



**2008/2009 BENEFITS NARRATIVE  
for  
PROSPECTIVE EMPLOYEES**

Permanent state employees are eligible for all benefits regardless of their full-time equivalency (FTE) and allows for the election to cover spouse and dependents. Benefit election is not mandatory and may be waived. Insurance becomes effective the first day of the month following the date of enrollment. Employees have 31 days from their date of hire to enroll in the State's Benefit Plan. Benefits may be elected on a pre-tax or post-tax basis.

**Health Insurance**

The State has six differing insurance options from which to choose, each with unique characteristics and premiums (see attached rate sheet). A narrative of each of the plans is listed below.

<b>Plan Name</b>	<b>Availability</b>	<b>Employee's Cost (monthly)</b>	<b>Deductible, In-Network (individual / family)</b>	<b>Office Visits (In-Network)</b>	<b>Prescriptions (30-day supply)</b>
<a href="#"><u>OA-750</u></a> New for 08/09	Statewide	Employee only \$362.24 Employee + Spouse \$980.04 Employee + Child(ren) \$764.68 Employee + Family \$1324.56	\$750 / \$1500	Plan pays 80% after deductible has been met	Generic - \$10 co-pay Preferred Brand Name - \$25 co-pay Non-preferred Brand Name - \$50 co-pay  Preferred and non-preferred brand names are subject to \$150 per member prescription deductible before co-pay applies
<a href="#"><u>OA-1500</u></a> - for 08/09	Statewide	Employee only \$38.92 Employee + Spouse \$268.76 Employee + Child(ren) \$182.72 Employee + Family \$354.62	\$1500 / \$3000	Plan pays 80% after deductible has been met	Generic - \$10 co-pay Preferred Brand Name - \$25 co-pay Non-preferred Brand Name - \$50 co-pay  Preferred and non-preferred brand names are subject to \$150 per member prescription deductible before co-pay applies
<a href="#"><u>OA-3000</u></a> - for 08/09	Statewide	Employee only \$6.50 Employee + Spouse \$197.44 Employee + Child(ren) \$124.38 Employee + Family \$257.36	\$3000 / \$6000	Plan pays 75% after deductible has been met - increased coverage for FY09	Generic - \$10 co-pay Preferred Brand Name - \$25 co-pay Non-preferred Brand Name - \$50 co-pay  Preferred and non-preferred brand names are subject to \$150 per member prescription deductible before co-pay applies
<a href="#"><u>OA-H</u></a>	Statewide	Employee only	\$1500 / \$3000 <sup>(1)</sup>	Plan pays	Plan pays 85% of costs

- for 08/09		\$19.96 <i>Employee + Spouse</i> \$227.04 <i>Employee + Child(ren)</i> \$148.60 <i>Employee + Family</i> \$297.74		85% after deductible has been met.	<i>after deductible is met.</i>  <i>Entire plan deductible must be met before prescription coverage begins.</i>
<a href="#">Kaiser HMO</a> - for 08/09	Denver, Boulder, parts of Colo. Springs - see <a href="#">Denver/Boulder zip code list</a> or <a href="#">Colo. Springs zip code list</a>	<i>Employee only</i> \$56.16 <i>Employee + Spouse</i> \$301.48 <i>Employee + Child(ren)</i> \$210.28 <i>Employee + Family</i> \$397.68	none, co-pay for services	<i>PCP</i> <sup>(2)</sup> - \$30 co-pay  <i>Specialist</i> - \$50 co-pay  <i>Preventive</i> - \$15 co-pay	<i>Generic</i> - \$10 co-pay <i>Brand Name</i> - \$30 co-pay <i>Specialty drugs, including self-administered injectables</i> - 20% co-insurance, up to a \$75 max per drug dispensed
<a href="#">San Luis Valley HMO</a> - for 08/09	By county - Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache	<i>Employee only</i> \$58.08 <i>Employee + Spouse</i> \$305.72 <i>Employee + Child(ren)</i> \$223.76 <i>Employee+ Family</i> \$403.42	\$250 / \$750	<i>Co-pays apply ONLY after deductible has been met</i>  <i>PCP</i> <sup>(2)</sup> - \$30 co-pay  <i>Specialist</i> - \$50 co-pay  <i>Preventive</i> - with PCP, \$30 co-pay - with Specialist \$50 co-pay	<i>Formulary Generic</i> - \$10 co-pay <sup>(3)</sup> <i>Formulary Brand Name</i> - \$25 co-pay <sup>(3)</sup> <i>Non-formulary Brand Name or Generic</i> - \$50 co-pay <sup>(3)</sup>  <i>All subject to \$100 per member prescription deductible before co-pay applies</i>

(1) The \$1500 deductible only applies to the Employee Only level of the OA-H option. The \$3000 deductible applies to all other levels of this option and there are no individual deductibles for these levels. For the OA-H, the family deductible must be satisfied before benefits are paid for any individual family member.

(2) Primary Care Physician

(3) For the lesser of a 30-day supply or a 100-unit dose.

**Note:** This is only a summary, not a contract. Contact each plan administrator (GW - 1-888-788-6326; Kaiser - 303-338- 3800 / 1-800-632-9700; SLV - 719-589-3696 / 1-800-475-8466) with specific questions about treatments, prescriptions, doctors and hospitals.

### **Dental Insurance**

The State offers three different plans, however, all plans are administered by Delta Dental. Please refer to the attached rate sheets for the various rates on each plan.

a. Delta Dental Basic Plan:

This plan requires a deductible of \$50 single/\$150 family and covers preventative at 100%; basic services at 70%; and major services at 50%. There are no orthodontic services under this plan. The maximum benefit under this plan is \$1,000.

b. Delta Dental Basic Plus Plan:

This plan requires a deductible of \$50 single/\$150 family and covers preventative at 100%; basic services at 80%; and major services at 50%. This plan does cover 50% of orthodontic services for both adults and children to a maximum of \$1,500.

c. **Direct Reimbursement Plan:**

This plan requires you to pay the total charges on the day services are performed. You then submit a claim form to Delta Dental for the dental services provided. Delta Dental reimburses you (as opposed to the dentist) for the services. Payment is based upon the dentist's submitted charges. The plan has a \$50 single/\$150 family deductible and a \$1,000 maximum payout benefit. The first \$150 in services are paid at 100%. Thereafter, all other services are paid at 50% of dentist submitted charges. There is no coverage for orthodontic services.

**Vision Coverage**

Employees are covered under most insurance plans for examinations, subject to correlating co-payments or deductibles. However, hardware is not included in the coverage. Some plans offer a hardware discount through Avesis network.

**Life & Accidental Death and Dismemberment Insurance**

Life insurance coverage is a function of your annual salary. The amount is \$40,000. There is no cost to the employee for this coverage. If an employee would like to elect additional levels of insurance coverage, they may do so at an added cost.

**Short Term Disability**

All employees are covered under the Short Term Disability plan. This plan compensates you at 60% of pre-disability earnings after a 30 day waiting period up to six months. Employees may purchase optional Long Term Disability for an additional cost.

**Retirement**

All State employees are required to participate in one of three alternate retirement plans to Social Security. The Public Employees Retirement Association (PERA) offers a traditional Defined Benefit plan and a Defined Contribution Plan. The State also offers a Defined Contribution Plan administered by your choice of three varying pension administration companies. On a monthly basis, 8% is deducted from the employee's gross salary (after applicable pre-tax deductions), while the State contributes 10.15%.

**Leave Accrual**

State employees accrue sick leave at a rate of 6.66 hours per month to a maximum accrual of 360 hours.

Accrual of annual leave is based upon the employee's years of state service as reflected in the following chart:

<b>Years of Service</b>	<b>Hours Earned Per Month</b>	<b>Maximum Accrual</b>
1 <sup>st</sup> -5 <sup>th</sup> Year	8 hours (1 day)	192 hours (24 days)
6 <sup>th</sup> – 10 <sup>th</sup> Year	10 hours (1 ¼ days)	240 hours (30 days)
11 <sup>th</sup> – 15 <sup>th</sup> Year	12 hours (1 ½ days)	288 hours (36 days)
16 <sup>th</sup> – on Year	14 hours (1 ¾ days)	336 hours (42 days)

Employees begin accruing immediately upon hire and are eligible to use accrued time the month following their hire.

**Holidays**

Military & Veterans Affairs observes ten holidays per year. They include:

New Years Day

Labor Day

Martin Luther King's Birthday  
President's Day  
Memorial Day  
Independence Day

Columbus Day  
Veterans Day  
Thanksgiving Day  
Christmas Day

**Other Benefits**

- Flexible Work Schedules
- Condensed Work Weeks (for most positions)
- On-Site physical education facilities (in larger locations)
- Flexible Spending Account
- Tax Deferred Savings Programs such as 401(k), 403(b), and 457
- Colorado State Employee Credit Union provides a variety of banking options
- \$500 a year tuition reimbursement program
- Free Parking
- Location outside of the downtown corridor
- State Employee Discount Program

We hope that you will find the benefits available to you at the Department of Military & Veterans Affairs are advantageous. If you have any questions whatsoever, please contact our Human Resources office at 720-250-1520.

## State of Colorado FY08 Medical and Dental Premiums

<b>REVISED MEDICAL PREMIUMS FOR FY08</b>						
<b>Plan</b>	<b>Tier</b>	<b>Total Premium</b>	<b>State Contribution</b>	<b>Original Employee Contribution</b>	<b>Tobacco Settlement Money</b>	<b>Adjusted Employee Contribution</b>
PPO-1500	Employee	\$318.96	\$283.58	\$35.38	\$2.26	\$33.12
	Employee + Spouse	\$695.86	\$488.92	\$206.94	\$2.26	\$204.68
	Employee + Child(ren)	\$570.22	\$440.58	\$129.64	\$2.26	\$127.38
	Ee + Sp + Child(ren)	\$915.70	\$661.70	\$254.00	\$2.26	\$251.74
PPO-3000	Employee	\$290.08	\$283.58	\$6.50	\$2.26	\$4.24
	Employee + Spouse	\$632.32	\$488.92	\$143.40	\$2.26	\$141.14
	Employee + Child(ren)	\$518.24	\$440.58	\$77.66	\$2.26	\$75.40
	Ee + Sp + Child(ren)	\$831.96	\$661.70	\$170.26	\$2.26	\$168.00
PPO-H	Employee	\$301.00	\$283.58	\$17.42	\$2.26	\$15.16
	Employee + Spouse	\$656.34	\$488.92	\$167.42	\$2.26	\$165.16
	Employee + Child(ren)	\$537.90	\$440.58	\$97.32	\$2.26	\$95.06
	Ee + Sp + Child(ren)	\$863.64	\$661.70	\$201.94	\$2.26	\$199.68
IND-30	Employee	\$539.76	\$283.58	\$256.18	\$2.26	\$253.92
	Employee + Spouse	\$1,181.64	\$488.92	\$692.72	\$2.26	\$690.46
	Employee + Child(ren)	\$967.68	\$440.58	\$527.10	\$2.26	\$524.84
	Ee + Sp + Child(ren)	\$1,556.04	\$661.70	\$894.34	\$2.26	\$892.08
Kaiser HMO	Employee	\$386.74	\$283.58	\$103.16	\$2.26	\$100.90
	Employee + Spouse	\$844.96	\$488.92	\$356.04	\$2.26	\$353.78
	Employee + Child(ren)	\$692.22	\$440.58	\$251.64	\$2.26	\$249.38
	Ee + Sp + Child(ren)	\$1,112.26	\$661.70	\$450.56	\$2.26	\$448.30
SLVHMO	Employee	\$244.84	\$283.58	\$61.26	\$2.26	\$59.00
	Employee + Spouse	\$752.80	\$488.92	\$263.88	\$2.26	\$261.62
	Employee + Child(ren)	\$616.80	\$440.58	\$176.22	\$2.26	\$173.96
	Ee + Sp + Child(ren)	\$990.76	\$661.70	\$329.06	\$2.26	\$326.80

<b>DENTAL PLANS</b>				
<b>Plan</b>	<b>Tier</b>	<b>Total Premium</b>	<b>State Contribution</b>	<b>Employee Contribution</b>
Delta BASIC	Employee	\$22.88	\$18.88	\$4.00
	Employee + Spouse	\$48.16	\$27.96	\$20.20
	Employee + Child(ren)	\$50.44	\$31.72	\$18.72
	Ee + Sp + Child(ren)	\$84.94	\$41.40	\$43.54
Delta Basic PLUS	Employee	\$31.14	\$18.88	\$12.26
	Employee + Spouse	\$68.58	\$27.96	\$40.62
	Employee + Child(ren)	\$68.58	\$31.72	\$36.86
	Ee + Sp + Child(ren)	\$121.60	\$41.40	\$80.20
Dental DR	Employee	\$27.72	\$18.88	\$8.84
	Employee + Spouse	\$58.32	\$27.96	\$30.36
	Employee + Child(ren)	\$58.32	\$31.72	\$26.60
	Ee + Sp + Child(ren)	\$105.60	\$41.40	\$64.20

revised 6/21/07