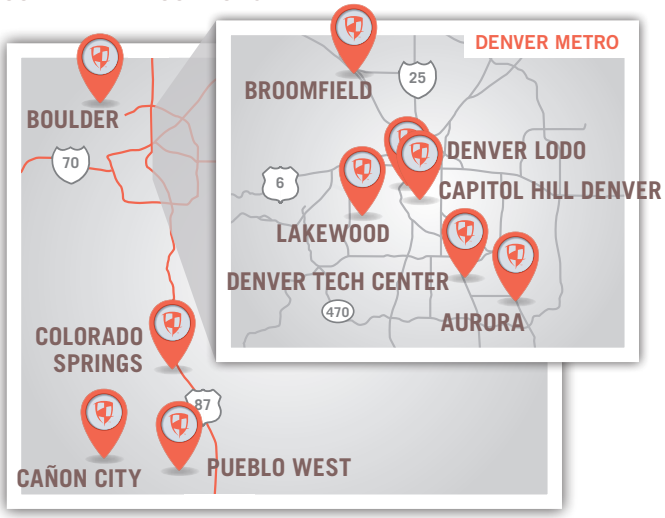
- Rik, State of Colorado Employee, and son Josh, Paladina Health Patients, with dog Willis

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

Get These Benefits & More

- On average, patients like you **saved up to 75%** in out-of-pocket primary care expenses last year by establishing care with a Paladina Health doctor who will provide more services for less money.*
- Get a direct relationship with your doctor, so we can help you find the best care for less money. Your doctor is available 24/7 directly by cell phone to help guide you through urgent situations and save you money by avoiding unnecessary Urgent Care/ER visits.

CONVENIENT LOCATIONS:



How Much Could You Save? **

Benefit Plan	Preventive Services	Non-preventive/Acute Services
Co-pay Choice Plus Plan	No co-pay or charge	
High Deductible Health Plan with HSA *Example: Strep Throat Visit at Paladina Health*	No co-pay or charge	Provided, on average, at a lower cost than other providers. No charge after deductible is met. *$40-57, Compared to $85 on average for similar service provided by other primary care doctors*

ESTABLISH CARE WITH YOUR DOCTOR TODAY: PALADINAHEALTH.COM/COLORADO

*Actual savings may vary by age, gender, medical history and health plan. Calculations based on State of Colorado members & dependents on UnitedHealthcare plan for past 14 months.

**Certain prescriptions and procedures, and tests sent to outside labs will be charged to your insurance. Cost for outside services found at healthcarebluebook.com

UnitedHealthcare®

all in one, **and all for you**

see why we're better together

Kaiser Permanente is not just a health plan. We're also a team of health care providers – so you can choose to see an affiliated doctor from our comprehensive network of community providers in addition to a physician from our medical group.

my.kp.org/stateofcolorado

1-866-635-8743

StateOEKaiser@kp.org

With us as your health partner, you can:

- **Choose a top doctor**. If you see a provider from our medical group, you'll choose your personal physician from 1,100 primary and specialty care physicians. We're Colorado's largest multi-specialty medical group, and our doctors are recognized as ***Top Docs*** by their peers, year over year.
- **Benefit from our innovative care model**. We're recognized for being different. Better. Your Kaiser Permanente doctors, specialists, nurses and pharmacists have your medical history and prescriptions right at their fingertips through your electronic health record. They work together to deliver high-quality, personalized care.
- **Experience convenience**. With our medical group, you can seek care at any of our highly accredited Kaiser Permanente Medical Offices. We have 29 along the Front Range and two new locations in the mountains. In most cases, you can see your doctor plus get lab tests, X-rays, and fill all of your prescriptions without leaving the building. We even have urgent and after-hours care in many locations.

- **Manage your care without leaving home**. You can talk with your Kaiser Permanente doctor by phone at no additional cost or take advantage of a video visit[1] with your personal physician.
- **Talk to a care expert, day or night – at no cost**. Whether it's emailing your personal physician[2] or talking with a registered nurse, you have 24/7 access to medical advice.
- **Access more care options when you need them**. We've partnered with leading hospitals and urgent care centers across Colorado and you have access to any hospital emergency room around the world.

Find a better choice for good health.

[1] A video visit takes the place of an in-person visit with your Kaiser Permanente provider. Your provider will work with you to determine if the care you need can be met in a video visit. Video visits are not available to members who see network physicians.
[2] Certain features apply only to care you receive at Kaiser Permanente facilities.

KAISER PERMANENTE®

together in **good health**

see how easy healthy can be

We share a love for Colorado and work alongside each other to make our state the best – the healthiest it can be, whether it's the economy, the environment or one another.

That's why we're here to provide you the best care at the best price. This open enrollment, when you give your health coverage a check-up, check out our tips to keep you healthy and life easy.

Choose better doctors	They provide better care. Kaiser Permanente has world-class doctors from medical schools like Yale, Johns Hopkins, and Harvard and they work collaboratively with our extensive network of community providers to deliver quality, patient-centered care.
Take advantage of our buying power	We leverage our size to negotiate better prices for medication, purchase more of them and then pass the savings along to you. On top of that, our drug formulary can save you upwards of 80%.
Don't overpay	More care isn't better care. Quality care that keeps you healthy is. That's why, for more than 65 years, our physicians have been paid on quality measures, not the quantity of unnecessary tests and treatments prescribed.
Look beyond the price tag	Will you have to pay more out-of-pocket costs each time you seek medical services? Or critical care? Understanding your benefits and your portion of the cost of services today, and not just your monthly contribution, could lead to savings in the future.
Get personalized estimates	We want to make it easier to understand what you'll pay when you come in for care and after your visit. Our financial counselors and online cost-estimator calculator can help you plan for any out-of-pocket costs, so there are no surprises.
Benefit from next-generation care	We believe there's no better choice than choosing good health. As one of the largest health and research systems in the world, we discover and quickly advance new, cost-effective best practices and innovative care to save lives.

Bring your doctor to you	Our virtual care options save you time and money, while keeping you healthy. You can email your personal physician, choose a phone consultation at no additional cost or have a secure video consultation.[1]
Get more out of your mobile	With our app and your digital membership card, health is in your hands. Convenient features[2] let you email your doctor's office, view most lab results, schedule appointments and even refill prescriptions.
Cash in on a triple bonus	If you enroll in our High-Deductible Health Plan and sign up for a Health Savings Account (HSA), the State will deposit $60 to your account each month. Plus, if you contribute, you can lower your taxable income and use your funds for tax-free medical expenses.
Thrive by mail	Skip the trip and get it quick. We'll mail your medications, with no shipping costs. Look into the State of Colorado's enhanced mail-order prescription benefit and sign up for convenience and savings.
Take your health to new heights	We've expanded our service area to offer you care in the mountains, too. Our new medical offices in Edwards and Frisco provide primary care, lab, and medical imaging – all under one roof. You can also seek care with a network provider.

We're here to keep you healthy and empower you to thrive.

Whether you're a long-time member or considering Kaiser Permanente for the first time, everything you need to find a better choice for good health, can be found on my.kp.org/stateofcolorado.

my.kp.org/stateofcolorado

1-866-635-8743

StateOEKaiser@kp.org

[1] A video visit takes the place of an in-person visit with your Kaiser Permanente provider. Your provider will work with you to determine if the care you need can be met in a video visit. Video visits are not available to members who see network physicians.
[2] Certain features apply only to care you receive at Kaiser Permanente facilities.

KAISER PERMANENTE®

making **good health** easier

find the right choice
for a healthier you

See how easy healthy can be no matter which one of our plans you choose.

Kaiser Permanente 2016 Medical Plan Comparisons[1]

Medical Plan	Deductible HMO (DHMO) 2016-2017	HSA-Qualified HDHP 2016-2017
Annual Deductible (per plan year)	$ 750 individual $ 1,500 family	$ 1,500 subscriber only $ 3,000 family
Out-of-Pocket Maximum (OPM) (per plan year)	$ 2,000 individual $ 4,000 family	$ 2,000 subscriber only $ 4,000 family
Office Visits (no charge for federally mandated preventive care services)	**Primary Care** $30 Copay **Specialist** $50 Copay **Covered services during a visit** 10% Coinsurance after deductible is met	**Primary Care** 10% Coinsurance after deductible is met **Specialist** 10% Coinsurance after deductible is met
Prescription Drugs (mail order, up to 90-day supply, for 2 co-pays) *For HDHP plans, prescription copays apply after deductible is met.	**Generic** $10 Copay **Brand Name** $30 Copay **Non-Preferred** Not Covered **Specialty** 20% up to $100 per drug per fill	**Generic** $10 Copay* **Brand Name** $30 Copay* **Non-Preferred** Not Covered* **Specialty** 20% up to $100 per drug per fill*
Inpatient Hospital	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met
Ambulance	$500 Copay	10% Coinsurance after deductible is met
Emergency Care	$500 Copay	10% Coinsurance after deductible is met
Urgent Care	$75 Copay **Covered services during a visit** 10% Coinsurance after deductible is met	10% Coinsurance after deductible is met

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[1] The information provided is only a summary of benefits. For a list of services available with your plan, see your *Evidence of Coverage*.

Kaiser Permanente Medical Plan Scenarios

Scenario 1 – Employee Only Coverage

Lori, Department of Natural Resources, is in her early twenties and just starting out in her career. She's generally healthy. During the year, she goes for a preventive visit and needs to fill two generic prescriptions costing $55.

Type of Cost	Deductible HMO (DHMO)	HSA-Qualified HDHP
Preventive visit	$ 0	$ 0
Prescriptions	$ 20.00 Copayment	$ 55.00
Annual payroll deduction for Employee Only coverage[2]	$ 1,070.40	$ 674.40
Employer HSA Funding	$ 0	$ 720.00
Lori's Total Annual Cost	$ 1,090.40	$ 674.40
Based on Lori's estimated expenses and using $55 of her State-funded HSA contributions, choosing the HDHP will save her $416 next year. The remaining $665 will stay in her HSA.		

Scenario 2 – Family Coverage

Allison, Department of Public Safety, currently covers her husband and a daughter on the plan. She will deliver their second child, a son, in 4 months. The family has 4 preventive visits (including one well baby visit), an inpatient stay for the delivery ($9,000) and 4 generic prescriptions after the baby is born and 1 specialist visit to the pulmonologist for their daughter's allergies ($154 + $58 for breathing test).

Type of Cost	Deductible HMO (DHMO)	HSA-Qualified HDHP
Preventive visits	$ 0	$ 0
Hospital stay (delivery)	$ 750.00 Deductible + $ 825.00 Coinsurance	$ 3,000.00 Deductible + $ 600.00 Coinsurance
Prescriptions	$ 40.00 Copayment	$ 40.00 Copayment
Specialist visit and breathing capacity test	$ 50.00 Copayment + $ 58.00 Deductible	$ 15.40 Coinsurance + $ 5.80 Coinsurance
Annual payroll deduction for Family coverage[2]	$ 4,952.88	$ 3,788.88
Employer HSA Funding	$ 0	$ 720.00
Allison's Total Annual Cost	$ 6,675.88	$ 6,730.08
Based on Allison's estimated expenses, even after using all $720 of her State-funded HSA contributions, choosing the DHMO will save her $54.00.		

Know the language…

- **Deductible**: The amount you pay for covered services each plan year before Kaiser Permanente starts paying. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.
- **Copayment**: A set dollar amount you'll pay for certain services covered by your plan.
- **Coinsurance**: A percentage of the cost of covered services you'll pay after you've reached your deductible.
- **Out-of-pocket maximum (OPM)**: The maximum amount you'll pay in a plan year for most services covered under your plan. Once this limit is reached, Kaiser Permanente will pay 100% for most covered services for the rest of the plan year.

Understand the basics...

Keep in mind, copayments do not apply to the medical deductible but do apply to the out-of-pocket maximum. Coinsurance applies after deductible is met and accumulates to the out of pocket maximum.

[2] 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; www.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 March 2016.

KAISER PERMANENTE®

NEW State HSA Contribution

Up to $720 Annual Contribution!

New for FY 2016-17: State-paid Health Savings Account (HSA) Contributions

Beginning with the FY 2016-17 benefit plan year the State of Colorado will contribute $60 per month to each eligible employee's Health Savings Account (HSA) at Optum Bank, the State's designated HSA trustee.

What is a Health Savings Account (HSA)?

An HSA is a tax-advantaged savings account that belongs to you. It is always paired with a HSA-qualified High Deductible Health Plan (HDHP). Think of an HSA as a savings plan for healthcare you'll need today, tomorrow and into the future. It works like a regular bank savings account, but you don't pay federal income tax on the money deposited. When you use your HSA money to pay for qualified healthcare expenses (medical, dental and vision) you won't pay income taxes on the money you withdraw from your account, either. You can build your HSA savings for expenses in future years or even into a nest egg for retirement. Unlike a healthcare flexible spending account (FSA), all of your HSA savings rollover from year to year. There's no "use it or lose it" rule. The money is there when you need it. And it's yours to keep.

Determining if an Health Savings Account (HSA) is Right for You

An HSA allows you to be more involved with decisions on how your healthcare dollars are spent and encourages you to budget effectively and save money. In order to think in terms of a healthcare budget, you want to look at your financial situation and the type of healthcare you require. Consider whether you are eligible to establish and contribute to an HSA, have benefits paid from an HSA, or claim the tax deduction for your HSA contributions. Whether a High Deductible Health Plan combined with an HSA is right for you depends on a number of factors including the health needs of you and your family.

Are you eligible to open an Optum Bank HSA?

Health Savings Account (HSA) Eligibility Requirements—Beginning with the FY 2016-17 benefit plan year you can open a Health Savings Account (HSA) at Optum Bank, the State's designated HSA trustee, if you:

1. Are an active State of Colorado benefits eligible employee on the first day of a given month.
2. Are enrolled in a State of Colorado sponsored HSA-qualified High Deductible Health Plan (HDHP) on the first day of a given month.
3. Are not covered by any other non-HDHP health plan, such as a spouse's plan, unless it is permissible coverage like dental, vision, long-term care, disability, accident, and insurance covering certain types of liabilities, specific illnesses or diseases, or hospitalization.

4. Are not enrolled in any part of Medicare.
5. Do not receive health benefits under TRICARE or TRICARE for Life.
6. Have not received Veterans Administration (VA) benefits within the past three months. (Some exclusions may apply).
7. Cannot be claimed as a tax dependent on another person's tax return.
8. Are not covered by a general purpose healthcare flexible spending account (FSA) or health reimbursement account (HRA). Alternative plan designs, such as a limited purpose FSA or limited purpose HRA, are permitted.

For any month that you do not meet all eight (8) of the above eligibility requirements you are ineligible to open an Optum Bank HSA.

Other IRS restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances and for personal advice on eligibility, tax treatment and restrictions.

If you later switch to a health plan that is not an HSA-qualified HDHP that makes you ineligible to continue depositing money into your HSA, you may continue to use the money in your account for qualified healthcare expenses, but you can no longer make deposits to your HSA.

Are you eligible to receive the State-paid $60 per month HSA Contributions?

Beginning with the FY 2016-17 benefit plan year you are eligible to receive the State-paid $60 monthly HSA contribution for each month you meet all of the following eligibility requirements:

1. You are an active State of Colorado benefits eligible employee on the first day of each month in which a contribution can be made to your HSA.
2. You are enrolled in a State of Colorado sponsored HSA-qualified High Deductible Health Plan (HDHP) on the first day of each month in which a contribution can made to your HSA.
3. You meet the eligibility requirements to be able to open an Optum Bank HSA (see above requirements "Are you eligible to open an Optum Bank HSA?") on the first day of each month in which a contribution can be made to your HSA. Please note that you must open an Optum Bank HSA as soon as possible in order for the State to be able to deposit the State-paid $60 per month HSA contributions into your account. Once money has been deposited into your Optum Bank HSA you will have access to your HSA funds.

For any month that you do not meet all three (3) of the above eligibility requirements you are ineligible to receive the State-paid $60 per month HSA contribution.

Enroll Online for your Optum Bank HSA

If you meet the eligibility requirements you can sign-up and open your Optum Bank HSA through your employer by visiting your FY 2016-17 State of Colorado open enrollment website at **benefitsolver.com**.

As part of the USA Patriot Act of 2001 when a Health Savings Account is opened, the account holder goes through a verification process. All financial institutions are required to verify the name, date of birth, social security number and address of each account holder. The USA Patriot Act of 2001 verification process applies to all financial accounts (Public Law 107-56).

Why Have an HSA?

A Health Savings Account (HSA) helps you plan, save and pay for healthcare.

You own your HSA. The money belongs to you, even deposits made by others to your HSA.

Anyone can contribute to your HSA. You, your employer, family members or anyone else can deposit money into your HSA. There are no restrictions on who can put money into your HSA.

You keep your HSA. All the money in your HSA (including contributions deposited by your employer or anyone else) remains yours even if you change jobs, change health plans or retire.

Your HSA has tax benefits. Money goes into and comes out of an HSA tax-free (as long as HSA funds are used to pay for qualified healthcare expenses).

Here are four key tax benefits to a Health Savings Account (HSA).

1. Generally, the State-paid employer contributions to an eligible employee's HSA are excludable from an employee's income and are not subject to federal income tax, Social Security or Medicare taxes. The State-paid employer HSA contribution amounts will be reported as non-taxable income in Box 12 of an employee's W-2 (which also means that an employee cannot deduct their State-paid employer HSA contributions on IRS Form 1040).
2. An employee can make personal post-tax contributions directly to his or her HSA (up to IRS statutory limits) and get an "above-the-line" tax deduction (federal taxes) even if the employee does not itemize deductions on IRS Form 1040. This means the employee's personal post-tax HSA contributions reduce his or her adjusted gross income before itemized or standard deductions are considered.
3. Earnings growth in your HSA from interest and investments are tax-exempt.
4. Any money you take out from your HSA to pay for qualified healthcare expenses for you, your spouse or your qualifying tax dependent child(ren) (qualifying children) is tax-free.

It's not just for doctor visits. You can use your HSA to pay for qualified healthcare expenses such as medical, dental, vision, eyeglasses, hearing aids and qualified prescriptions. You can even use your HSA savings to pay for other kinds of health insurance, such as COBRA, long-term care insurance and any health plan coverage you have while receiving unemployment compensation. When you turn 65, you can use HSA funds to pay for any tax deductible health insurance (except for Medicare supplemental insurance).

You can invest it.* Once your balance reaches the designated investment threshold, which is typically around $2,000, you can begin investing in mutual funds at Optum Bank. If you earn money on your investments, you don't pay income tax on that money, either.
**However, investments like mutual funds are not FDIC insured, are not guaranteed by Optum Bank, and may lose value.*

You can save for the future. By saving in an HSA, you can be ready for expenses due to illness or accident. And, after you turn 65 or you enroll in Medicare benefits or you become disabled, you may withdraw money from your HSA for expenses that are nonqualified healthcare expenses without paying the 20 percent (20%) IRS penalty tax, although you may have to pay normal income taxes on the withdrawal.

HSA Contribution Limits—Calendar Year 2016

HSA contribution limits are determined every year by the Internal Revenue Service (IRS) under section 223 of the Internal Revenue Code (IRC). For 2016, the statutory annual HSA contribution limit is $3,350 if you have individual HDHP coverage (unchanged from 2015) and $6,750 if you have family HDHP coverage ($100 higher than for 2015). The IRS also allows you to make an extra catch-up contribution of $1,000 if you are age 55 or older. You can make contributions to your HSA all the way up to the tax-filing deadline (usually April 15) and still get tax credit for the previous calendar year.

2016 Annual HSA Contribution Limits	Individual Coverage	Family Coverage
• Maximum Annual Contribution Limit	$3,350	$6,750
• Catch-up Contribution Limit (age 55+)	$1,000	$1,000

Note: These IRS statutory contribution limits apply to the combined total of all of your HSA deposits including contributions from you, your employer, family members or anyone else.

Note: Catch-up contributions can be made during the calendar year in which the HSA participant turns 55.

An HSA is different than a Healthcare Flexible Spending Account (FSA)

You may have had a Healthcare FSA in the past. With a Healthcare FSA, all the money you chose to contribute was available to help pay for eligible expenses on the first day of your benefit plan year. An HSA works differently. Money grows in your HSA as you and your employer may deposit money into it. You can only use your Optum Bank HSA to pay for qualified healthcare expenses if you have enough money in the account to cover the cost. While you are growing your HSA savings, you may be required to pay for a qualified healthcare expense out of your pocket if your HSA balance is not great enough to pay for the expense. You can reimburse yourself from your HSA later, after you have enough money in your account.

Paying with your HSA is Easy

- Use your Optum Bank debit card to pay at the pharmacy, doctor's office or elsewhere. You can also order extra debit cards for covered family members.
- Pay your bills for qualified healthcare expenses online at **optumbank.com**.
- Pay out-of-pocket and reimburse yourself. You can do that online at **optumbank.com** or by withdrawing money with your Optum Bank debit card from any ATM with the MasterCard logo.
- Order Optum Bank checks.

Start Saving

There are several ways to contribute money to your account:

- ***State-Paid (Employer) contributions:*** Beginning with the FY 2016-17 benefit plan year the State of Colorado will contribute $60 per month to your HSA if you are eligible to open an Optum Bank HSA, you open an Optum Bank HSA, and you are eligible to receive the State's monthly HSA contributions.
- ***Electronic deposits:*** Log on to **optumbank.com** and make a deposit by transferring money from another bank account.
- ***Check:*** Mail a check along with a contribution form to Optum Bank. The contribution form is available online on the Optum Bank website.
- ***Transfer or roll over funds:*** If you already have an HSA, you can roll over or transfer funds from that account into your Optum Bank account. Some restrictions will apply. More information and a rollover/transfer form is available online on the Optum Bank website.

Be on the Lookout

After you open your Optum Bank HSA you will receive in the mail your welcome kit with your account number, account disclosures, and your Optum Bank HSA Debit MasterCard.

Optum Bank Customer Service

- ***You can call Optum Bank toll-free at (866) 234-8913.*** Customer service representatives are available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday. Assistance for most foreign-language speakers is also available.

  Optum Bank customer service representatives do not have access or data about your HSA-qualified High Deductible Health Plan or claims. Please contact your health plan for that information.
- ***Log into your account through optumbank.com.*** Manage your account online. Make deposits. Pay bills directly to physicians, dentists, or other healthcare providers. Reimburse yourself for qualified healthcare expenses paid out-of-pocket. Check monthly statements. Download account forms. Update your email address or change your mailing address. Find helpful HSA information.

Optum Bank—HSA Administration Fee

Once an eligible employee has opened their Optum Bank Health Savings Account (HSA) and money has been deposited into your HSA, Optum Bank will begin to charge you an HSA administration fee of $1.75 per month which will be deducted from your HSA funds. In addition to the monthly HSA administration fee, Optum Bank may charge you fees for other banking services you use.

How to File Taxes for an HSA

If you contributed money to your Health Savings Account (HSA) you'll want to fill out IRS Tax Form 8889 so you can deduct the correct amounts from your taxable income. Don't forget to file this form to claim the tax deductions.

Important Information about Children

While the Affordable Care Act (ACA) allows parents to add their adult children (up to age 26) to their health plans, the Internal Revenue Code (IRC) definition of a qualifying tax dependent child (qualifying child) who may be covered under an employee's HSA is different. This means, for instance, if you have adult children covered under your health plan you may not use your HSA funds to pay or reimburse yourself for their qualified healthcare expenses if they are not your qualifying tax dependent children.

For more information refer to the Working Families Tax Relief Act of 2004 (WFTRA) which established the IRS definition of a qualifying tax dependent child (qualifying child) effective January 1, 2005.

Important Disclosures

- Health Savings Accounts (HSAs) are individual accounts and are subject to eligibility and restrictions, including restrictions on distributions for qualified healthcare expenses set forth in section 213(d) of the Internal Revenue Code (IRC).
- State taxes may apply. While Health Savings Accounts (HSAs) were created by the federal government, states can choose to follow federal tax treatment guidelines or establish their own. Please consult your tax advisor or state department of revenue for more information.
- If you are not age 65 or not enrolled in Medicare benefits or not disabled and you use your HSA funds for nonqualified purposes, any HSA funds used for nonqualified purposes are taxable as normal income and also subject to an additional 20 percent (20%) IRS tax penalty.
- After you turn age 65 or become enrolled in Medicare benefits, you may withdraw money from your HSA for nonqualified purposes without being subject to the 20 percent (20%) IRS tax penalty. The HSA fund withdrawal is treated as retirement income and is subject to normal income tax. The same holds true if you become disabled before age 65; you are not liable for the 20 percent (20%) IRS tax penalty and the HSA fund withdrawals are taxable as normal income.
- Optum Bank fees may reduce HSA fund balances.
- Federal and state laws and regulations are subject to change.

Don't Forget

- Be careful to save medical, dental, vision and all other qualified healthcare expense receipts. You are responsible for being able to prove, if questioned by the IRS, that you used your HSA funds only for qualified healthcare expenses.
- Track your qualified healthcare expenses with the Expense Tracker Worksheet on **optumbank.com** or your own money management software.
- Retain all tax documents you receive from Optum Bank for filing your tax returns and maintaining your records.

This information is not intended as legal or tax advice. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances and for personal advice on eligibility, tax treatment and restrictions.

OPTUM Bank®

COLORADO

Health Savings Accounts (HSAs)

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 and has over 2 million HSAs and $5 billion in assets.

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.

*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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Get an extra $60 per month added to your HSA.

This year, the State of Colorado will contribute $60 per month to your HSA when you select the qualifying high deductible health plan (HDHP) with HSA.

What's a qualified medical expense?

Visit **optumbank.com** or irs.gov for a complete list

The IRS sets contribution limits each year.

In 2016 you can deposit up to the following amounts:

- $3,350 if you have individual health coverage
- $6,750 if you have family coverage
- You can deposit an additional $1,000 per year if you are 55+

Enroll today by visiting Colorado.gov/dhr/benefits

Provider & Network: Dental Insurance

Delta Dental

The State of Colorado offers two dental plans for you to choose from. The dental plans differ in monthly premium cost and how much reimbursement is available.

- Basic Plan
- Basic Plus Plan

When you see an in-network Delta Dental provider you will always have your preventive and diagnostic services covered at 100% even if your annual maximum benefits have already been reached for the plan year.

Quick Guide to Dental Services:

- Preventive services include: semi- annual check-ups (including x-rays), cleanings and fluoride treatments (for children)
- Basic services include: fillings, oral surgery, root canal therapy and extractions
- Major services include: bridges, crowns, dentures and implants
- Orthodontic services include: complete orthodontic evaluation and active orthodontic treatment for covered adults and children

DELTA DENTAL®

Network: Preferred Provider Organization (PPO)

Both of the State's dental plans utilize Delta Dental's largest provider network which includes all of Delta Dental's PPO and Premier dentists. You will save money whenever you see a Delta Dental PPO or Premier dentist because these participating, "in-network" dentists provide pricing discounts which mean you will have lower out-of-pocket costs. The Delta Dental PPO dentists provide the largest pricing discounts which will save you the most amount of money.

You can also see non-participating, out-of-network dentists but it will cost you more because these dentists are "out-of-network" and do not provide pricing discounts and balance billing may occur. You may choose to see any licensed dentist at any time.

Up Front Costs: Premiums

Plan Components	Employee	Employee + Spouse	Employee + Child(ren)	Family
Delta Dental Basic	$4.28/month	$15.76/month	$14.76/month	$27.14/month
	($51.36/year)	($189.12/year)	($177.12/year)	($325.68/year)
Delta Dental Basic Plus	$18.38/month	$43.92/month	$44.32/month	$70.80/month
	($220.56/year)	($527.04/year)	($531.84/year)	($849.60/year)

Out of Pocket Costs for Dental Services

For dental services the deductible applies to basic and major services. Once you meet your deductible, you will pay coinsurance for those services.

	Dental Basic Plan	Dental Basic Plus Plan
Plan Year Deductible	$50 per person. $150 per family.	$50 per person. $150 per family.
Annual Maximum Benefit	$1,500 per person per plan year	$3,000 per person per plan year
Preventive & Diagnostic Services	100% coverage. Preventative and diagnostic services do not count toward the annual maximum benefit.	100% coverage. Preventative and diagnostic services do not count toward the annual maximum benefit.
Basic Services	70% coverage	80% coverage
Major Services	50% coverage	50% coverage
Orthodontics Services	Not applicable	50% coverage. $3,000 per person per lifetime (for children and adults).

The lifetime orthodontics services maximum benefit is increasing from $2,000 to $3,000 effective July 1, 2016.

- Orthodontic treatment plans that start **on or before** June 30, 2016 will be subject to the $2,000 lifetime orthodontics services maximum benefit.
- Orthodontic treatment plans that start **on or after** July 1, 2016 will be subject to the $3,000 lifetime orthodontics services maximum benefit.

DELTA DENTAL

Your Oral Health is Important

Did you know that dental disease causes employed adults to lose more than 164 million hours of work a year?!?

Did you also know that dental disease is nearly 100% preventable when you take the right steps?

- Visit your dentist regularly.
- Brush and floss at least twice a day.
- Make nutritious food choices.
- Share your medical conditions with your dentist.

Your preventive visits are often covered at no cost . . . so start today.

1 SELECT A DENTIST.

Go to deltadentalco.com, download our free mobile app, or call 1-800-610-0201.

2 SCHEDULE AN APPOINTMENT.

Some dentists have evening and weekend hours to fit your busy life.

3 SMILE!

Your oral and overall health are strongly connected . . . and you've just taken steps to protect both of them.

Disability Insurance

Short-Term Disability Benefits

DISABILITY INCOME INSURANCE PLANS

To help protect your income in the event of a disability, the State provides eligible employees with Short-Term Disability (STD) Insurance. Employees who regularly work at least 30 hours or more each week are eligible to enroll in Optional Long-Term Disability (LTD) Insurance on a voluntary basis. For the FY 2016-17 plan year both the STD and Optional LTD plans will be provided through the Unum Insurance Company.

SHORT-TERM DISABILITY (STD) INSURANCE

For FY 2016-17 the State provides most benefit eligible employees with short-term disability insurance which pays up to 60% of your weekly pre-disability covered compensation, up to a maximum STD weekly benefit payment of $3,000 per week, for up to 150 days during any 12 month period, following the required STD 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 into the short-term disability insurance plan and coverage is effective the first day of the month following your date of hire.

However, your STD 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 STD insurance would otherwise become effective. Your STD insurance will become effective the first day of the month following your return to active employment.

What Disabilities Will Not Be Covered Under Your Unum STD Plan?

The Unum STD plan does not cover any disabilities caused by, contributed by, or resulting from the employee's:

- intentionally self-inflicted injuries
- active participation in a riot
- loss of a professional license, occupational license or certification
- commission of a crime for which the insured has been convicted

STD Plan Exclusions

- Your Unum STD plan will not cover a disability due to war, declared or undeclared, or any act of war.
- Your Unum STD plan will not pay a benefit for any period of disability during which the insured is incarcerated.

Taxation of STD Benefits

Internal Revenue Code (IRC) Section 105 indicates that STD benefits, as sick pay, are to be included in the gross income of employees if the employer pays part or all of the premium for the STD coverage. In these situations, the STD disability benefits received by the employee are subject to federal taxation. The State of Colorado pays the entire STD insurance premium which means that the STD benefits received are 100 percent taxable to the employee.

PERA Defined Benefit Vested Employee & Unum Short-Term Disability (STD)

Employees with at least five years of PERA Defined Benefit (DB) Retirement Plan covered employment service may be eligible for PERA STD benefits. The Unum STD insurance coverage will always coordinate with an employee's PERA STD coverage. The PERA STD benefits will always be the primary STD benefits and will be an offset to Unum's STD benefits.

Optional Long-Term Disability Benefits

OPTIONAL LONG-TERM DISABILITY (LTD) INSURANCE (Employee Paid)

Eligible employees who regularly work at least 30 hours or more each week can choose Optional Long-Term Disability (LTD) insurance, but must pay the entire premium each month.

The Optional LTD insurance plan will pay up to 60% of your monthly pre-disability covered compensation, up to a maximum monthly benefit of $10,000 per month, following the required Optional LTD benefit waiting period of six (6) months. Optional LTD benefits can pay until age 65.

The Optional LTD premiums for FY 2016-17 are determined by salary, age and PERA Defined Benefit (DB) Retirement Plan vesting status. Optional LTD premiums are deducted from pay post-tax.

If you elect to enroll in the Optional LTD insurance plan during the FY 2016-17 open enrollment period you will need to provide proof of good health (medical evidence of insurability) to the Unum Insurance Company medical underwriting department. Unum will review your medical information and either approve or decline your benefit election for Optional LTD coverage. If you are approved by Unum for Optional lTD coverage on or before June 30, 2016, your effective date for coverage will be July 1, 2016, as long as you are in active employment on that day. If you are approved by Unum for Optional LTD coverage on or after July 1, 2016, your coverage will be effective the first day of the following month your approval date as long as you are in active employment on that day.

If you elect to enroll in the Optional LTD Insurance plan as a new hire during the FY 2016-17 plan year you will automatically be enrolled into the Optional LTD insurance plan, without having to prove good health (Guarantee Issue), with an effective date as of the first day of the month following your date of hire as long as you are in active employment on that day.

However, your Optional LTD 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 Optional LTD insurance would otherwise become effective. Your Optional LTD insurance will become effective the first day of the month following your return to active employment.

What Disabilities Will Not Be Covered Under Your Unum Optional LTD Plan

Your Unum Optional LTD plan does not cover any disabilities caused by, contributed by, or resulting from the employee's:

- intentionally self-inflicted injuries
- active participation in a riot
- loss of professional license, occupational license or certification
- commission of a crime for which the employee has been convicted
- pre-existing condition if you are a new hire and your Optional LTD coverage is approved on a Guarantee Issue basis

What is a Pre-Existing Condition?

The employee has a pre-existing condition if:

- the employee received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to the employee's effective date of Optional LTD coverage; and
- the employee's disability begins in the first 12 months after the employee's effective date of Optional LTD coverage.

Optional LTD Plan Exclusions

- Your Unum Optional LTD plan will not cover a disability due to war, declared or undeclared, or any act of war.
- Your Unum Optional LTD plan will not pay a benefit for any period of disability during which the insured is incarcerated.

Taxation of Optional LTD Benefits

The employee's Optional LTD benefits are not subject to federal taxation because an employee pays 100% of the Optional LTD premium on a post-tax basis which means that the Optional LTD benefits are not included in the gross income of the employee.

PERA Defined Benefit Vested Employee & Unum Optional Long-Term Disability (LTD)

Employees with at least five years of PERA Defined Benefit (DB) Retirement Plan covered employment service may be eligible for PERA Disability benefits. The Unum Optional LTD insurance coverage will always coordinate with an employee's PERA Disability coverage. The PERA Disability benefits will always be the primary Disability benefits and will be an offset to Unum's Optional LTD benefits.

FY 2016-17 Optional LTD Insurance—Monthly Premium Rates

Monthly premium rate is a percentage of an employee's monthly covered compensation.

Example of Premium Calculation

If you are vested in the PERA Defined Benefit (DB) Retirement Plan, age 42, with a monthly covered salary of $4,000, your monthly premium would be $7.20 per month (the age 42 PERA Vested premium rate is .0018, multiplied by monthly covered salary of $4,000 = $7.20 per month).

Age	PERA Vested*	PERA Non-Vested**
Under age 30	0.0012	0.0035
30-34	0.0012	0.0035
35-39	0.0014	0.0042
40-44	0.0018	0.0052
45-49	0.0024	0.0073
50-54	0.0037	0.0111
55-59	0.0055	0.0165
60-64	0.0076	0.0243
65-69	0.0083	0.0249
Age 70 and Over	0.0101	0.0302

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

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.

UNUM PAID $5.6 Billion in BENEFITS in 2014[1]

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.[1] In actuality, more than **37** million American live with a disability each year.[2] 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.[3]

As a **leading** provider of disability benefits, Unum is proud to have the 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:

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

[1] Council for Disability Awareness, "America's income Protection Picture: 2014 Disability Awareness Study"
[2] U.S. Census Bureau, "2009-2013 5-Year American Community Survey"
[3] Commissioners Individual Disability Table A, Society of Actuaries, 1985.

Life Insurance

Basic Life/AD&D

Life Insurance

The State offers several group term life insurance options through Minnesota Life Insurance Company. All eligible employees are automatically enrolled in the Basic Life insurance plan and are also eligible to voluntarily enroll in the Optional Life insurance plan for themselves and their eligible dependents. All life insurance includes a matching amount of Accidental Death & and Dismemberment (AD&D) coverage.

When you are covered by Minnesota Life Insurance (Basic Life or Optional Life) you have access to Life Suite Services which include:

- Legal, Financial and Grief Resources
- Travel Assistance Resources
- Legacy Planning Resources

Basic Life Insurance (Employer Provided)

For the FY 2016-17 plan year your Basic Life insurance benefit will be equal to one times your annual base regular pay, rounded to the next higher $1,000 if not already a multiple thereof, with a minimum benefit of $50,000 and a maximum benefit of $150,000. For the FY 2016-17 plan year (if your date of hire is on or before June 30, 2016) your annual base regular pay amount will be your pay as of July 1, 2016. If your date of hire is during the FY 2016-17 plan year on or after July 1, 2016, your annual base pay will be your pay as of your date of hire.

You are automatically enrolled in the Basic Life plan. The State pays 100% of your Basic Life insurance premium.

Be sure to designate a beneficiary for your life insurance. Your beneficiary designations must be made through the State's online benefits administration system, **www.benefitsolver.com**.

Optional Life/AD&D

Optional Life Insurance for Employee, Spouse and Children (Employee paid)

In addition to your Basic Life insurance, you may elect to enroll for additional life insurance for yourself, your spouse and your eligible child(ren) through Minnesota Life.

You can buy optional life insurance at a minimum of $10,000 and up to a maximum of $500,000 in increments of $10,000 for yourself. You can purchase optional life insurance at anytime.

- When you enroll in optional life insurance for yourself, you can elect optional life coverage for your spouse (including common-law spouse), civil union partner, and same-gender domestic partner in increments of $10,000 up to a maximum of $250,000, but not to exceed 50% of the employee's optional life coverage.
- When you enroll in optional life insurance for yourself, you may also elect optional life coverage for your eligible child(ren) in the amounts of $5,000 or $10,000.

Enrollment and providing Evidence of Insurability (EOI) is completed through the State's online benefits administration system, **www.benefitsolver.com** and must be completed when an you or your spouse is applying for new coverage or increasing coverage during open enrollment.

Optional Life Insurance Rates

FY 2016-17 Plan Year

FY 2016-17 Life Insurance Insurance Premiums
Premium Deductions listed below are taken directly from your paycheck.

	Employee		Spouse		Child(ren)
FY 2016-17 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	Option 1. The monthly premium for $5,000 coverage is $0.50 per month per family unit
	Age 30-34	$0.80	Age 30-34	$1.00	
	Age 35-39	$0.80	Age 35-39	$1.20	
	Age 40-44	$1.00	Age 40-44	$1.20	
	Age 45-49	$1.00	Age 45-49	$1.80	
	Age 50-54	$1.60	Age 50-54	$2.60	Option 2. The monthly premium for $10,000 coverage is $1.00 per month per family unit
	Age 55-59	$2.80	Age 55-59	$4.60	
	Age 60-64	$4.60	Age 60-64	$6.80	
	Age 65-69	$9.20	Age 65-69	$13.40	
	Age 70 and Over	$13.80	Age 70 and Over	$21.20	
Minimum amount of Coverage	$10,000		$10,000		$5,000
Maximum amount of Coverage	$500,000		$250,000 *Spouse coverage may not exceed 50% of the Employee's coverage*		$10,000 *Child coverage may not exceed 50% of the Employee's coverage*
Purchase Units	Employee coverage must be purchased in units of $10,000		Spouse coverage must be purchased in units of $10,000		Child coverage must be purchased in units of $5,000

Imputed Income on Life Insurance

According to the Internal Revenue Code (IRC) regulations (IRC Section 79), group term life insurance coverage in excess of $50,000 may be subject to federal taxes based on a graduated rate table provided by the IRC. The amount of life insurance in excess of $50,000 is multiplied by a premium rate based on an employee's age as of the end of the calendar year, which results in a monthly amount of imputed income. This imputed income, reduced by the amount of premium the employee paid toward the insurance, is taxable as a benefit and is, therefore, added to the employee's applicable wage base.

Why life insurance matters...
NO MATTER WHERE YOU ARE IN LIFE.

You may need life insurance if you are:

Single and in your 20s

You may need life insurance to pay off student loans, car payments, credit cards, other debts or to give to your favorite charity. Hard as it is to imagine, if you die, your family also needs cash on hand to cover your final expenses.

Married with young children

You most likely have modest savings and big responsibilities – a mortgage, child care and other monthly bills. If you die prematurely, life insurance will help your spouse maintain your home, current lifestyle and provide for your children's support, now as well as in the future.

Single parent and sole breadwinner

Life insurance will help cover your children's day care costs and other living expenses and fulfill plans for their future education if you are no longer there to provide for them.

Married homeowners with no children

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

Married with college-age children and/or elderly parents

Premature death could deplete your retirement savings or other assets. Life insurance can help replace lost income to cover the cost of current living expenses, college tuition and/or your parents' care.

Married with grown children

You may have less need to carry life insurance to cover current expenses as when your loved ones were relying on your income. Instead, you may want to consider life insurance as an opportunity for supporting your favorite charities, building a legacy for your children and grandchildren or covering estate taxes.

HOW MUCH LIFE INSURANCE DO I NEED?

Everyone's situation is unique. Visit our online insurance needs calculator at **LifeBenefits.com/insuranceneeds** to help estimate an appropriate amount of insurance.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs)

FSAs help you make your money go farther by letting you set aside pre-tax dollars to pay for certain out of pocket eligible healthcare and dependent day care costs.

Here's how they work:

- You make contributions from your pay on a pre-tax basis.
- Contributions aren't subject to federal income tax, Social Security tax, and, in most cases, state income tax.
- The tax savings help offset the cost of eligible healthcare and dependent day care expenses.
- You are not taxed on reimbursements from your FSAs.

The State of Colorado offers three types of FSAs:

- **General Purpose Healthcare FSA**—To pay for eligible medical, dental, and vision care expenses.
- **Limited Purpose Healthcare FSA**—To pay only for eligible dental and vision care expenses. This plan is HSA compatible.
- **Dependent Day Care FSA**—To pay for eligible child care and elder care expenses.

The FSA Carryover Provision for the FY 2016-17 plan year is up to $500.

You will be allowed to carryover up to $500 of unused Healthcare FSA funds from the FY 2016-17 plan year to the FY 2017-18 plan year. The Carryover Provision will apply to both the General Purpose and Limited Purpose Healthcare FSA options. Unused healthcare funds in excess of $500 will be forfeited.

Making FSA Contributions

The annual amount you contribute to your FSA is deducted from your paychecks in equal installments, on a pre-tax basis, from July 1, 2016 through June 30, 2017, and credited to your FSA account(s).

Incurring Claims

The State's FSAs work via reimbursement. You contribute money each month, and then after you incur your expenses, you submit a claim. You are then reimbursed the eligible claim amount. You can incur claims for eligible expenses from July 1, 2016 through June 30, 2017. You will have until October 15, 2017 to submit claims for reimbursement.

Use **ASIFlex's tax savings calculator** *to estimate your healthcare or dependent day care expenses and what you may be able to save on your taxes.*

Healthcare FSA

If you enroll in a Healthcare FSA you can contribute a minimum of $10 per month and up to a maximum of $2,550 per plan year. Another advantage of enrolling in the Healthcare FSA is that your whole annual contribution amount for the plan year is available for use on qualified expenses on the day your plan starts, even though your contributions are spread out over the entire plan year.

DEPENDENT DAY CARE FSA

If you have child day care or elder care expenses, consider taking advantage of the Dependent Day Care FSA. In the same way that the Healthcare FSA lets you set aside pre-tax dollars for eligible healthcare expenses, you can use the Dependent Day Care FSA to contribute a minimum of $10 per pay month and up to $5,000 per year of pre-tax dollars for child day care expenses while you work. Examples of eligible dependent care expenses include:

- Day care and babysitter costs
- Nursery school
- Before- and after-school programs
- Summer day camps

Flexible Spending Accounts can give you a pay raise! Don't lose out!

How an FSA is like getting a "raise."

An FSA is a special account in which you can set aside **pre-tax** money to pay for eligible health care expenses, or certain child care expenses.

That means money you spend on these expenses can be taken out of your paycheck before it's taxed. And the money you save by paying lower taxes is like a "raise."

DEBBIE SAVED $1,800

"With two children, ages 4 and 7, my health care and daycare expenses can add up very quickly. Since I started contributing to my FSA, I've saved over a thousand dollars on everything from prescriptions and doctors' visits, to dental work and contact lenses. This year the family is going to Orlando!"

The money you save by paying lower taxes is like a "raise".

EXAMPLE Expenses: $4,000 daycare $2,000 health care	Without FSA	With FSA
Annual Income	$50,000	$50,000
Pre-Tax FSA Contribution	$0	$6,000
Taxable Income	$50,000	$44,000
Estimated 30% Taxes	$15,000	$13,200
EXTRA MONEY	$0	$1,800

Enroll today!

Don't miss out on a pay raise! Just think what you could do with the extra money!

Go Mobile!
Get the ASIFlex App today!

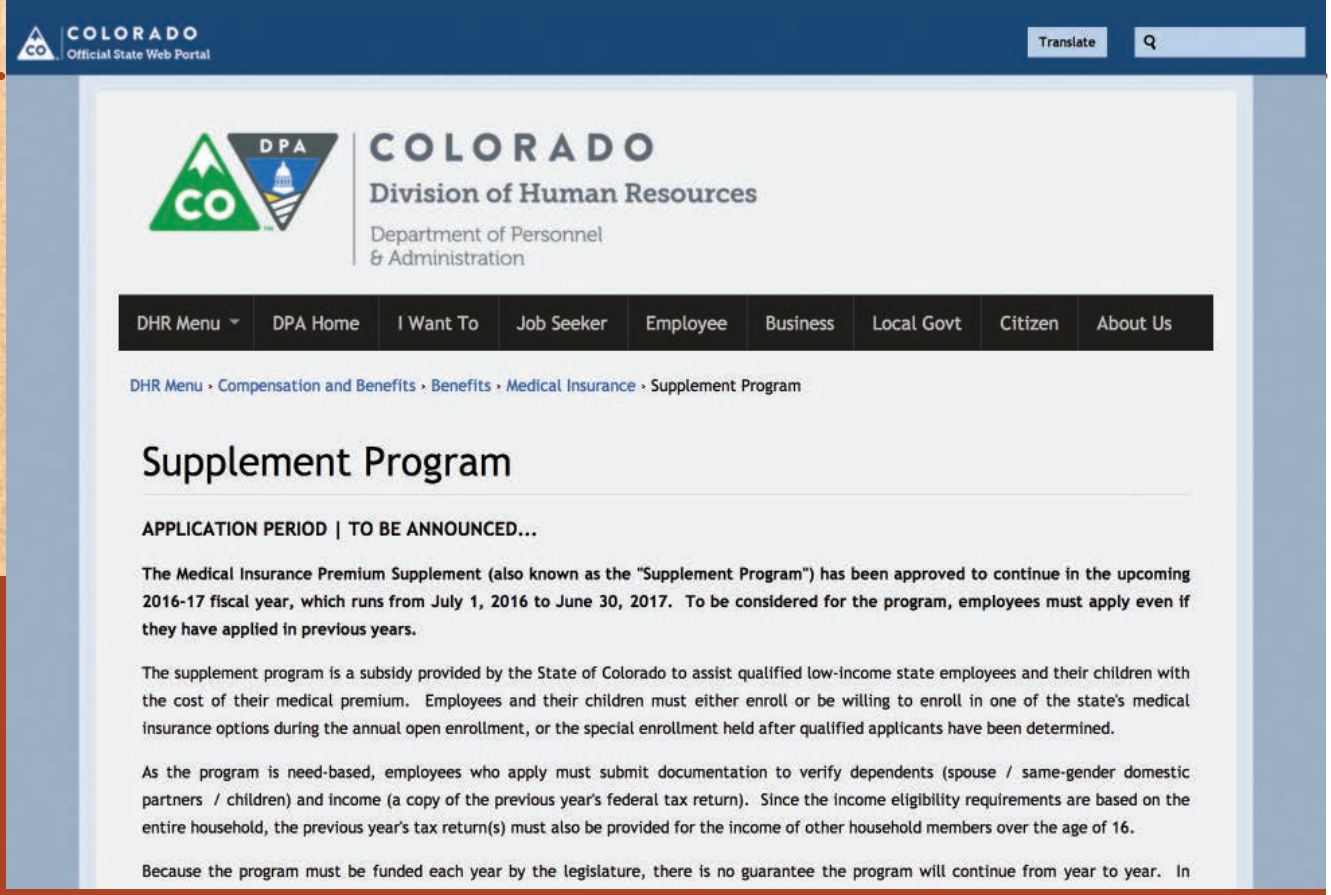
Available on the iPhone App Store

ANDROID APP ON Google play

ASI FLEX

www.asiflex.com

FSA Store
THE FLEXIBLE SPENDING ACCOUNT SITE



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Supplement Program

APPLICATION PERIOD | TO BE ANNOUNCED...

The Medical Insurance Premium Supplement (also known as the "Supplement Program") has been approved to continue in the upcoming 2016-17 fiscal year, which runs from July 1, 2016 to June 30, 2017. To be considered for the program, employees must apply even if they have applied in previous years.

The supplement program is a subsidy provided by the State of Colorado to assist qualified low-income state employees and their children with the cost of their medical premium. Employees and their children must either enroll or be willing to enroll in one of the state's medical insurance options during the annual open enrollment, or the special enrollment held after qualified applicants have been determined.

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

Because the program must be funded each year by the legislature, there is no guarantee the program will continue from year to year. In

State of Colorado Employee Supplement Program

Do you qualify for reductions on your monthly premium?

The supplement for Health Insurance is available to qualified low-income State employees with dependent child(ren). The application period generally begins the same day as open enrollment, but concludes a week later than open enrollment.

To be eligible for the supplement in the FY 2016-17 plan year, **employees must complete an application**. If you are currently receiving the supplement, you must apply every plan year to receive the premium reductions.

For detailed information, required documentation or to learn if you qualify, visit **colorado.gov/dhr/supplement-program**.

FY 2016-17 Paid Holidays and Time Off

Paid Holidays

As defined in C.R.S. 24-11-101, the following are the legal holidays for FY 2016-2017.

Monday, July 4, 2016 - Independence Day
Monday, September 5, 2016 - Labor Day
Monday, October 10, 2016 - Columbus Day
Friday, November 11, 2016 - Veteran's Day
Thursday, November 24, 2016 - Thanksgiving Day
Monday, December 26, 2016 - Christmas Day
Monday, January 2, 2017 - New Year's Day
Monday, January 16, 2017 - - - - - - - - - - - - - - - - - - Martin Luther King, Jr. Day *(3rd Monday in January)*
Monday, February 20, 2017 - President's Day *(3rd Monday in February)*
Monday, May 29, 2017 - Memorial Day *(last Monday in May)*

Department Executive Directors have the discretion to grant requests for Cesar Chavez Day (March 31st) in lieu of another holiday within the same fiscal year. When granting such requests, the department must be open and minimally operational on both days (holiday and March 31st) and employees must be able to perform work.

Paid Time Off

Employees accrue sick and annual (i.e. vacation) leave. The amount of sick and annual leave you receive each year is defined in State Personnel Rule 5-7 and is as follows:

Years of Service	Annual Leave Accrued	Sick Leave Accrued
0-5 years	8 hours per month	6.66 hours per month
6-10 years	10 hours per month	6.66 hours per month
11-15 years	12 hours per month	6.66 hours per month
16+ years	14 hours per month	6.66 hours per month

There are limits placed on the maximum amount of annual leave that you can accrue and carry over to the following fiscal year. As defined in State Personnel Rule 5-7, over accrued annual leave will be forfeited on July 1st of each year. The maximum annual and sick leave accruals are as follows:

Years of Service	Annual Leave Accrual Cap	Sick Leave Accrual Cap
0-5 years	192 hours	360 hours
6-10 years	240 hours	360 hours
11-15 years	288 hours	360 hours
16+ years	336 hours	360 hours

Colorado State Employee Discount Program

BenefitHub

Questions? Call: 1-866-664-4621
or email: CustomerService@benefithub.com

CO COLORADO

Login to start enjoying exclusive discounts today.
Go to stateofcolorado.benefithub.com to get started.

STATE OF COLORADO EMPLOYEES enjoy SAVINGS FOR ALL

SHOP HUNDREDS OF CATEGORIES:

- Travel
- Apparel
- Tickets
- Auto
- Electronics
- Local Deals
- Insurance
- Education
- Restaurants
- Beauty & Spa
- Health & Wellness
- Sports & Outdoors

EXCLUSIVE SAVINGS ON BRANDS YOU LOVE

amc THEATRES
Carnival
Hertz
verizon
DELL

Employee Discount Program

Enjoy great discounts on thousands of items you purchase every day.
This benefit is available to ALL state of Colorado Employees.

**Simply login, and start enjoying exclusive discounts today.
Go to stateofcolorado.benefithub.com to get started.**

Enjoy Discounts From Anywhere

Access your discounts portal from your computer, laptop, tablet, or favorite mobile device. Connect and save, wherever you are!

Download on the App Store
ANDROID APP ON Google Play

C-SEAP

Colorado State Employee Assistance Program

C-SEAP is a professional assessment, referral, and short-term counseling service offered to State employees with work-related or personal concerns, as well as a resource for supervisors and managers seeking individual managerial consultation, work-group organizational development, assistance with conflict resolution, or help with resolution of work-place traumatic events.

- Confidential Counseling
- Conflict Resolution/Mediation
- Manager and Supervisor Consultation
- Managing a Crisis
- Workplace Violence/Substance Abuse Risk Reduction

C-SEAP Provides Confidential Counseling

- Couples/Relationships
- Managing Emotions
- Family Matters
- Workplace Concerns
- Substance Related Issues
- Domestic Violence
- Stress
- Grief or Loss

C-SEAP has been your trusted confidential resource for over 30 years! Improving the quality of life and work for State employees through organizational and individual assistance. Experienced staff provide professional support to every region of the state.

Retirement/PERA

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

What Plans Does PERA Offer?

PERA has two types of Plans—a Defined Benefit (DB) Plan and a Defined Contribution (DC) Plan available for eligible new State employees. Both Plans are considered 401(a) plans and are created under that section of the Internal Revenue Code. The PERA DB Plan is the traditional pension plan, where your contributions are invested by professionals for you. In the PERA DC Plan, you direct your investments to an array of fund options, similar to a 401(k) plan.

What is the difference between the PERA DB and DC Plans?

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 benefit coverage.

Under the PERA DC Plan, you will set how your contributions will be invested. 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 is difficult to determine given that the amount depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy. With the PERA DC Plan, you bear the risk of outliving your investments.

For more information, visit:
www.copera.org/members/pera-defined-contribution-dc-plan.

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

Contributions

Both PERA DB and PERA DC Plan contributions of 8 percent are tax deferred, which means reduced current state and federal income taxes (State Troopers and CBI Agents 10 percent). Learn more at copera.org.

Opportunity to Switch Plans

You will have the one-time option of switching between the PERA DB and DC Plans. Between month 13 and month 72 of participation you can end participation in one plan and begin participation in the other plan.

COLORADO PERA®

Employee Resources

STATE RESOURCES

Division of Human Resources
colorado.gov/dhr
Contact: **state_benefits@state.co.us**
303-866-3434 or 1-800-719-3434

Your Department's Human Resources Office
Employees and supervisors are first encouraged to contact their respective Department Human Resources Office or Department Benefit Administrators with questions and issues.

Employee Wellness Program
colorado.gov/dhr/wellness
Contact: **state_wellness@state.co.us**
303-866-3892

Colorado State Employee Assistance Program (C-SEAP)
colorado.gov/c-seap
Contact: 303-866-4314 or Toll Free 1-800-821-8154

MEDICAL PROVIDERS

UnitedHealthcare
Group# 718733
myuhc.com (member site)
welcometouhc.com/colorado (a pre-member site)
Contact: 1-877-283-5424

Kaiser Permanente
Group# 0225
my.kp.org/stateofcolorado
Denver/Boulder & Northern Colorado
Contact: 303-338-3800, 1-800-632-9700
Southern Colorado
Contact: 1-888-681-7878

Delta Dental
Basic Group# 7649
Basic Plus Group# 7650
deltadentalco.com
Contact: 1-800-610-0201

ADDITIONAL PROVIDERS

Public Employees Retirement Plan
copera.org
Contact: 1-800-759-7372

Minnesota Life Insurance Company
lifebenefits.com
Contact: 1-877-828-7728

Unum Insurance Company
unum.com
Contact: 1-877-225-2712

ASIFlex
asiflex.com
Contact: 1-800-659-3035

Notes:

Frequently Asked Questions?

Q: *How does a copay plan work?*

Copay plans offer a set copay for most health care services. A copayment, or 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 changes for some services until you reach your deductible. For example, if you have a copay plan and visit your primary care physician, you pay a $30 copay, plus the full cost of the medical services you receive during that appointment. Once you meet your deductible, you will pay a copay plus coinsurance for those services.

Q: *How do high-deductible health plans (HDHPs) work?*

High-deductible health plans are designed to help keep premium costs low for you and your family.

- *Free Preventive Care:* With high-deductible health plans, preventive services such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they are covered in full from day one.
- *Deductible:* For services other than preventive care, you are responsible for paying out of your pocket until you meet your annual deductible. The deductible amount will vary based on your plan, so make sure you know what that amount is. You can use a tax-free health savings account (HSA) to cover this amount.
- *Coinsurance:* When your annual deductible is met, your health insurance provider takes responsibility for 80% to 90% of the full cost of services. This means you only pay 10% to 20% and the provider pays the majority of the full cost.
- *Out of Pocket Maximum:* All your copays, deductibles and coinsurance count towards your annual out of pocket maximum, or the annual cap on the dollar amount you are expected to pay out of your own pocket for services throughout the plan year. These annual caps are set for a single person or a family. Once you meet your out of pocket, your health insurance provider will cover 100% of remaining medical expenses.

Q: *What is a Flexible Spending Account (FSA)?*

The State offers Flexible Spending Accounts (FSAs) through ASI Flex. FSAs allow you to set aside pre-tax dollars to pay for healthcare or dependent daycare expenses. These contributions lower your taxes. How? Your pre-tax deductions lower your taxable income, meaning there is less pay in your check to be taxed. You can then use this pre-tax money to be reimbursed for eligible healthcare and dependent care expenses, saving up to 40% on each dollar contributed to an FSA. For more information, visit **colorado.gov/dhr/fsa**.

Q: *With what plans can Health Savings Accounts (HSAs) be used?*

Health Savings Accounts can be used with either of the State's High Deductible Health Plans, the Kaiser HDHP and UnitedHealthcare HDHP.

During the FY 2016-17 benefit plan year, the State of Colorado will contribute $60 per month to your Optum HSA account for each month that you are enrolled in one the State sponsored High Deductible Health Plans (HDHP) with HSA and you meet all the HSA eligibility requirements.

Q: *Do co-pays for prescriptions count toward the out of pocket maximum?*

Yes, prescription copays count towards the out of pocket max.

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: *What is Paladina Health?*

UnitedHealthcare benefits include Paladina Health. Paladina Health is a provider of primary care services that is at the forefront of innovation in healthcare. It operates patient-centered medical homes where patients can get most of the medical services they need from an experienced physician, usually at a much lower cost than with other providers. Paladina Health physicians are dedicated to serving an employer's population, are highly accessible at convenient clinic locations and are held accountable for delivering great care and service. These physicians provide a personal level of service and are available around the clock via cell phone for urgent health matters. Visit **paladinahealth.com/colorado** to enroll electronically. Or, call Member Services at 1-866-808-6005.

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

- If you are eligible for Medicaid, you can continue with the State of Colorado plan, the State plan would be primary and the Medicaid would then be secondary. You can be covered by both. You are not required to enroll 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 eligible or at open enrollment.

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

If you are eligible for Medicare, you are required to elect 'part A' which is the hospital coverage. You are not required to elect the 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 are not required to have a State of Colorado health coverage** unless you fail to remove yourself before the 60 day life event deadline for this event.
- **You can elect to be covered under both Medicare and a State of Colorado medical plan.** In this instance, the State plan is primary health plan and Medicare will pay secondary after the you have met your deductible.
- **You can elect to be covered under the Medicare plan by itself.** In this instance you purchase supplemental coverage through a private plan provider such as Kaiser, UnitedHealthcare, Cigna etc... to cover the fees not covered by Medicare.

Q: *If I participated in the medical FSA during FY 2015-16 and have a balance that will roll into FY 2016-17, on what date will the balance carryover amount be determined?*

- The maximum amount of the rollover as determined by the IRS will be up to $500.00.
- If you have less than $500.00 then it will all roll to the new plan year (even if they do not elect an FSA for the new plan year).
- If you have more than $500.00 still in your account, only the maximum of $500.00 will roll over to the new plan year (even if they do not elect an FSA for the new plan year).
- A rollover amount may be determined as early as July 1 of the FY 2016-17 plan year.

Q: *If I participated in the medical FSA during FY 2015-16 and have a roll over balance, will I have to re-enroll for FSA for FY 2016-17 in order to use the rolled over funds?*

No, you will be able to continue to use the funds even if they do not enroll for the new plan year.

Q: *Will the medical supplement program be available again this year?*

Yes. You can apply from April 26, 2016 through May 23, 2016. New hires, hired prior to July 1, 2016 will have the supplement link associated with their new election confirmation. Up to 13 days after the date of hire.

Premium Comparison

FY 2016-17 State of Colorado Medical/Dental Premiums

July 1, 2016-June 30, 2017

Plan	Tier	Total Premium	State Contribution	Employee Contribution
HDHP with HSA-qualified option (UnitedHealthcare)	Employee Only	$483.82	$465.62	$18.20
	Employee + Spouse	$1,004.74	$872.60	$132.14
	Employee + Child(ren)	$911.24	$866.78	$44.46
	Ee + Sp + Child(ren)	$1,432.30	$1,230.06	$202.24
Co-Pay Choice Plus (UnitedHealthcare)	Employee Only	$600.76	$465.62	$135.14
	Employee + Spouse	$1,250.34	$872.60	$377.74
	Employee + Child(ren)	$1,133.44	$866.78	$266.66
	Ee + Sp + Child(ren)	$1,783.16	$1,230.06	$553.10
HDHP with HSA-qualified option (Kaiser Permanente) (Den/Bou, SoCo, NorCo & MtCo)	Employee Only	$521.82	$465.62	$56.20
	Employee + Spouse	$1,084.82	$872.60	$212.22
	Employee + Child(ren)	$982.80	$866.78	$116.02
	Ee + Sp + Child(ren)	$1,545.80	$1,230.06	$315.74
DHMO Co-Pay (Kaiser Permanente) (Den/Bou, SoCo, NorCo & Mtco)	Employee Only	$554.82	$465.62	$89.20
	Employee + Spouse	$1,152.82	$872.60	$280.22
	Employee + Child(ren)	$1,043.80	$866.78	$177.02
	Ee + Sp + Child(ren)	$1,642.80	$1,230.06	$412.74

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

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 our website ***www.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.*

COBRA Premium Comparison

FY 2016-17 State of Colorado COBRA Medical/Dental Premiums

July 1, 2016–June 30, 2017

Plan	Tier	Total Premium*	Premium with Disability Extension**
HDHP with HSA-qualified option (UnitedHealthcare)	Employee Only	$493.50	$725.73
	Employee + Spouse	$1,024.83	$1,507.11
	Employee + Child(ren)	$929.46	$1,366.86
	Employee + Sp + Child(ren)	$1,460.95	$2,148.45
Co-Pay Choice Plus (UnitedHealthcare)	Employee Only	$612.78	$901.14
	Employee + Spouse	$1,275.35	$1,875.51
	Employee + Child(ren)	$1,156.11	$1,700.16
	Employee + Sp + Child(ren)	$1,818.82	$2,674.74
HDHP with HSA-qualified option (Kaiser Permanente) (Den/Bou, SoCo, NorCo & MtCo)	Employee Only	$532.26	$782.73
	Employee + Spouse	$1,106.52	$1,627.23
	Employee + Child(ren)	$1,002.46	$1,474.20
	Employee + Sp + Child(ren)	$1,576.72	$2,318.70
DHMO Co-Pay (Kaiser Permanente) (Den/Bou, SoCo, NorCo & Mtco)	Employee Only	$565.92	$832.23
	Employee + Spouse	$1,175.88	$1,729.23
	Employee + Child(ren)	$1,064.68	$1,565.70
	Employee + Sp + Child(ren)	$1,675.66	$2,464.20

Plan	Tier	Total Premium*	Premium with Disability Extension**
Dental Basic	Employee Only	$30.80	$45.30
	Employee + Spouse	$59.55	$87.57
	Employee + Child(ren)	$62.42	$91.80
	Employee + Sp + Child(ren)	$91.15	$134.04
Dental Basic Plus	Employee Only	$45.19	$66.45
	Employee + Spouse	$88.27	$129.81
	Employee + Child(ren)	$92.58	$136.14
	Employee + Sp + Child(ren)	$135.68	$199.53

* Includes 2% COBRA administrative fee allowed by federal COBRA regulations

** Includes 50% COBRA administrative fee allowed by federal COBRA regulations

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Division of Human Resources
Department of Personnel
& Administration