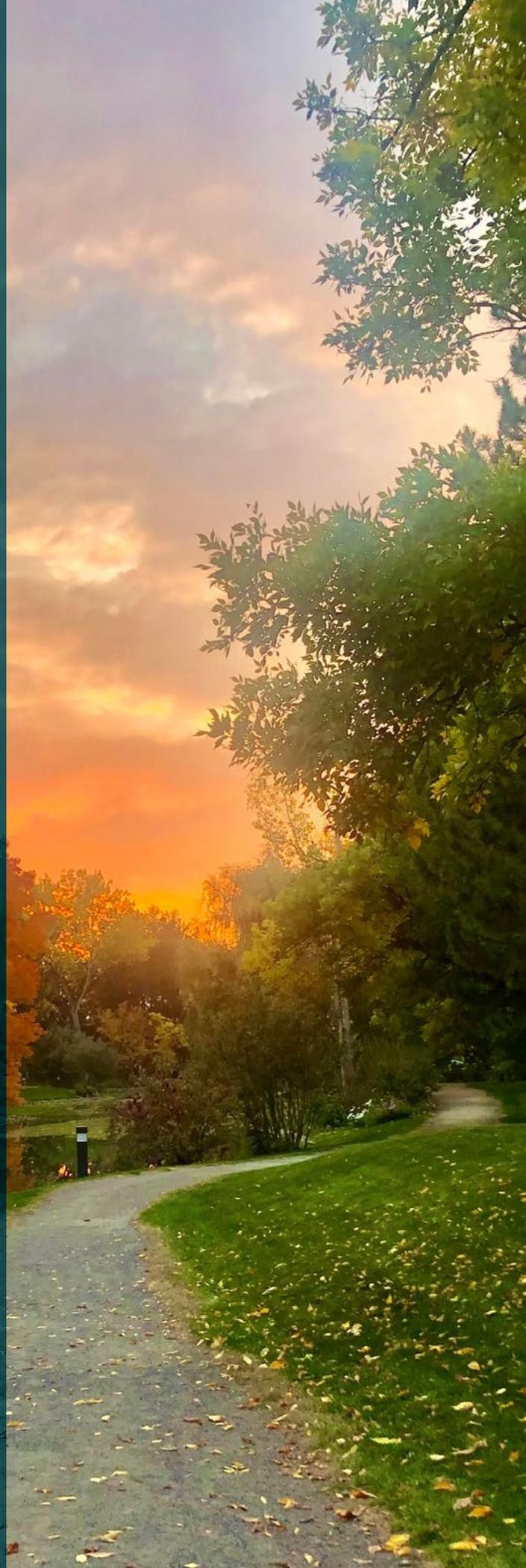


FY 2021-22 EMPLOYEE BENEFITS GUIDE

WE'VE GOT YOU COVERED



photo by: Nikki Pollack, State Employee



Welcome to Your State of Colorado Benefits!

photo by: Rick Ciminelli, State Employee

Hello Colleagues,

The State of Colorado is committed to providing employees with a comprehensive and competitive benefits package that supports you, your health, and your family. This year's Open Enrollment period is passive. If you choose not to make changes to your benefits, your current elections will roll into the upcoming plan year, except for participation in a Flexible Spending Account (FSA) which requires an active enrollment each year.

We are excited to announce that there will be no increase to employee premiums for the FY 2021-22 plan year. The only rate change for this year is Long-Term Disability rates which will decrease by 16%. Premiums, deductibles, copays, and coinsurance are staying the same for our medical, dental, and vision plans.

The FY 2021-22 Employee Benefits Guide provides you with an overview of your options, so we encourage you to select your benefits carefully. There are a few enhancements to our benefits plans for this year.

In the past, enrollment in our Long-Term Disability plan has been limited to full-time employees working 30 or more hours per week. Starting this year, the eligible group of employees will expand to those who work a minimum of 12 or more hours per week throughout the fiscal year.

Our Delta Dental plans for the upcoming year will include the Right Start 4 Kids program. This program removes most of the cost barriers to dental care by providing coverage for enrolled children up to age thirteen (13) at 100% coinsurance for all covered services excluding orthodontia with no deductible

when network providers are used up to the annual maximum. As a reminder, dental coverage is free for enrolled children under five years old. When your eldest or first child turns five, you'll be asked to re-enroll because a premium for the child would now apply.

Paladina Health is changing its name to Everside Health this year. This network of primary care clinics, offered as part of our Cigna plans, has seen tremendous growth in the last year, expanding membership by 50%. They've opened five new clinic locations this year and continue to receive high marks from our employees who have selected to use them for their primary care needs.

This year has been especially challenging for us all. The physical and mental health of you and your family is more important now than ever. Because we value you as a person and state employee, we want you to be empowered to make decisions around what is best for your wellbeing.

Please review this guide carefully, so you can fully take advantage of the benefits provided to you as a State of Colorado employee to help you and your family thrive.

With appreciation for all you do,



Kara Veitch

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

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. A more detailed summary plan description for each plan can be found at dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits. If there is a conflict between this guide and the official plan documents, the plan documents will govern. The State of Colorado reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact your agency's [Benefit Administrator](#).

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Benefits-Dedicated Website

When you visit dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits, you'll find information, resources, documents, links, and important notices—everything you need to understand and utilize your benefits package.



photo by: Monique Moynihan, State Employee

Benefits You Should Know About

Right Start 4 Kids (RS4K) Program

Right Start 4 Kids (RS4K) from Delta Dental of Colorado is a unique plan feature that removes most of the cost barriers to dental care by providing coverage for enrolled children up to their 13th birthday at 100% coinsurance for covered diagnostic and preventive, basic, and major services, with no deductible, when in-network providers are seen up to the annual plan maximum. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level.

See page 14 for details.

Medical Supplement Program

The State of Colorado Medical Supplement Program is a need-based subsidy offered to state employees to help pay their medical and dental premiums.

See page 23 for details.

MotivateMe Incentive Wellness Program

The State encourages and rewards healthy habits. We're pleased to offer two opportunities to reduce your monthly medical premiums.

Participants in the MotivateMe Wellness Program who earn enough points by June 14, 2021, will receive a \$20 per month discount on medical premiums for the entire FY 2021-22 plan year.

Non-tobacco users avoid a medical premium surcharge, ensuring the lowest premium possible.

See page 21 for additional details.

Travel Benefit (for Cigna members)

Cigna offers a travel reimbursement benefit for its members. If the treatment or care you need requires you to find care elsewhere, Cigna will help cover the costs such as transportation and lodging. Eligible travel expenses include round-trip airfare within the U.S., baggage fees, gasoline, parking, shuttle services, lodging (maximum of \$50 per night per person for up to two people; maximum of \$100 per night inclusive of taxes), and more. For questions, call Cigna One Guide at 800-244-6224.

Grand Rounds (for Cigna members)

When you enroll in Cigna, you and your dependents have access to Grand Rounds, your guide to expert medical care. Grand Rounds works with world-class medical experts from institutions like Harvard and Johns Hopkins to provide members with expert second-opinion services for complex medical conditions, review treatment options and care, and help connect members with affordable in-network medical providers or specialists.

Grand Rounds is fully covered and available at no charge.

Connect by Phone: 1-855-633-8337

Web: www.grandrounds.com/stateofcolorado

Care Team support is available 6 a.m. - 7 p.m. MT.



Your Benefits at a Glance

Eligible state employees have access to a robust benefits program, as summarized in the grid below.

Benefit	When is Coverage Effective?	Do I have to enroll?	When can I make changes?
Medical	1st of the month following eligibility or entry into the Benefitsolver system	Enrollment required	Open Enrollment or following Qualifying Life Event
Dental	1st of the month following eligibility or entry into the Benefitsolver system	Enrollment required	Open Enrollment or following Qualifying Life Event
EyeMed Vision Basic	1st of the month following eligibility or entry into the Benefitsolver system	Included with medical	Included with medical plan at no additional cost
EyeMed Vision Enhanced	1st of the month following eligibility or entry into the Benefitsolver system	Included with medical	Open Enrollment or following Qualifying Life Event
Health Savings Account	1st of the month following entry into the Benefitsolver system and account confirmation from Optum Bank	Enrollment required	Anytime (must be enrolled in HDHP)
Flexible Spending Account	1st of the month following eligibility or entry into the Benefitsolver system	Enrollment required	Open Enrollment or following Qualifying Life Event
Basic Life and AD&D	1st of the month following eligibility or entry into the Benefitsolver system	Automatically enrolled	N/A (beneficiaries may be changed anytime)
Voluntary Life and AD&D	1st of the month following eligibility or entry into the Benefitsolver system	Enrollment required	Anytime but may be subject to Evidence of Insurability (EOI)
Short-Term Disability	1st of the month following eligibility or entry into the Benefitsolver system	Automatically enrolled	N/A
Voluntary Long-Term Disability	1st of the month following eligibility or entry into the Benefitsolver system	Enrollment required	Anytime but may be subject to EOI
Retirement	1st of the month following eligibility or entry into the Benefitsolver system	Enrollment required	Cannot be changed*
MotivateMe Wellness Program	1st of the month following eligibility or entry into the Benefitsolver system	Included with medical	Anytime
CSEAP	1st of the month following eligibility or entry into the Benefitsolver system	Automatically enrolled	N/A

*Retirement enrollment is required for PERA DB and DC plans and cannot be changed. For 401k/457 plans, enrollment is voluntary and can be changed at any time.



Eligibility

The State offers benefits to permanent full-time and part-time employees and their eligible dependents. Temporary and seasonal employees are not eligible for benefits.

This year, Open Enrollment is passive. If you do not elect benefits during Open Enrollment, your coverage will remain in place for the upcoming plan year. The only exception is the election of Flexible Spending Accounts, which must be reelected each year.

Eligible dependents include:

- Your legal spouse or civil union partner
- Your natural, adopted, or stepchildren up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability verified by the carrier prior to age 26

Keep in mind that you'll need to provide proof of eligibility for any new dependent you add to your coverage. The State of Colorado may conduct a dependent eligibility audit at any time.

photo by: Anthony Berenguel, State Employee

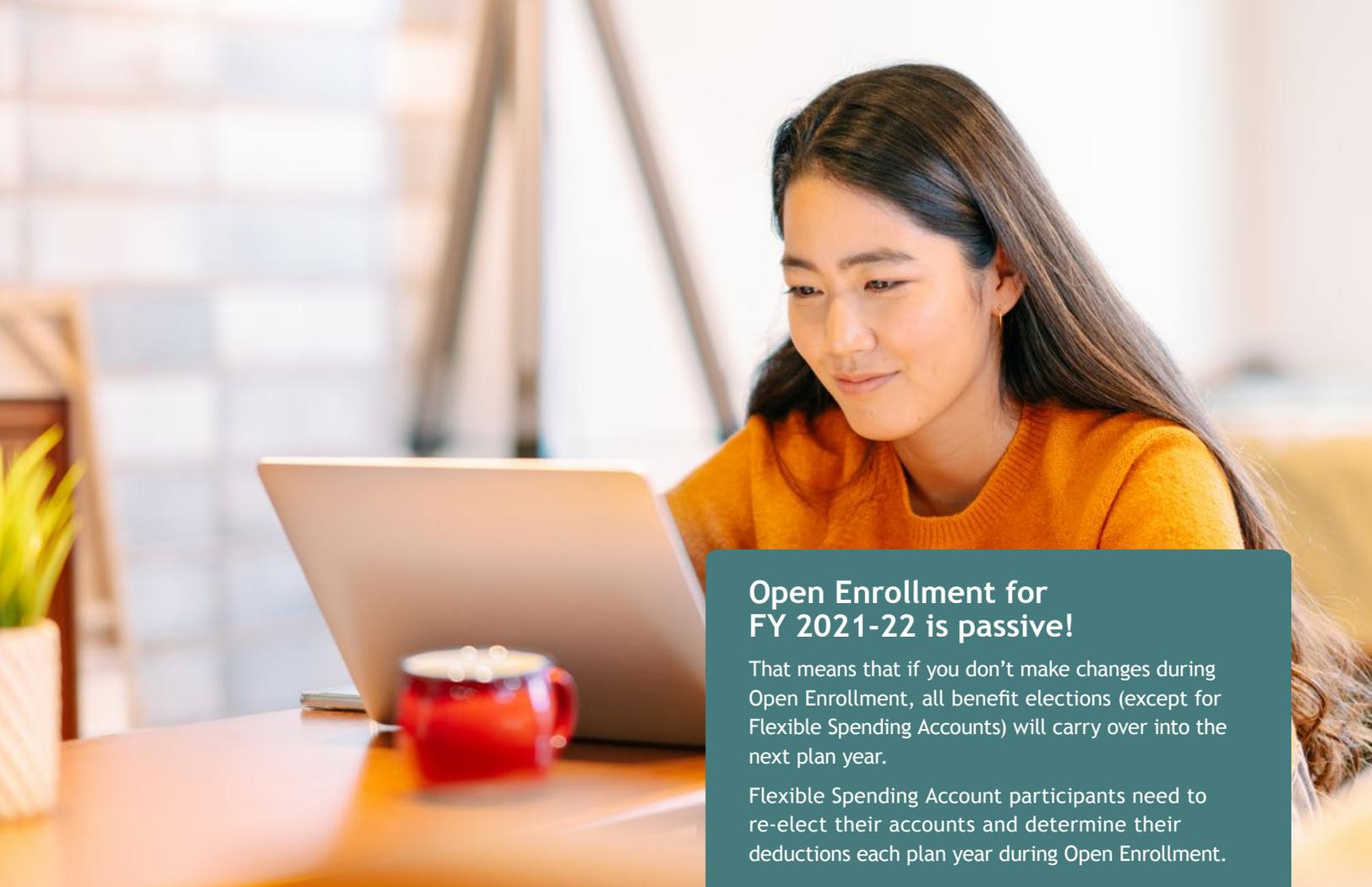
Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year, July 1 through June 30, 2022.*

You have three opportunities to enroll in or make changes to your benefits:

1. Within 31 days of your hire date
2. During the annual Open Enrollment period
3. Within 31 days of a Qualifying Life Event. Examples* include:
 - Marriage, divorce, or legal separation
 - Birth or adoption of a child
 - Death of a dependent
 - Loss or gain of other health coverage for you and/or dependents
 - Change in employment status
 - Change in Medicaid/Medicare eligibility for you or a dependent (Employees have within 60 days of a change in Medicaid/Medicare eligibility to make changes)
 - Receipt of a Qualified Medical Child Support Order

*Applies to pre-tax elections only. However, you will still need a Qualifying Life Event to commence participation even with post-tax elections. Learn more about pre-tax elections on page 23.



Open Enrollment for FY 2021-22 is passive!

That means that if you don't make changes during Open Enrollment, all benefit elections (except for Flexible Spending Accounts) will carry over into the next plan year.

Flexible Spending Account participants need to re-elect their accounts and determine their deductions each plan year during Open Enrollment.

Steps To Enroll

Read This Guide!

This guide is your first step in understanding the valuable benefits available to you. Visit dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits to learn more. Review the information carefully, so you can make the choices that are best for you and your family.

Consider Your Dependents

Have you welcomed a new child? Were you recently married? Now is your opportunity to make sure your eligible dependents have coverage.

Enroll Online

Enrollment is easy! Log in at www.benefitsolver.com using your username and password. **If you are a first-time user, click Register and enter the Company Key: soc.**

Confirm Your Elections

Review your benefits summary carefully to make sure your benefits and dependent information is correct. Print your elections and confirmation number for future reference. **It is extremely important to make sure you've elected the correct benefits for you and your family. IRS and insurance company rules severely restrict our ability to make corrections later in the year.**



Understanding Your Medical Plan Options

The first step to great health is choosing a plan that fits your level of need and budget, and that means understanding a few basics.

Employee Premium

Your employee premium is your portion of the cost of your plans and is deducted from your paycheck. Plans with lower premiums tend to have a higher deductible, coinsurance, and out-of-pocket maximum.

Deductible

Your deductible is the amount you pay before the plan begins paying for covered services. For plans that utilize coinsurance, you'll typically pay 100% of medical costs, including prescriptions, until you meet your deductible. For copay plans, your deductible does not need to be met in order for your plan to pay for certain services.

Copays

Copays are a flat fee you pay for a covered service.

Coinsurance

Coinsurance is your share of a covered service after you've met your deductible. Each plan (including copay plans) has a coinsurance rate. Typically, you'll see a better coinsurance rate for plans with higher premiums.

Out-of-Pocket Maximum

Your out-of-pocket maximum is the most you will pay within a plan year for covered services. The plan you choose should have an out-of-pocket maximum that you can tolerate financially in the event of a high usage of healthcare or catastrophic health event.

Understanding Plan Types

Cigna Copay Basic & Copay Plus

- Everside Health (formerly Paladina Health) services have \$0 copay from day one
- Primary care physician recommended but not required
- Referral NOT needed for specialist
- Not HSA eligible
- Copays for most services
- In and out-of-network coverage
- Preventive care at no cost
- Eligible for the General Purpose FSA

Kaiser Copay Basic & Copay Plus

- In-network primary care physician required
- Referral NOT needed for specialist
- Not HSA eligible
- Copays for most services
- In-network coverage only
- Preventive care at no cost
- Eligible for the General Purpose FSA

High Deductible Health Plan (HSA Qualified) (Cigna & Kaiser)

- Primary care physician recommended but not required for Cigna or Kaiser
- Referral NOT needed for specialists
- HSA eligible
- Eligible for a Limited Purpose FSA
- In and out-of-network coverage
- Preventive care at **no cost**
- Everside Health for Cigna members for a \$40 flat fee for office visits
- For all other services, the individual or family deductible must be met before the plan pays anything

Choosing the Right Medical Plan

The chart below is for illustrative purposes only. **It uses family-level coverage to compare plan features.** For additional premium information, see page 21.

Plan Name	Family Monthly Premium per Paycheck	In-Network Employee Coinsurance	In-Network Deductible	In-Network Annual Out-of-Pocket Maximum
Cigna Copay Plus	\$408.08	20%	\$2,000	\$7,000
Cigna Copay Basic	\$251.28	20%	\$2,500	\$9,000
Cigna HDHP (HSA Qualified)	\$232.22	25%	\$3,500	\$10,000
Kaiser Copay Plus	\$387.80	20%	\$1,500	\$7,000
Kaiser Copay Basic	\$284.12	20%	\$3,000	\$8,000
Kaiser HDHP (HSA Qualified)	\$197.02	25%	\$3,000	\$8,000

Note: Kaiser Permanente members must receive all non-emergency care from Kaiser Permanente doctors, facilities, and their affiliated providers.

Which Plan Is Right for Me?

Here are a few scenarios to illustrate why one employee might choose a particular plan.



Laura

WHAT SHE KNOWS

- Doesn't live near Kaiser facilities
- Has two children and another on the way
- Needs regular care for a chronic condition

WHAT SHE WANTS

- To reduce her financial risk due to unknown healthcare needs

WHAT SHE CHOOSES

- Laura chooses the Cigna Copay Plus plan. She's willing to contribute more from each paycheck to ensure that her overall healthcare expenses remain under control. With a new baby on the way, she has enough on her mind!



Nathan

WHAT HE KNOWS

- Rarely receives healthcare other than a regular check up
- There's a Kaiser Permanente facility within a reasonable distance

WHAT HE WANTS

- Interested in keeping as much money from his paycheck as possible

WHAT HE CHOOSES

- Nathan chooses the Kaiser Copay Basic plan. Because his healthcare usage is low, he's willing to choose a plan with a higher out-of-pocket maximum and deductible.



Maria

WHAT SHE KNOWS

- Lives in a rural area but there's a Everside Health (formerly Paladina Health) location nearby
- She takes a couple of low-cost generic prescription medications monthly

WHAT SHE WANTS

- To take advantage of the State's HSA contribution
- To utilize telemedicine and Everside Health (formerly Paladina Health) options to lower her out-of-pocket costs

WHAT SHE CHOOSES

- Maria chooses the Cigna HDHP (HSA Qualified) plan and elects the HSA option as well. She plans to manage her healthcare choices and wants to see her HSA grow into a meaningful retirement account.

Medical Plan Comparison - Cigna

See below for a comparison of in-network Cigna plan features. For out-of-network coverage details, visit dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits. For your cost of coverage, see page 21 of this guide.

Plan Features	Cigna Copay Plus	Cigna Copay Basic	Cigna HDHP (HSA Qualified)
	In-Network	In-Network	In-Network
Annual Deductible	\$750 individual* \$2,000 family*	\$1,250 individual* \$2,500 family*	\$1,750 individual** \$3,500 family**
Employee Coinsurance	20%	20%	25%
Annual Out-of-Pocket Maximum***	\$3,500 individual \$7,000 family	\$4,500 individual \$9,000 family	\$5,000 individual \$8,000 individual within a family \$10,000 family
Annual State HSA Contribution	None	None	Up to \$720
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	\$20 copay	\$20 copay	25% after deductible
Everside Health Primary Care Visit (formerly Paladina Health)	\$0 copay	\$0 copay	\$40 flat fee (\$0 for preventive care or virtual visits)
Specialist Visit	\$40 copay	\$40 copay	25% after deductible
Urgent Care	\$75 copay	\$75 copay	25% after deductible
Emergency Room (copay waived if admitted)	\$1,000 copay	20% after deductible	25% after deductible
Inpatient Services	20% after deductible	20% after deductible	25% after deductible
Prescription Drugs: Retail (up to a 30-day supply)			
Generic	\$10 copay	\$7 copay	\$10 copay after deductible
Brand Formulary	\$30 copay	\$30 copay	\$40 copay after deductible
Non-Formulary	\$60 copay	\$60 copay	\$60 copay after deductible
Specialty	20% up to \$120 copay	20% up to \$120 copay	25% after deductible up to \$120 copay
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	\$20 copay	\$14 copay	\$20 copay after deductible
Brand Formulary	\$60 copay	\$60 copay	\$80 copay after deductible
Non-Formulary	\$120 copay	\$120 copay	\$120 copay after deductible
Specialty (max 31-day supply)	20% coinsurance Max \$120	20% coinsurance Max \$120	25% coinsurance Max \$120

*Deductible is embedded. Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

**Deductible is aggregate. All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

***Out-of-pocket maximum is embedded. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

Need to find a Cigna doctor?

Visit www.mycigna.com

Medical Plan Comparison - Kaiser Permanente

See below for a comparison of in-network Kaiser plan features. There is no out-of-network coverage for Kaiser plans. For your cost of coverage, see page 21 of this guide.

Plan Features	Kaiser Copay Plus	Kaiser Copay Basic	Kaiser HDHP (HSA Qualified)
	In-Network Only	In-Network Only	In-Network Only
Annual Deductible	\$750 individual* \$1,500 family*	\$1,500 individual* \$3,000 family*	\$1,500 individual** \$3,000 family**
Employee Coinsurance	20%	20%	25%
Annual Out-of-Pocket Maximum	\$3,500 individual*** \$7,000 family***	\$4,000 individual*** \$8,000 family***	\$4,000 individual**** \$8,000 family****
Annual State HSA Contribution	N/A	N/A	\$720
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	\$10 copay	\$15 copay	25% after deductible
Specialist Visit	\$25 copay	\$35 copay	25% after deductible
Urgent Care	\$75 copay	\$75 copay	25% after deductible
Emergency Room (copay waived if admitted)	\$500 copay	20% after deductible	25% after deductible
Inpatient Services	20% after deductible	20% after deductible	25% after deductible
Prescription Drugs: Retail (up to a 30-day supply)			
Preventive	Covered in full if prescribed by a doctor		
Generic	\$10 copay	\$10 copay	\$10 copay after deductible
Brand Formulary	\$30 copay	\$30 copay	\$30 copay after deductible
Non-Formulary	\$60 copay	\$60 copay	\$60 copay after deductible
Specialty	20% up to \$120 copay	20% up to \$120 copay	20% up to \$120 copay
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	\$20 copay	\$20 copay	\$20 copay after deductible
Brand Formulary	\$60 copay	\$60 copay	\$60 copay after deductible
Non-Formulary	\$120 copay	\$120 copay	\$120 copay after deductible
Specialty	20% up to \$100 copay	20% up to \$100 copay	Deductible, then 20% up to \$100 copay

*Deductible is embedded. Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

**Deductible is aggregate. All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

***Out-of-pocket max is embedded. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

****Out-of-pocket max is aggregate. If you have other family members in this plan, the overall family out-of-pocket limits must be met.

Need to find a Kaiser doctor?

Visit my.kp.org/stateofcolorado, download the app, or call (888) 413-0591



Valuable Health & Wellbeing Resources

photo by: Laverne Romero, State Employee

Did you know?



Telemedicine is free with Everside Health (formerly Paladina Health) for all Cigna members and free with Kaiser Permanente’s copay plan options.

Telemedicine

Telemedicine is the remote diagnosis and treatment of patients through phone and video and is a convenient option for many non-urgent conditions. For a simple, low copay, you have access to qualified physicians who can prescribe many common prescription drugs without having to go to a physical location.

Care from the Comfort of Home

Experiencing a common medical condition? Utilize telemedicine to skip the waiting rooms and scheduling hassles. Telemedicine services put you in control of when and where you access care.

Utilize telemedicine to:

- Speak with a licensed physician via phone or computer
- Treat common conditions such as colds, flu, allergies, rashes, and depression
- Get a specialist referral
- Be prescribed short-term medications

Cigna Members

To start utilizing Cigna’s Telehealth Connection, log in to www.mycigna.com.

Kaiser Permanente Members

Download the Kaiser Permanente mobile app or visit www.kp.org.

BenefitHub (Discount Program)

BenefitHub is the State’s employee discount marketplace where state employees can take advantage of thousands of amazing discounts and cashback offers. Visit **BenefitHub** and begin saving today.

Save Time and Money with Everside Health (formerly Paladina Health)

Everside Health offers a high-quality, cost-effective, and time-effective primary care solution for employees and their families covered under Cigna. Copay members have a \$0 copay from day one. High Deductible Health Plan (HDHP) members will only pay a \$40 flat fee until the deductible is met. Preventive care, virtual care, and care for chronic conditions is free for all Cigna members. Common prescriptions are stocked on location, saving you a trip to the pharmacy. Five new clinics have been added in the last year in and around rural areas, giving you more access to your primary care needs. Everside is available to Cigna members only.

Enroll at www.eversidehealth.com/colorado or call Everside Health Member Services at 866-808-6005.

Colorado State Employee Assistance Program (CSEAP)

Colorado State Employee Assistance Program (CSEAP) offers confidential wellbeing services at no cost to you. CSEAP is a confidential resource created to maintain a healthy and productive workforce and is available to all employees regardless of plan participation.

CSEAP provides the following services to all employees:

- Up to six sessions of professional coaching annually (per rolling year)
- Up to six sessions of individual, family, or couple behavioral health counseling annually (per rolling year)
- Video, phone, and in-person (as allowable) coaching or counseling sessions
- Referrals to financial, legal, and community resources
- Mental health crisis support after-hours including evenings, weekends, and state holidays

Contact the CSEAP anytime by calling 800-821-8154 or visit www.colorado.gov/cseap.

Wellness Programs

MotivateMe for Kaiser and Cigna Members

The State's MotivateMe Wellness Program for Kaiser and Cigna members offers you the tools, resources, and incentives you need to achieve your wellness goals. Participants are eligible to earn a monthly medical premium discount of \$20 (\$240 annually) for the following plan year.

If you're enrolled in one of the State's medical plans, through Cigna or Kaiser Permanente, you're eligible to participate. Get started at mycigna.com.

MotivateMe can help you:

- Develop healthy goals
- Make positive lifestyle changes
- Utilize free wellness coaches and programs
- Manage and reduce healthcare costs
- Lead a healthier life
- Explore wellness information and resources
- Maintain preventive visits
- Quit smoking through Cigna's free cessation program

Earning the \$20 Monthly Discount.

To receive your monthly discount on your medical premiums for the following plan year, you'll need to:

- Complete a health assessment and
- Complete health activities and challenges to earn 240 points by the deadline, June 14, 2021.

Please note: New employees hired before March 1 must complete the health risk assessment to receive the premium reduction for the current plan year and must earn 240 points to earn the premium reduction for the following plan year.

New employees hired after March 1 must complete the health risk assessment to receive the premium reduction for the current plan year and the following plan year. New employees hired after March 1 do not need to earn 240 points to get the premium reduction for the following plan year.

Earn a \$240 discount on your FY 2021-22 medical plan premiums.

MotivateMe participants can qualify for a \$20 per month discount on medical premiums. That's an annual savings of \$240!

Ready to get started?

Register at www.mycigna.com and start earning points while you improve your wellness! Check back regularly to take full advantage of the program.

STATE OF HEALTH

STATE OF HEALTH is a new program offered to state employees enrolled in Cigna with chronic health conditions who want to improve their health.

STATE OF HEALTH participants will have their own personal health coach who works closely with Everside care teams to engage in all aspects of health improvement, including:

- Focus on your self-determined needs, health challenges, and goals
- Nine health coaching sessions (with Everside, CSEAP, or Cigna health coach)
- Skill groups on various health improvement topics (exercise, nutrition, stress management, goal setting, healthy communication skills, and getting better sleep and rest)
- Health status assessment (including biometrics) when you start and every 90 days
- Optional elements (tobacco quit-line, diabetes prevention, and behavioral health support)

As of the publishing of this benefits guide, STATE OF HEALTH is available to state employees and are enrolled in the State's health plan with Cigna, and use Everside for primary care, and have chronic conditions, such as: diabetes, high blood pressure, obesity, high cholesterol, depression, or tobacco dependence.

To learn more about STATE OF HEALTH, call your Everside provider or go to www.coloradostateofhealth.com.

Find a dentist near you:

- Online at www.deltadentalco.com
- Download the Delta Dental mobile app
- Call 800-610-0201

photo by: Joe Ahrens, State Employee

Dental Coverage

Our dental plans, through Delta Dental of Colorado (DDCO), help you maintain a healthy smile. Preventive visits are covered at **no cost to you**, so your preventive care doesn't count toward your annual benefit maximum.

With both dental plans, you may visit any dentist of your choice, but you'll receive the highest coverage when you visit in-network providers.

Plan Features	Basic	Basic Plus
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family
Calendar Year Benefit Maximum	\$1,500/person	\$3,000/person
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full	Covered in full
Basic & Restorative Services (e.g., fillings, extractions, root canals)	70%	80%
Major Services (e.g., dentures, crowns, bridges)	50%	50%
Orthodontia	Not covered	50%
Orthodontia Lifetime Maximum	N/A	\$3,000/person

Providers

PPO Providers & Premier Providers - By using these providers, members receive the greatest level of savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members.

Non-Participating Providers - Because these providers aren't affiliated with Delta Dental, they may bill employees for the difference between Delta's reimbursement level and the amount they usually charge.

Providers	
PPO Providers	DDCO pays based on PPO Allowable Fee
Premier Providers	DDCO pays based on Maximum Plan Allowance
Non-Participating Providers	DDCO pays based on a portion of PPO Allowable Fee

Right Start 4 Kids (RS4K) Program

Right Start 4 Kids (RS4K) from Delta Dental of Colorado is a unique plan feature that removes most of the cost barriers to dental care by providing coverage for enrolled children up to their 13th birthday at 100% coinsurance for covered diagnostic and preventive, basic, and major services, with no deductible, when in-network providers are seen up to the annual plan maximum. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are not eligible for the RS4K 100% coverage level. As a reminder, dental coverage is free for enrolled children under five years old. When your eldest or first child turns five, you'll be asked to re-enroll because a premium for the child would now apply.

Note: Cost of coverage and premium information can be found on page 21.

Find a vision provider:

- Visit www.eyemed.com and select the “insight network”

Vision Coverage

Keep your vision clear and your eyes in good health with regular eye exams. Your medical plans include basic vision through EyeMed at no additional cost to you. You may elect to enroll in the EyeMed Vision Enhanced plan which includes increased benefit coverage at a low monthly cost. The benefits vary based on the plan you choose. For additional details, including lens coating and out-of-network coverage, visit dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits.

Provider	EyeMed	
Plan	EyeMed Vision Basic	EyeMed Vision Enhanced
Exam with dilation as necessary (once per plan year)	\$25 copay	\$10 copay
Frames (once per plan year)	\$0 copay, \$130 allowance, 20% off balance over allowance	\$0 copay, \$225 allowance, 20% off balance over allowance
Lenses (once per plan year)		
Single Vision	\$25 copay	\$25 copay
Bifocal	\$25 copay	\$25 copay
Trifocal	\$25 copay	\$25 copay
Lenticular	\$25 copay	\$25 copay
Contact Lenses (once per plan year in lieu of lenses)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over allowance	\$0 copay, \$225 allowance, 15% off balance over allowance
Disposable	\$0 copay plus balance over \$130 allowance	\$0 copay plus balance over \$225 allowance
Medically Necessary	\$0 copay, paid in full	\$0 copay, paid in full

Note: Cost of coverage and premium information can be found on page 21.

Health Savings Account (HSA)

If you enroll in one of the High Deductible Health Plans (HDHP), you may be eligible to open a Health Savings Account (HSA), through Optum Bank. An HSA allows you to set aside tax-free dollars through payroll deductions to conveniently pay for eligible expenses.

What are the benefits of an HSA?

- **The State of Colorado contributes FREE money to your account!**
- You can now make pre-tax or post-tax* contributions to your HSA
- An HSA is your bank account. If you leave the company, the account goes with you
- All unused funds roll over year to year
- HSAs can make a great retirement savings account
- Employer funds will be deposited prospectively and one month in arrears

*Pre-tax elections are made within Benefitsolver, and post-tax elections are handled through your payroll office.

Are HSAs really tax-free?

Yes! HSAs give you a triple tax advantage:

1. Your contributions are tax deductible
2. Payments of qualified expenses are tax-free
3. Earnings are tax-free

Contributions

You can contribute funds from your paycheck up to the annual IRS limits. In order to be eligible for the State's employer contribution of \$60 per month, you must complete the following 3 steps in order:

1. Elect an HDHP Plan in Benefitsolver
2. Elect the HSA option in Benefitsolver
3. Agree to the terms and conditions in Benefitsolver

Once all steps have been completed and the State receives your account information from Optum Bank, the employer contributions will begin prospectively.

Coverage Type	2021 Employer HSA Contribution	2021 Maximum Employee Contribution	2021 IRS Contribution Limit
Individual Coverage	\$720	\$2,880	\$3,600
Family Coverage	\$720	\$6,480	\$7,200
Age 55+ Catch-up Contribution		Additional \$1,000	

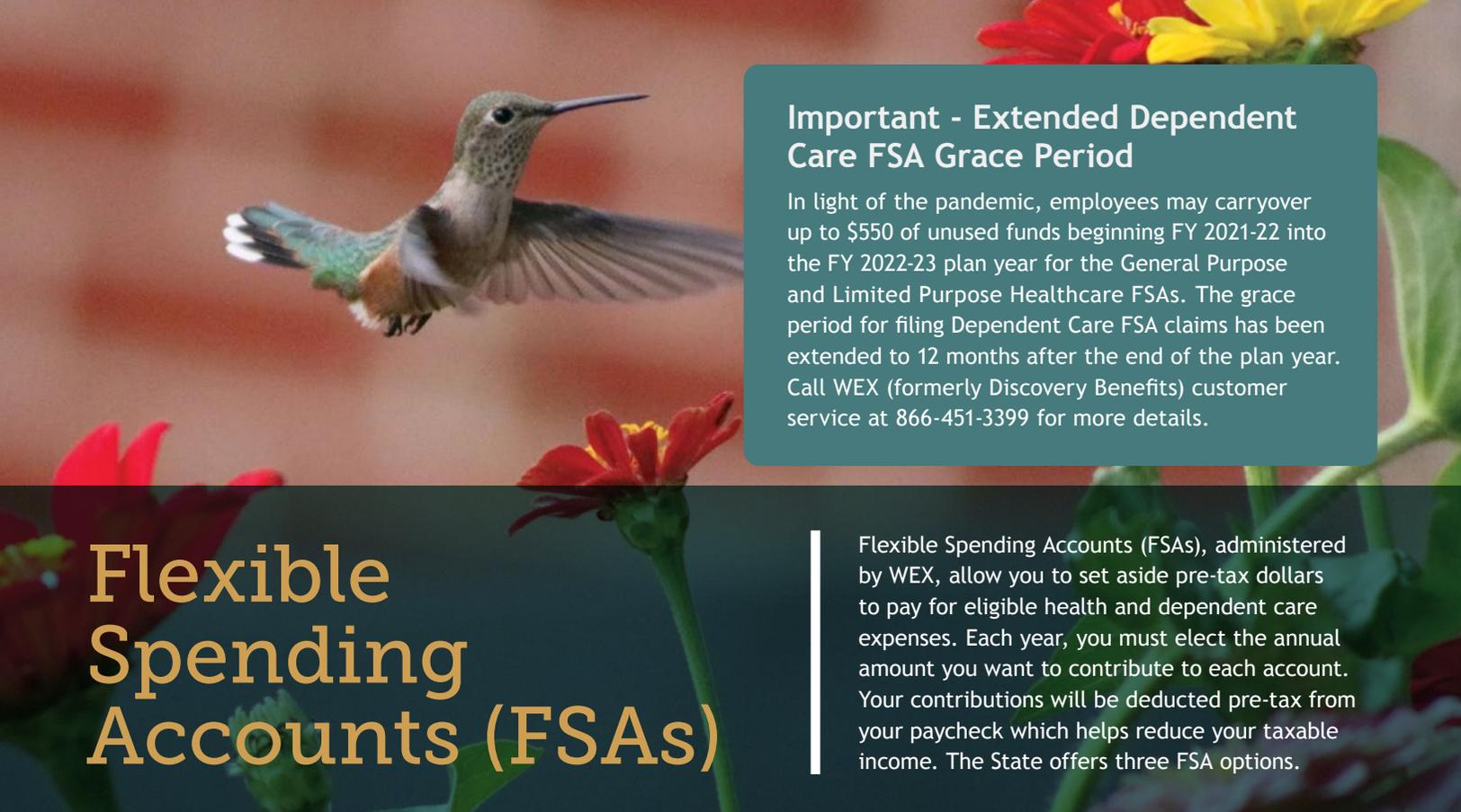
Watch your balance grow

Once your HSA balance reaches the investment threshold, you may choose to invest your HSA funds and earn interest tax-free.

What about the fine print?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP)
- You cannot be covered under another non-qualified health plan, including your spouse's Healthcare Flexible Spending Account
- You cannot be enrolled in Medicare or Tricare
- You cannot be claimed as a dependent on someone else's tax return

Questions? Refer to **IRS Publication 969** for complete HSA rules. Other exclusions may apply. Contact Optum Bank.



Important - Extended Dependent Care FSA Grace Period

In light of the pandemic, employees may carryover up to \$550 of unused funds beginning FY 2021-22 into the FY 2022-23 plan year for the General Purpose and Limited Purpose Healthcare FSAs. The grace period for filing Dependent Care FSA claims has been extended to 12 months after the end of the plan year. Call WEX (formerly Discovery Benefits) customer service at 866-451-3399 for more details.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs), administered by WEX, allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which helps reduce your taxable income. The State offers three FSA options.

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

The General Purpose Healthcare FSA will reimburse you for eligible healthcare (defined as medical, Rx, dental and vision) expenses incurred by you, your spouse, and your children during the plan year. Eligible expenses include copays, coinsurance, deductibles, orthodontia, glasses, and more.

The entire annual amount you elect can be used at any time. When you incur an eligible expense, you can use your WEX (formerly Discovery Benefits) debit card or pay out-of-pocket and submit a reimbursement request.

Note: If you are enrolled in the HSA option, you are not eligible to participate in the General Purpose Healthcare FSA.

Limited Purpose Healthcare FSA - IRS Maximum \$2,750/year

HSA enrolled participants are eligible to participate in the Limited Healthcare FSA to set aside pre-tax dollars for eligible dental and vision expenses only.

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

The Dependent Care FSA lets you use pre-tax dollars to pay daycare expenses for children age 12 and under, or elder dependents who are unable to care for themselves.

The care must be necessary for you and your spouse to remain employed. Eligible expenses include live-in care, licensed daycare centers, preschool, and day camps.

photo by: Karen Akins, State Employee

Unlike the Healthcare FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions.

Rules to Keep in Mind

FSAs offer significant tax advantages, but are subject to IRS regulations.

- All expenses for the Dependent Care FSA must be incurred during the plan year: July 1 through June 30. Due to the impacts of COVID-19, expenses for the Dependent Care FSA may be incurred for up to 12 months after the end of the plan year.
- For the General and Limited Purpose Healthcare FSAs, you may roll over up to \$550 of unused funds beginning FY 2021-22 into the FY 2022-23 plan year. Any remaining funds above this amount will be forfeited.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a qualified status change.
- Each account functions separately. You cannot transfer funds from one FSA to another.

Lifestyle Benefits: You have automatic access to resources such as legal, financial and grief services, travel assistance, legacy planning, and beneficial financial coaching services. Your spouse and insurance-eligible children also have access, even if they are not insured by Securian Financial.

[Learn more.](#)

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance, through Minnesota Life Insurance Company/Securian Financial, provides financial security to you and your family if you become seriously injured or pass away.

Basic Life and AD&D Insurance

As an eligible employee, you receive Basic Life and AD&D insurance equal to one times your annual earnings subject to a minimum benefit of \$50,000 to a maximum of \$250,000. Basic Life and AD&D is provided by the State of Colorado at **no cost to you**.

Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy Voluntary Life and AD&D coverage (summarized in the chart below) at discounted rates.

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren)
Coverage Options	Increments of \$10,000	Increments of \$10,000	\$5,000
Maximum	\$500,000	\$250,000 (cannot exceed 50% of employee's coverage)	\$10,000 (cannot exceed 50% of employee's coverage)
Guaranteed Issue Amount	\$100,000	\$30,000	N/A
Guaranteed Issue Period	Within 31 days of new hire eligibility or a family status change		

*Evidence of Insurability (EOI) may be required.

Enrollment and EOI

Enrollment and providing Evidence of Insurability (EOI) is completed at www.benefitsolver.com and must be completed when you or your spouse apply for new coverage or increase coverage outside your new hire enrollment and during Open Enrollment.

How Much Voluntary Life and AD&D Insurance Should I Buy?

When deciding how much Voluntary Life and AD&D coverage to buy, consider the following:

1. How much will your dependents need to pay debts?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Note: Cost of coverage and premium information can be found on page 22.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary as often as needed at www.benefitsolver.com.



Disability Insurance

If you experience an injury or illness that prevents you from working, disability insurance provides partial income replacement to assist you financially.

Short-Term Disability (STD)

Short-Term Disability coverage, through Unum, provides you with a portion of income replacement if you are unable to work due to an illness or injury. You are automatically enrolled in STD at **no cost to you**. Coverage is effective the first day of the month following your date of hire. Paid leave may be used to supplement the STD benefit. Contact your **benefit administrator** for additional information.

Any Questions?
Unum can help.

Call 866-679-3054

Online at

www.unum.com/employees

Short-Term Disability (STD)

Percent of Earnings	Weekly Maximum	Elimination Period	Maximum Duration
60%	\$3,000	30 days	150 days during a 12-month period

Voluntary Long-Term Disability (LTD)

Long-Term Disability pays you a portion of your earnings if you cannot work for an extended period of time due to a disabling illness or injury. Employees who are regularly scheduled to work at least 12 hours per week are eligible to enroll in LTD. Paid leave may be used to supplement the Voluntary LTD benefit. Contact your **benefit administrator** for additional information.

You will continue to receive benefits as long as you meet the definition of disability or up to age 65 (or later) depending on your age when you become disabled. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

Voluntary Long-Term Disability (LTD)

Percent of Earnings	Monthly Maximum	Elimination Period
60%	\$10,000	180 Calendar Days

Note: LTD doesn't cover pre-existing conditions in the first year of coverage for which you have received treatment in the three months prior to the effective date.

When to Enroll

You may purchase LTD coverage at any time.

- **New Hire:** You do not have to provide proof of good health. The coverage you elect will be effective the first day of the month following your date of hire
- **Any other time:** You must provide proof of good health to Unum for approval before coverage begins

A close-up photograph of a butterfly with yellow and black wings perched on a pink flower. The butterfly is positioned on the left side of the page, with its wings spread. The background is filled with more pink flowers, creating a vibrant and natural setting.

FAQs

Q: How do deductible copay plans work?

Copay plans offer a set copay for most healthcare services. A copay is the flat amount you pay at the time of a medical service or to receive a medication. Each health insurance option has set copay fees. These fees are printed on your health insurance card. The State of Colorado's copay plans have a deductible. A copay plan with a deductible means that you will pay the full cost for some services until you reach your deductible.

Q: Do copays for prescriptions count toward the out-of-pocket maximum?

Yes, prescription copays count toward the out-of-pocket maximum.

Q: Does money paid toward the deductible count toward the out-of-pocket maximum?

Yes, deductibles count toward the out-of-pocket maximum (includes copays, deductibles, and coinsurance).

Q: I'm enrolled in the High Deductible Health Plan, so why haven't I been receiving the monthly \$60?

As part of the High Deductible Health Plan (HDHP), you must elect the HSA option and open an account with Optum Bank to receive the State of Colorado contribution. To confirm your election of an HSA account you will need to log into Benefitsolver by going to www.benefitsolver.com. Choose **Change My Benefits, Life Event, HSA Enrollment Update**, and follow the instructions by selecting your plan. Remember to check the box for **I Want Coverage** and agree to the terms and conditions. Once we receive your account information, the State will contribute \$60 into your account on a monthly basis.

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

No. Your HSA is a bank account and you own it. Any money in your HSA is yours to keep.

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

Yes, mostly. If you have a Healthcare FSA, you can carry over up to \$550 to the following plan year. Any unclaimed funds remaining at the end of the benefit plan year are forfeited. FSA plans fall under the "use it or lose it" rule, so it's important to plan carefully. If you do not submit claims before the deadline, your contributions will be forfeited, except for the \$550 carryover amount allowed on Healthcare FSAs only. Please note that for FY 2021-22, there is an extension for the Dependent Care FSA, allowing you to submit expenses that occur for up to 12 months after the end date of the plan year.



photo by: Ryan Cornwell, State Employee

Your Cost for Coverage

The State of Colorado covers the majority of your benefit costs. Your monthly payroll deductions are detailed in the following charts.

Save Money on your Medical Plan Premiums

The State of Colorado offers medical plan participants two great ways to save money.

MotivateMe Incentive

Participants in the MotivateMe Wellness Program can qualify for a \$20 per month premium discount which adds up to a savings of \$240 annually. For more information on MotivateMe, visit www.colorado.gov/wellness.

Tobacco Surcharge

Non-Tobacco users have reduced monthly premiums when compared to tobacco users. This only applies to employees and not their dependents. If you are a tobacco user, now is a great time to quit or agree to take a smoking cessation program and lower your monthly medical plan premiums.

Medical, Dental, and Vision Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical Plan Options - Non-Tobacco User				
Cigna HDHP (HSA Qualified)	\$24.24	\$145.72	\$55.00	\$232.22
Cigna Copay Basic	\$35.96	\$178.64	\$66.10	\$251.28
Cigna Copay Plus	\$85.06	\$268.94	\$147.82	\$408.08
Kaiser HDHP (HSA Qualified)	\$25.78	\$156.54	\$51.32	\$197.02
Kaiser Copay Basic	\$34.80	\$172.24	\$65.58	\$284.12
Kaiser Copay Plus	\$54.42	\$244.82	\$116.24	\$387.80
Medical Plan Options - Tobacco User				
Cigna HDHP (HSA Qualified)	\$99.24	\$220.72	\$130.00	\$307.22
Cigna Copay Basic	\$110.96	\$253.64	\$141.10	\$326.28
Cigna Copay Plus	\$160.06	\$343.94	\$222.82	\$483.08
Kaiser HDHP (HSA Qualified)	\$100.78	\$231.54	\$126.32	\$272.02
Kaiser Copay Basic	\$109.80	\$247.24	\$140.58	\$359.12
Kaiser Copay Plus	\$129.42	\$319.82	\$191.24	\$462.80
Dental Plan Options				
Delta Dental Basic	\$4.44	\$16.28	\$15.24	\$27.98
Delta Dental Basic Plus	\$18.96	\$45.28	\$45.70	\$72.96
Vision Plan Options				
EyeMed Vision Basic	Included with your medical coverage at no additional cost to you.			
EyeMed Vision Enhanced	\$4.40	\$8.36	\$8.80	\$12.94



photo by: Titus Green, State Employee

Voluntary Life and AD&D Insurance Monthly Premiums

Voluntary Life and AD&D Monthly Premiums				
Employee		Spouse		Child(ren)
Age	\$ Amount/ \$10,000 of Coverage	Age	\$ Amount/ \$10,000 of Coverage	Cost for Coverage Options
Under Age 30	\$0.60	Under Age 30	\$0.80	<p>Option 1: The monthly premium for \$5,000 coverage is \$0.50 per month per family unit</p> <p>Option 2: The monthly premium for \$10,000 coverage is \$1.00 per month per family unit</p>
30-34	\$0.80	30-34	\$1.00	
35-39	\$0.80	35-39	\$1.20	
40-44	\$1.00	40-44	\$1.20	
45-49	\$1.00	45-49	\$1.80	
50-54	\$1.20	50-54	\$2.60	
55-59	\$2.60	55-59	\$4.60	
60-64	\$4.00	60-64	\$6.80	
65-69	\$8.00	65-69	\$13.40	
Age 70 and Over	\$12.20	Age 70 and Over	\$21.20	

Voluntary LTD Monthly Premium Rates

Age on December 31 of the Prior Calendar Year	PERA Vested* Rates	PERA Non-Vested** Rates
Less than Age 34	0.00084	0.00252
35-39	0.001	0.00303
40-44	0.00126	0.0037
45-49	0.00168	0.00521
50-54	0.00261	0.0079
55-59	0.00395	0.01177
60-64	0.00546	0.01737
65-69	0.00588	0.01782
Age 70 and Over	0.00723	0.0216

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

**If you are non-vested in the PERA Defined Benefit (DB) Retirement Plan or you are enrolled in the PERA Defined Contribution (DC) Retirement Plan, use these Voluntary LTD premium rates.

Example of Premium Calculation:

If you are vested in the PERA Defined Benefit (DB) Retirement Plan, age 42, with a monthly covered salary of \$4,000, your monthly premium would be \$5.04 per month (the age 42 PERA Vested premium rate is \$0.00126 multiplied by monthly covered salary of \$4,000 = \$5.04 per month).



Additional Cost Considerations

The State of Colorado Medical Supplement Program

The Medical Supplement Program is a subsidy provided by the State of Colorado to assist qualified low-income state employees and their children with the cost of their medical and dental premium. To receive this subsidy, you must apply every year during Open Enrollment.

How to Apply

1. Visit idsonline.colorado.gov/dpa/dhr/medicals supplement during Open Enrollment and complete the application. The enrollment period ends on May 14, 2021 at 11:59 p.m. MDT.
2. Submit the following supporting documentation to verify dependents and income:
 - First two pages of the IRS Form 1040 for Tax Year 2020
 - Tax returns for all wage-earning household members age 16 and older

Pre-Tax & Post-Tax

You may choose to pay your health and dental premiums before taxes are deducted (pre-tax) or after taxes are deducted from your paycheck (post-tax).

- **Pre-tax premiums** reduce your yearly taxable income. In general, this reduces your federal and state income tax liability.
 - Pre-tax premiums can affect your highest average salary (HAS) in calculating your retirement benefits. This varies from person to person, so contact PERA at 800-759-7372 or go online to www.copera.org to learn more.
- **Post-tax contributions** do not reduce your yearly taxable income, however, there is no impact on your PERA highest average salary.
 - In limited circumstances, the premiums of post-tax elections may be used as a tax deduction if you itemize your deductions. Consult a tax advisor for your personal circumstances.

Your Benefit Contacts

photo by: Rick Ciminelli, State Employee

Coverage	Contact	Phone/Email	Website
Enrollment & Eligibility	Agency Benefit Administrator	Benefit Administrator Contact List	dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits
Medical	Kaiser Permanente	888-413-0591 stateofcolorado@kp.org	Member: www.kp.org Non-member: my.kp.org/stateofcolorado
	Cigna	800-244-6224	www.mycigna.com
Primary Care Services	Everside Health (formerly Paladina Health)	866-808-6005	www.eversidehealth.com/colorado
Dental	Delta Dental	800-610-0201	www.deltadentalco.com
Pharmacy	OptumRX	844-564-2201 800-498-5428 (TDHI)	www.optumrx.com
Vision	EyeMed	888-485-5174	www.eyemed.com
Wellness	State of Colorado	state_wellness@state.co.us	www.colorado.gov/dhr/wellness
Health Savings Account (HSA)	Optum Bank	866-234-8913	www.optumbank.com
Colorado State Employee Assistance Program (CSEAP)	CSEAP	303-866-4314 Toll Free: 800-821-8154	www.colorado.gov/cseap
Flexible Spending Account (FSA)	WEX	866-451-3399 customerservice@discoverybenefits.com	www.wexinc.com/solutions/benefits
Life and AD&D	Minnesota Life Securian Financial	877-828-7728	www.lifebenefits.com
Disability	Unum	866-679-3054	www.unum.com/employees
Retirement	Public Employees Retirement Association (PERA)	800-759-7372	www.copera.org www.peraontheissues.com (public policy blog) www.thedimecolorado.com (financial literacy for early to mid-career members)

This communication highlights some of your State of Colorado benefit plans. Your actual rights and benefits are governed by the official plan documents. A more detailed summary plan description for each plan can be found at dhr.colorado.gov/state-employees/state-of-colorado-employee-benefits. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. The State of Colorado reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.