COLORADO STATE BOARD
COMMUNITY COLLEGES and OCCUPATIONAL EDUCATION

YOUR EMPLOYEE BENEFITS

FOR ADMINISTRATOR, PROFESSIONAL, TECHNICAL, STAFF, AND FACULTY EMPLOYEES

BENEFIT PLANS EFFECTIVE
JULY 1, 2021–JUNE 30, 2022

Aims Community College
Arapahoe Community College
CollegeInvest
Colorado Community College System
Colorado Northwestern Community College
Community College of Aurora
Community College of Denver
Department of Higher Education
Front Range Community College
Lamar Community College
Morgan Community College
Northeastern Junior College
Otero Junior College
Pikes Peak Community College
Pueblo Community College
Red Rocks Community College
Trinidad State Junior College

BENEFITS BUILT FOR YOU

As the State Board for Community Colleges and Occupational Education (SBCCOE) Employee Benefit Trust, we care about you. That's why we offer benefits that support your physical, emotional, and financial health.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the 2021–2022 plan year (July 1, 2021–June 30, 2022). Then, choose the options that are best for you and your family.

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WHO IS ELIGIBLE

If you are an APT, staff, or faculty employee and scheduled to work at least 30 hours per week and are not receiving a PERA retirement benefit, you are eligible for benefits on the first day you officially begin active employment.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse, common-law spouse, civil union partner, or domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Any dependent who is required by state insurance law to be covered or offered coverage under any insurance contract issued to the Trust for the SBCCOE benefit plans.
- Your dependent children of any age who are physically or mentally unable to care for themselves.

WHO PAYS

Some benefits are 100% paid by your employer, while others require that you contribute.

Benefit	You Pay	Employer Pays
Medical Insurance	X	X
Dental Insurance	X	X
Vision Insurance	X	
Health Savings Account	X	
Flexible Spending Accounts	X	
Basic Life and AD&D Insurance		X
Supplemental Life and AD&D Insurance	X	
Disability Insurance		X
Business Travel Accident Insurance		X
Supplemental Retirement Plans	X	
Employee Assistance Program		X

WHEN TO ENROLL

You can only sign up for benefits or change your benefits at the following times.

- **Within 31 days of becoming a new employee:** Complete the new hire paperwork.
- **During the annual benefits enrollment period.**
- **Within 31 days of a qualifying life event:** Contact Human Resources.

The choices you make at this time will remain in place through June 30, 2022, unless you experience a qualifying life event, as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

BENEFIT DEDUCTIONS

SBCCOE provides you the option to pay your portion of the benefit costs on a pre- or post-tax basis.

If you are planning to retire under PERA within the next four years, it might benefit you to elect an after-tax premium payment and waive participation in the health savings account and flexible spending accounts to ensure your highest possible PERA retirement benefit.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for the 2021–2022 plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse or dependent's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.
- Change in residence, work site, or work status that affects your eligibility for coverage.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You will need to provide proof of the event, such as a marriage license or birth certificate.

MEDICAL INSURANCE

SBCCOE offers five medical plan options depending on where you live and/or work.

Before you enroll in medical coverage, take some time to fully understand how each plan works. Refer to pages 6 and 7 for an overview of the plan benefits.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:

Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in a health savings account (HSA)?

Consider the Anthem HDHP.

Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?

Consider the Anthem PPO BluePreferred or Anthem HMO BlueAdvantage.

Do you prefer the predictability of having a copay and no coinsurance for a visit to your primary care physician?

Consider the Anthem HMO BluePriority or Kaiser DHMO option.

KEY TERMS TO KNOW

Copay

A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service.

Deductible

The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.

Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

Out-of-Pocket Maximum

Includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

MEDICAL INSURANCE

The table below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Kaiser DHMO In Network Only	Anthem HMO BluePriority In Network Only	Anthem HMO BlueAdvantage In Network Only
Available Networks	Colorado Permanente Medical Group	HMO Colorado Blue Priority Network	HMO Colorado Managed Care
Plan Year Deductible	Individual: $250 Family: $500	Individual: $1,000 Family: $3,000	Individual: $250 Family: $750
Out-of-Pocket Maximum (includes deductibles, coinsurance, copays and Rx)	Individual: $3,000 Family: $6,000	Individual: $4,000 Family: $8,000	Individual: $4,750 Family: $9,750
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician Office Visit	$20 copay	$15 copay	$30 copay
Specialist Office Visit	$40 copay	$45 copay	$50 copay
Telehealth Visit	$0 copay	$5 copay	$10 copay
Urgent Care Visit	$40 copay	$45 copay	$50 copay
Diagnostic Lab/X-Ray	Plan pays 100% (Therapeutic x-ray: 20%)	Plan pays 100%[2] $45 copay[3]	Plan pays 100%
MRI, CT, PET (free-standing facility)	$100 copay	$200 copay after ded.	$100 copay after ded.
MRI, CT, PET (hospital-based facility)	$100 copay	$200 copay, then 20% after ded.	$150 copay after ded.
Outpatient Therapy Physical, Speech, Occupational (20 visits per therapy per plan year)	$20 copay	$15 copay	PCP: $30 copay Specialist: $50 copay
Hospital Services–Inpatient Stay	20% after ded.	$200 copay, then 20% after ded.	$700 copay after ded.
Hospital Services–Outpatient Surgery (free-standing facility)	$500 copay	$200 copay	$300 copay after ded.
Hospital Services–Outpatient Surgery (hospital-based facility)	20% after ded.	$200 copay, then 20% after ded.	$500 copay after ded.
Emergency Room	$250 copay	$250 copay	$250 copay after ded.
Ambulance Service	20% coinsurance up to $500 per trip ded. waived	20% after ded.	$50 copay per trip after ded.
Prescription Deductible[1]	None	Individual: $150 Family: $300	None
Prescription Drugs–Tier 1 (Up to a 30-day supply; ded. does not apply)	Generic: $15 copay[4]	$15 copay	$15 copay
Prescription Drugs–Tier 2 (Up to a 30-day supply)	Preferred Brand: $30 copay[4]	$40 copay after ded.	$50 copay
Prescription Drugs–Tier 3 (Up to a 30-day supply)	Non-Preferred Brand: $50 copay	$60 copay after ded.	$80 copay
Prescription Drugs–Tier 4 (Up to a 30-day supply)	Specialty: 20% up to $150 max	30% up to $350 max	30% up to $350 max
Mail Order (Up to a 90-day supply)	Tier 1, 2, & 3: 2x retail copay Tier 4: 20% up to $150	Tier 1: $15 copay Tier 2 & 3: 2x retail copay Tier 4: 30% up to $350	Tier 1: $15 copay Tier 2 & 3: 2x retail copay Tier 4: 30% up to $350

(1) Does not apply to Tier 1 prescriptions. (2) For office labs. (3) For x-rays. (4) Southern Colorado members have certain restrictions for maintenance medications. The first time a maintenance medication prescription is filled it may be filled at any pharmacy. All subsequent fills must be obtained at a Kaiser Permanente pharmacy or by mail order.

MEDICAL INSURANCE

The table below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Anthem HDHP		Anthem PPO BluePreferred	
	In Network	Out of Network	In Network	Out of Network
Available Networks	Anthem BCBS PPO Provider Network	Any provider	Anthem BCBS PPO Provider Network	Any provider
Plan Year Deductible	Individual: $6,350 Family: $12,700	Individual: $10,000 Family: $20,000	Individual: $2,000 Family: $6,000	Individual: $4,000 Family: $12,000
Out-of-Pocket Maximum (includes deductibles, coinsurance, copays and Rx)	Individual: $6,350 Family: $12,700	Individual: $12,700 Family: $25,400	Individual: $6,000 Family: $12,700	Individual: $13,000 Family: $30,000
Preventive Care	Plan pays 100%	50% after ded.	Plan pays 100%	PCP: $70 copay Specialist: $100 copay
Primary Care Physician Office Visit	0% after ded.	50% after ded.	$40 copay[1]	50% after ded.
Specialist Office Visit	0% after ded.	50% after ded.	$70 copay[1]	50% after ded.
Telehealth Visit	0% after ded.	Not covered	$10 copay	Not covered
Urgent Care Visit	0% after ded.	50% after ded.	$70 copay[1]	50% after ded.
Diagnostic Lab/X-Ray	0% after ded.	50% after ded.	Plan pays 100%[2] 25% after ded.[3]	50% after ded.
MRI, CT, PET (free-standing facility)	0% after ded.	50% after ded.	$150 copay	50% after ded.
MRI, CT, PET (hospital-based facility)	0% after ded.	50% after ded.	25% after ded.	50% after ded.
Outpatient Therapy Physical, Speech, Occupational (20 visits per therapy per plan year)	0% after ded.	50% after ded.	25% after ded.	50% after ded.
Hospital Services–Inpatient Stay	0% after ded.	50% after ded.	25% after ded.	50% after ded.
Hospital Services–Outpatient Surgery (free-standing facility)	0% after ded.	50% after ded.	$250 copay	50% after ded.
Hospital Services–Outpatient Surgery (hospital-based facility)	0% after ded.	50% after ded.	25% after ded.	50% after ded.
Emergency Room	0% after ded.	0% after ded.	25% after ded.	25% after ded.
Ambulance Service	0% after ded.	0% after ded.	25% after ded.	25% after ded.
Prescription Drugs–Tier 1 (Up to a 30-day supply)	0% after ded.	50% after ded.	$15 copay	Not covered
Prescription Drugs–Tier 2 (Up to a 30-day supply)	0% after ded.	50% after ded.	$50 copay	Not covered
Prescription Drugs–Tier 3 (Up to a 30-day supply)	0% after ded.	50% after ded.	$80 copay	Not covered
Prescription Drugs–Tier 4 (Up to a 30-day supply)	0% after ded.	50% after ded.	30% up to $350 max	Not covered
Mail Order (Up to a 90-day supply)	0% after ded.	Not covered	Tier 1: $15 copay Tier 2 & 3: 2x copay Tier 4: 30% up to $350	Not covered

(1) Additional services obtained during an office visit may be subject to 25% coinsurance. (2) Free-standing. (3) Hospital.

MEDICAL INSURANCE

HOW THE PLANS WORK

Key Functions	Kaiser DHMO	Anthem HMO BluePriority	Anthem HMO BlueAdvantage
Location availability	Limited locations. Please see Human Resources for details.	Limited locations. Please see Human Resources for details.	All of Colorado. Please see Human Resources for details.
In- and out-of-network benefits	In network only.	In network only.	In network only.
Pay for care with pre-tax dollars Health Savings Account Health Care Flexible Spending Account	 No. Yes.	 No. Yes.	 No. Yes.
Individual deductible applies if you cover your family	Yes, if you cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max.	Yes, if you cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max.	Yes, if you cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max.
You pay Copay Coinsurance	 Yes. Yes.	 Yes. Yes.	 Yes. No.

MEDICAL INSURANCE

HOW THE PLANS WORK (CONTINUED)

Key Functions	Anthem HDHP	Anthem PPO BluePreferred
Location availability	All locations.	All locations.
In- and out-of-network benefits	Yes.	Yes.
Pay for care with pre-tax dollars Health Savings Account Health Care Flexible Spending Account	 Yes. No.	 No. Yes.
Individual deductible applies if you cover your family	Yes, if you cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max.	Yes, if you cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max.
You pay Copay Coinsurance	 No. Yes.	 Yes. Yes.

MEDICAL INSURANCE

UNDERSTANDING THE ANTHEM HIGH-DEDUCTIBLE HEALTH PLAN

With a high-deductible health plan (HDHP), when you need care, you pay for all services out of your pocket (with the exception of preventive care) until you reach your deductible. The out-of-pocket maximum is the most you'll pay in a plan year for services covered by your plan. Once this limit is reached, the plan pays 100% for covered services for the rest of the year. Don't forget, medical plan deductibles and out-of-pocket maximums run on a plan year basis and reset July 1.

Appointment with provider.

Don't forget to bring your ID card to your appointment.

You typically don't need to pay anything at the time of service.

Your provider will bill Anthem.

Anthem will provide you with an EOB.* The EOB is not a bill.

Your provider will send you a statement that shows the amount you owe.

You pay the amount due with HSA dollars or out of your pocket.

Don't forget to open and fund a health savings account (HSA). An HSA helps you set aside funds for any eligible medical, dental, and vision expenses. See page 17 for more details.

Drop off your prescription at the pharmacy.

Show your ID card so that you receive the Anthem discounts.

The pharmacy will verify your coverage.

You pay the amount due with HSA dollars or out of your pocket.

Anthem processes the claim and sends you an EOB. The EOB is not a bill.

All of your medical and prescription drug payments count toward your annual plan year deductible and out-of-pocket maximum.

*Anthem will either mail an explanation of benefits (EOB) to your home or post on the Anthem portal.

Preventive care is covered at no cost to you even before you reach your deductible.

MEDICAL INSURANCE

In-network preventive care is free for medical plan members.

The SBCCOE medical plans pay 100% of the cost of preventive care when received from a network provider. This means you won't have to pay anything out of your pocket.

WHAT IS PREVENTIVE CARE?

The focus of preventive health care is to **PREVENT** illnesses, disease, and other health problems, and to **DETECT** issues at an early stage when treatment is likely to work best.

WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive exam each year—even if you feel healthy and are symptom free—in order to **IDENTIFY FUTURE HEALTH RISKS.**

WHAT'S COVERED?

Covered preventive services **VARY BY AGE AND GENDER**. Talk with your provider to determine which screenings, tests, and vaccines will be covered, when you should get them, and how often.

SAVE MONEY ON YOUR HEALTH CARE

Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. In-network doctors and facilities contract with the insurance company and agree to charge a lower price for services.

Request an in-network lab.

When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur **additional** out-of-pocket expenses.

Check your explanation of benefits.

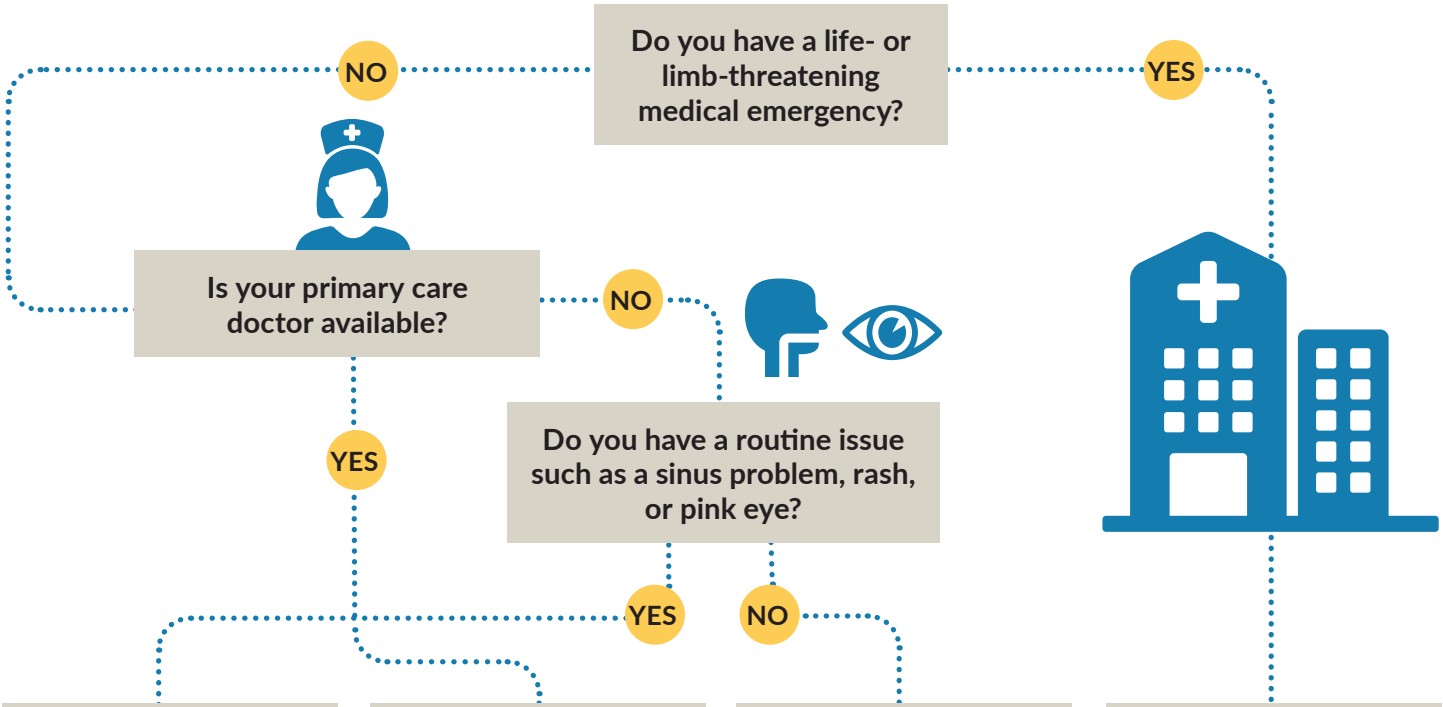
After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

Note: Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at anthem.com or kp.org.

MEDICAL INSURANCE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Use Telehealth	Go to Your Primary Care Doctor	Go to an Urgent Care Center	Go to the Emergency Room
Telehealth provides you with care at home. Make an appointment with a physician from your computer or phone by logging into livehealthonline.com or kp.org.	For care during normal office hours, it's usually best to go to your primary care doctor. He or she can provide follow-up care and refer you to a specialist, if needed.	Urgent care centers typically don't require an appointment and are often open in the evenings and on weekends. Plus, in-network urgent care centers are faster and much less expensive than the ER.	In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first, and other cases must wait—sometimes for hours. And, it will cost you a lot more to get care at the ER.
$	$$	$$$	$$$$

DispatchHealth

DispatchHealth provides on-demand health care in the convenience of your home. They can treat many of the same illnesses and injuries that are treated at an urgent care center. Make an appointment at dispatchhealth.com.

MEDICAL INSURANCE

Anthem and Kaiser provide an opportunity for great health and exceptional care through many time-saving tools and resources to help you manage your health.

ANTHEM TOOLS AND RESOURCES

Healthcare without the hassle

- **Phone visit:** Speak with a registered nurse 24/7. Call the NurseLine at 800-337-4770.
- **Virtual Text visit:** Text with a qualified doctor anytime, anywhere through the Sydney Health app.
- **Sydney Health Symptom Checker:** Check your symptoms when you're sick and connect to care directly from your mobile device. Download the Sydney Health App on the App Store or Google Play.

Video visits through LiveHealth Online

- **See a board-certified doctor 24/7 with no appointment needed:** Doctors are always available to assess your condition and send a prescription to the pharmacy you choose. It's a great option when you have a common health issue like pink eye, a fever, or the flu. Get started at **livehealthonline.com** or download the app.
- **Visit a licensed therapist in four days or less:** Have a video visit with a therapist to get help with anxiety, depression, grief, and more. Schedule your appointment online or call 888-548-3432.
- **Consult a board-certified psychiatrist within two weeks:** If you are over 18, you can get medication support to help manage a mental health condition. Schedule an appointment at 888-548-3432.
- **DispatchHealth:** Urgent care dispatched to your home or work.
- **Prescription Drug List:** The Essential Drug List includes select generic and brand name drugs. A list of drugs that are covered on the Essential Drug List is available at **anthem.com/pharmacyinformation**.
- **Sydney Mobile App:** Download the Sydney Mobile App to find a doctor, access your ID card and medical history, and compare costs of services.

KAISER PERMANENTE TOOLS AND RESOURCES

Healthcare options that fit your lifestyle

- **Expanded network of mental health providers:** Enjoy even more options for primary care and mental health providers.
- **Same-day/next-day prescriptions:** Save a trip to the pharmacy and get non-routine prescriptions delivered to your home.
- **DispatchHealth:** Urgent care dispatched to your home or work.
- **Healthy lifestyle programs:** Access free programs to help you lose weight, eat healthier, quit smoking, reduce stress, and manage ongoing conditions like diabetes or depression. Visit **kp.org/healthylifestyles**.
- **Health classes:** With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Visit **kp.org/classes**.

On-demand care—save time and money

- **Chat online:** Connect with a KP doctor, therapist, pharmacist, or financial counselor through **kp.org** or the KP mobile app for your health-related needs.
- **Phone and virtual visits:** Schedule a virtual visit or call a doctor 24/7 with phone and video options. To schedule an appointment, call 303-338-4545.
- **Email:** Log into **kp.org** to email your primary care doctor or specialist directly.
- **myStrength app:** Mental health, wellness, and resiliency tools are at your fingertips. Visit **kp.org/selfcareapps** to register.
- **Kaiser Mobile App:** Download the Kaiser Mobile App on the App Store or Google Play.
- **Calm app:** Lower stress, reduce anxiety, and improve sleep quality through meditation and mindfulness. Visit **kp.org/selfcareapps**.

DENTAL INSURANCE

SBCCOE offers two dental insurance plan options through Delta Dental of Colorado.

Prevention First—NEW BENEFIT!
Preventive dental services such as x-rays, cleanings, and sealants will be excluded from your dental plan's annual maximum, allowing additional non-preventive services.

The plans provide you the freedom to choose any licensed dentist. However, you will pay less out of your pocket when you choose a Delta Dental PPO dentist. Locate a Delta Dental network provider at **deltadentalco.com**.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental Option I			Delta Dental Option II		
	PPO Dentist	Premier Dentist	Non-Participating Dentist	PPO Dentist	Premier Dentist	Non-Participating Dentist
Plan Year Deductible	Individual: $50 Family: $150	Individual: $50 Family: $150	Individual: $50 Family: $150	Individual: $50 Family: $150	Individual: $50 Family: $150	Individual: $50 Family: $150
Plan Year Benefit Max	$3,000	$3,000	$3,000	$1,000	$1,000	$1,000
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	20%	20%	50%	50%	50%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	40% after ded.	40% after ded.	50% after ded.	50% after ded.	50% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	60% after ded.	60% after ded.	50% after ded.	50% after ded.	50% after ded.
Implants	50%	50%	50%	50%	50%	50%
Implant Lifetime Max	$2,000 per covered member	$2,000 per covered member	$2,000 per covered member	$1,000 per covered member	$1,000 per covered member	$1,000 per covered member
Orthodontia Services	50%	50%	50%	Not covered	Not covered	Not covered
Orthodontia Lifetime Max	$2,000 per covered member	$2,000 per covered member	$2,000 per covered member	Not covered	Not covered	Not covered

VISION INSURANCE

SBCCOE offers a vision insurance plan through VSP.

NEW In-Network Providers for 2021
Walmart is now an in-network provider. Note that the frame allowance at Walmart is lower ($100) than the frame allowance at other network providers ($180). UV lenses are covered at 100%.

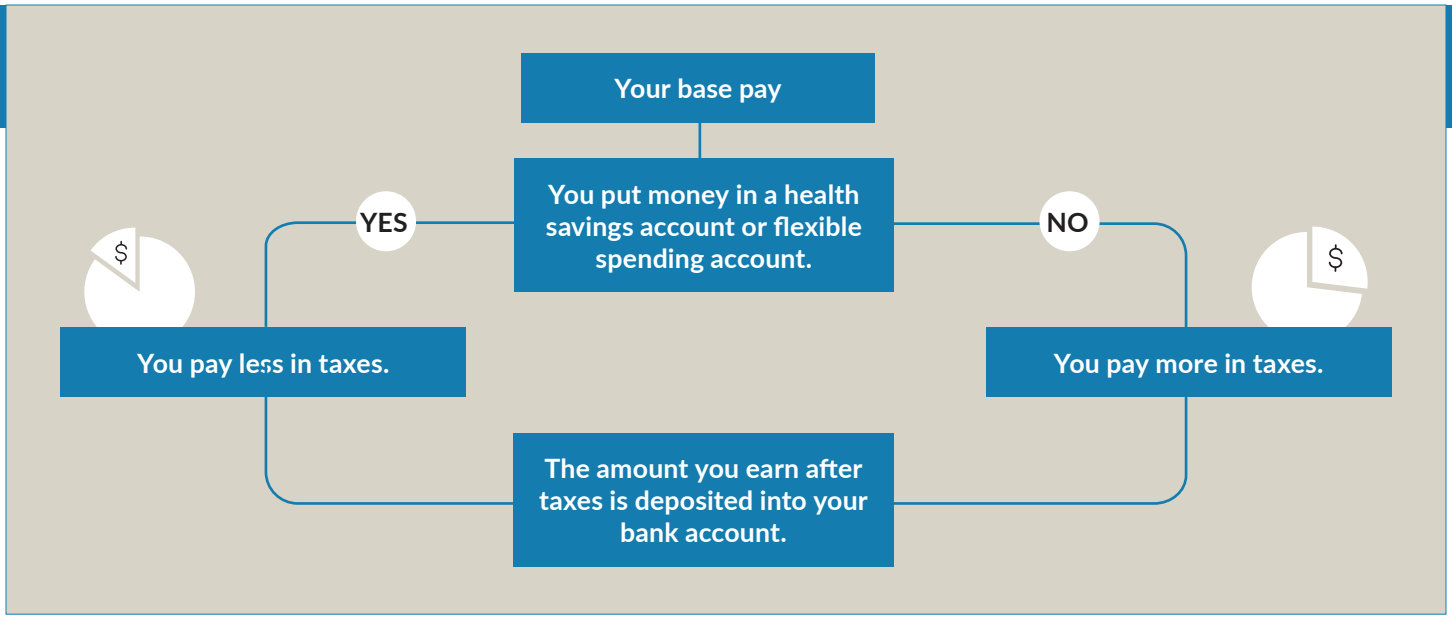
You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at **vsp.com**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Vision Plan In Network	VSP Vision Plan Out of Network
Eye Exam[1] (Every 12 months)	$15 copay	Reimbursed up to $45
Eyeglasses—Single Vision Lenses	$15 copay[2]	Reimbursed up to $30
Eyeglasses—Lined Bifocal Lenses	$15 copay[2]	Reimbursed up to $50
Eyeglasses—Lined Trifocal Lenses	$15 copay[2]	Reimbursed up to $65
Eyeglasses—Lenticular Lenses	$15 copay[2]	Reimbursed up to $100
Photochromics and Tints	Plan pays 100%	Reimbursed up to $5 for tints
Additional Lens Options	20%–25% discount on non-covered lens options	Not applicable
Frames (Every 12 months)	Covered up to $180 ($100 at Costco) after $15 copay: $200 on featured frame brands. 20% off any amount over your frame allowance	Reimbursed up to $70
Contact Lenses—Elective (Every 12 months in lieu of standard plastic lenses)	$180 allowance + copay up to $60 + 15% off lens exam	Reimbursed up to $105
Contact Lenses—Medically Necessary (Every 12 months in lieu of standard plastic lenses)	Plan pays 100%[3]	Reimbursed up to $210

(1) Diabetic Eyecare Plus Program—$20 copay for follow-up exam relating to Type 1 and Type 2 diabetes. (2) One materials copay per service year.
(3) If medically necessary with pre-authorization and approval by VSP.
Note: Exams and hardware are available only once in a 12-month period, starting with the first date of service/purchase.

BUDGETING FOR YOUR CARE



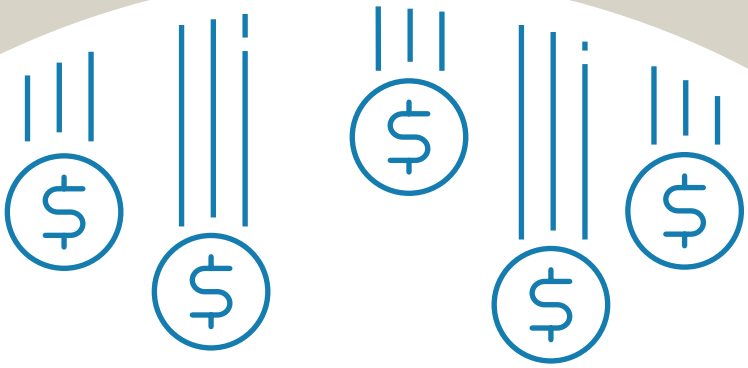
You can save about 20%* on your care by putting money in a health savings account or flexible spending account. That is because you don't pay taxes on your contributions.

COMPARE YOUR OPTIONS

	Health Savings Account Details on Page 17	**Health Care Flexible Spending Account** Details on Page 18	**Dependent Care Flexible Spending Account** Details on Page 18
Eligible plans	Anthem HDHP	Kaiser DHMO, Anthem HMO BluePriority, Anthem HMO BlueAdvantage, Anthem PPO BluePreferred	All plans
Eligible expenses	Medical, dental, vision	Medical, dental, vision	Dependent care
Your entire annual election is available on July 1, 2021	No	Yes	No
You can change your election throughout the year	Yes	No	No
You can take income tax deductions for expenses you pay with your account	No	No	No
Funds roll over from one year to the next	Yes	Yes	Yes

*Percentage varies based on your tax bracket.

HEALTH SAVINGS ACCOUNT



If you enroll in the Anthem HDHP, you may be eligible to open and fund a health savings account (HSA) through Anthem Act Wise, or a banking institute of your choice.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars through payroll deduction.

If you choose to open your HSA through Anthem Act Wise, it will be fully integrated with the Anthem member website. When you log into your Anthem account, you can view your HSA account balance, claims, pay a provider, reimburse yourself, and more.

2021 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- **Individuals:** $3,600
- **All other coverage levels:** $7,200

If you are age 55+ by December 31, 2021, you may contribute an additional $1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if you are enrolled in the Anthem HDHP and meet additional eligibility requirements. Refer to **anthem.com** for eligibility information.

Note: Pre-tax HSA contributions will not reduce your gross wage for PERA calculations. Your PERA pension is based on your taxable income over your three or five highest earning years (depending on your hire date). The more you make, the higher your pension payments will be. As you move closer to retirement, you should look at ways to maximize your PERA pension contributions.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

USE

Use your HSA dollars today to pay for eligible health care expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescriptions.

SAVE

Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money from year to year. The money in the account is always yours, even if you change health plans or jobs.

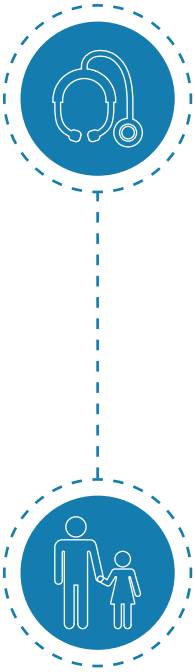
INVEST

The money in your HSA can be invested and grows tax-free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent without penalty on any expense.

FLEXIBLE SPENDING ACCOUNTS

SBCCOE offers two flexible spending account (FSA) options, which are administered by 24HourFlex.

Log into your account at 24hourflex.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.



HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

The health care FSA maximum contribution is $2,750 for the 2021 calendar year. The minimum election is $25 per month.

Any unused funds in your 2020–2021 health care FSA will be rolled over to the 2021–2022 account.

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.

You may contribute up to $5,000 to the dependent care FSA for the 2021 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect up to $2,500 for the 2021 calendar year. The minimum election is $25 per month.

You will have a 365-day run-out period to file claims after the end of the 2020–2021 plan year. In addition, a 12-month grace period has ben added allowing claims to be incurred for an additional 12 months. Any funds remaining at the end of the run-out period (June 30, 2023) will be forfeited.

When you fund a dependent care FSA to the maximum amount ($5,000), you could save $1,000 per year.* That is because you don't pay taxes on your FSA contributions.

*Amount varies based on your tax bracket.

LIFE AND AD&D INSURANCE

SBCCOE provides basic life and AD&D insurance to all full-time benefits-eligible employees AT NO COST. You have the option to purchase supplemental life and AD&D insurance.

BASIC LIFE AND AD&D INSURANCE—THE STANDARD

SBCCOE automatically provides basic life and AD&D insurance through The Standard to all full-time benefits-eligible employees **AT NO COST FOR THE FIRST $50,000.*** If you die as a result of an accident, your beneficiary will receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 1x, 2x, or 3x annual earnings rounded to the next highest $1,000 up to a maximum of $300,000
- **Employee AD&D benefit:** Same as employee life benefit

*Note: Employees pay for amounts over $50,000.

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Use the calculator at **standard.com** to find the right amount for you.

SUPPLEMENTAL LIFE AND AD&D INSURANCE—THE STANDARD

SBCCOE provides you the option to purchase supplemental life and AD&D insurance for your spouse and your dependent children through The Standard.

Dependent life insurance is available to all dependents of benefits-eligible active employees who elect basic life and AD&D insurance for themselves. Dependent children must be under age 26.

Level 1

- **Spouse/domestic partner:** $5,000
- **Child(ren):** $5,000

Level 2

- **Spouse/domestic partner:** $10,000
- **Child(ren):** $10,000

Level 3

- **Spouse/domestic partner:** $20,000
- **Child(ren):** $20,000

LIFE AND AD&D INSURANCE

SUPPLEMENTAL LIFE AND AD&D INSURANCE—COLORADO PERA

If you are an active Public Employee's Retirement Association (PERA) member, you have the option to purchase additional group life insurance through Unum/Colorado PERA. If you elect this coverage, your spouse and dependent children will automatically be covered as well. Spouse, wherever used, includes your civil union partner as recognized under Colorado law. However, child(ren) of domestic partners and civil union partners are covered as long as they are living with you (the PERA member) in a regular parent/child(ren) relationship and are dependent on you (the member) for their main support. You may enroll in PERA life and AD&D insurance within 31 days of becoming eligible or during open enrollment for this plan, which occurs annually from April 1 through May 31.

Retired and inactive PERA members who purchased this group life insurance prior to termination/retirement, and maintain their PERA account, may continue coverage in this plan.

- **Coverage amounts:** If you are a new employee and are enrolled in PERA, you may purchase up to four units of life/AD&D benefits for yourself, your spouse, and your dependent child(ren) during your initial enrollment period. The voluntary group life benefit is purchased in units of life/AD&D insurance and the coverage amounts are based on age. No more than four units of life/AD&D can be purchased.
- **Guaranteed issue:** If you elect coverage when first eligible, you may elect up to four units of life/AD&D without answering medical questions (evidence of insurability). If you elect to purchase coverage after your initial eligibility period, or if you wish to increase your coverage amount, you may be required to complete evidence of insurability.

SUPPLEMENTAL AD&D INSURANCE—MUTUAL OF OMAHA

SBCCOE provides the option to purchase supplemental AD&D insurance through Mutual of Omaha to all full-time benefits-eligible employees and their families. AD&D insurance provides benefits for loss of life, limbs, or sight resulting from an accident occurring on or off the job. Payments are made regardless of any other insurance.

As a new employee, you can enroll immediately, and coverage will begin the first day of employment, provided you are actively at work. You may enroll in this plan throughout the year, and you may increase or decrease your insurance amounts at any time throughout the year.

- **Coverage amounts:** $10,000 increments up to $500,000. Any amount of insurance elected that is greater than $250,000 may not exceed 10x your annual earnings.

Note: You may enroll yourself and your family. However, you must elect coverage for yourself in order to elect coverage for your family. Under a full family plan, your spouse's/domestic partner's/civil union partner's principal sum is 50% of yours and each child's principal sum is 20% of yours. If there are no child(ren) covered, your spouse's/domestic partner's/civil union partner's benefit increases to 60% of yours. If there is no spouse/domestic partner/civil union partner covered, each child's benefit increases to 25% of yours.

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Colorado PERA or Mutual of Omaha.

DISABILITY INSURANCE

SBCCOE provides disability insurance to all full-time benefits-eligible employees AT NO COST.

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

LONG-TERM DISABILITY INSURANCE—THE STANDARD

SBCCOE automatically provides long-term disability (LTD) insurance through The Standard to all full-time benefits-eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability (STD) period.

- **Benefit:** 60% of base monthly pay up to $15,000
- **Elimination period:** 60 days
- **Benefit duration:** Varies based on age when disability begins. See plan document for more information.

PERA DISABILITY PROGRAM—PERA

PERA provides members enrolled in the defined benefit plan with five or more years of earned PERA service credit with a two-tier disability program **AT NO COST**. One tier is a short-term disability plan provided by Unum Life Insurance. The second tier is a PERA disability retirement benefit. Since the disability program is part of the PERA benefit structure, members are not charged a premium for this program.

Short-Term Disability Insurance—UNUM

STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income.

- **Benefit:** 60% of your pre-disability PERA-includible salary (the amount paid may be reduced by other income)
- **Elimination period:** 60 days
- **Benefit duration:** Up to 22 months

Disability Retirement—PERA

The PERA disability retirement benefit is based on your highest average salary and earned, purchased, and in some circumstances, projected service credit. The monthly benefit continues as long as you continue to be totally and permanently incapacitated from regular and substantial gainful employment.

The requirements include the following:

- You are totally and permanently incapacitated and are not reasonably expected to recover from your disabling medical condition;
- Your medical condition prevents you from engaging in any regular and substantial gainful employment;
- You are medically unable to earn 75% of your pre-disability earnings from PERA-covered employment from any job for which you are or could be educated or trained; and
- You are not PERA retirement eligible.

DISABILITY INSURANCE

The table below summarizes the disability insurance plans in a side-by-side comparison.

	The Standard Long-Term Disability			**Colorado PERA** Short-Term Disability	**Colorado PERA** Disability Retirement
Who is eligible?	Regular, full-time benefits-eligible employees based on BP3-60 For LTD coverage, an employee must be actively at work at least 30 hours per week (Aims employees must be actively at work 35 hours per week)			Employees who are enrolled in the Defined Benefit Plan and who have earned five years of PERA defined benefit service credit	
Does the employer pay for the program?	Yes			Yes, pre-funded through monthly employer contributions to PERA	
When does coverage begin?	First day of active employment			Once an employee has earned five years of PERA service credit	
When should I submit a claim?	As soon as your medical condition prevents you from engaging in your regular duties, but no later than 90 days after the end of the benefit waiting period.			As soon as your medical condition prevents you from engaging in your regular duties, but no later than 90 days after you terminate employment, as long as you have met the minimum PERA service requirements	
How do I submit a claim?	Contact your Human Resources office			Contact your Human Resources office or PERA's customer service center to request a disability program brochure (includes an application and summary plan description)	
What is the waiting period?	60 calendar days or exhaustion of sick leave, whichever is later			60 calendar days or exhaustion of sick leave, whichever is later	None
What is the maximum benefit period?				22 months after the 60 calendar day waiting period	Lifetime, if disability continues
Age at Disability	<60	60–64	65+		
Maximum Benefit Period	To age 65	65+ or 36 months	70+ or 24 months		
How is the disability benefit calculated?	The lesser of 60% of monthly earnings or 70% of monthly earnings less other income benefits, or the maximum monthly benefit			60% of average 12-month salary on which PERA contributions were made immediately preceding your last full day on the job prior to the 60-day waiting period	Usually, 50% of highest average salary, but it may vary depending on age and service credit
What are the maximum/minimum benefit payments?	Maximum: $15,000 per month Minimum: The greater of $50 or 10% of the monthly benefit before deductions for other income benefits			None	None

SUPPLEMENTAL RETIREMENT PLANS

As an employee, you can direct dollars from your gross wages into your own voluntary retirement account.

When choosing this option, you can defer taxes on these dollars until they are withdrawn or you can choose to make after-tax retirement contributions into a Roth 403(b) plan. A penalty tax of 10% (plus normal income tax payments) will apply for early withdrawal unless one of the following conditions applies: death, disability, separation from service during or after the year you reach age 55, reaching age 59½, and hardship. In some cases, a rollover to another tax-deferred qualified plan is allowed by the IRS. Under the voluntary plan in 2021, you can direct up to 100% of your annual salary or $19,500, whichever is less, per year toward your retirement. In some cases, these limits may be higher. A catch-up provision allows anyone over the age of 50 to contribute an additional $6,500. PERA DB service time may be purchased with dollars from any of the following voluntary retirement plans.

COLORADO PERA 401(k) PLAN

Colorado PERA offers a 401(k) tax deferred plan that includes: 17 no load PERAChoice diversified funds in which you may invest, allows loans against your account, separate contribution limits in addition to 457 limits, a stable value fund that provides a fixed interest rate, the PERAChoice Capital Preservation fund, managed account service offered through Voya, a self-directed brokerage option with TD Ameritrade, and account rollovers from outside retirement plans such as 401(k), 403(b), 401(a), 457. Funds may be used to purchase service credit with PERA.

COLORADO PERA 457 DEFERRED COMPENSATION PLAN

The Colorado PERA 457 Plan benefits include the following: no 10% early withdrawal penalty, separate contribution limits in addition to 403 (b), 401(k), and IRA limits, 17 no load PERAChoice diversified funds in which you may invest, allows loans against your account, a stable value fund that provides a fixed interest rate, the PERAChoice Capital Preservation fund, managed account service, offered through Voya, a self-directed brokerage option with TD Ameritrade and account rollovers from outside retirement plans such as 401(k), 403(b), 401(a), 457. Funds may be used to purchase service credit with PERA.

For more information on the PERA plans, please call 800-759-7372 and select Option 1, or visit copera.org.

SBCCOE 403(B) PLANS

SBCCOE provides three separate 403(b) supplemental retirement plans. Each 403(b) plan provider offers a variety of investment options that comply with our plan. To participate, contact the plan provider of your choice and enroll. Then contact your Human Resources department to set up the payroll deductions. All 403(b) plans include provisions for loans, hardship withdrawals, eligible rollover contributions, eligible rollover distributions, and the ability to use funds to purchase service credit with PERA. The VALIC and MetLife 403(b) products allow ROTH contributions.

403(b) plan providers include:

- **MetLife:** visit **metlife.com** or call 877-638-3279 and select option 1, 2, and 3
- **TIAA:** visit **tiaa.org** or call 800-842-2252
- **AIG Retirement Services:** visit **aig.com/retirementservices** (formerly VALIC Financial Advisors, Inc.) or call 800-426-3753

SUPPLEMENTAL RETIREMENT PLANS

The table below summarizes the supplemental retirement plans in a side-by-side comparison.

Who is eligible?	Colorado PERA Deferred Compensation 457 Plan	Colorado PERA 401(k) Plan	403(b) Tax-Deferred Annuity Program
Who Can Participate	Employees of the state	Employees of the state	Employees of higher education institutions
Employee Contributions	Via payroll deductions	Via payroll deductions	Via payroll deductions
Minimum	None	None	Based on option selected
Maximum	$19,500 in 2021 (in addition to any amount contributed to 401(k) and/or 403(b))	$19,500 in 2021 401(k) and 403(b) contributions combined cannot exceed calendar year maximum.	$19,500 in 2021 401(k) and 403(b) contributions combined cannot exceed calendar year maximum.
Loans to Participants	Up to two loans at any time, for any reason	Up to two loans at any time, for any reason	One per product type for any reason
Withdrawals While Working	Permitted only for: ▪ Extreme unforeseeable financial hardships as determined under IRS guidelines (10% penalty does not apply) ▪ To purchase PERA service credit ▪ Age 70½ or older	Permitted only for: ▪ Employees age 59½ or older* ▪ Financial hardship* ▪ To purchase PERA service credit* * 10% penalty does not apply	Permitted only for: ▪ Separation of service ▪ Employees age 59½ or older* ▪ Financial hardship* ▪ To purchase PERA service credit* * 10% penalty does not apply
Catch-Up Provisions	Participants age 50 and over may make additional contributions of $6,500 in each calendar year There is also a special 457 catch-up provision that allows participants who qualify to contribute double the available limit. Please contact PERA for specific details.	Participants age 50 and over may make additional contributions of $6,500 in each calendar year	Participants age 50 and over may make additional contributions of $6,500 in each calendar year
When Paid	Retirement, termination No 10% tax penalty regardless of age, hardship, death (beneficiary)	Retirement, termination, hardship, death (beneficiary)	Retirement, termination, hardship, death (beneficiary)
To Enroll	Contact plan carrier and enroll, or contact your Human Resources department for a payroll deduction form.		

EMPLOYEE ASSISTANCE PROGRAM

Employee assistance program (EAP) services are provided to you and your household members AT NO COST through Colorado State Employee Assistance Program (C-SEAP).

This is a confidential program available to help you and your family members handle the stresses involved with everyday issues and/or crisis situations.

- The services are accessible through toll-free phone calls and online access.
- Each member can receive up to six counseling sessions, per incident, per year.
- No personal information is ever shared with your employer.

I'm in over my head. I wish I had someone to talk to.

I need help finding care for my mom.

I am struggling after the loss of a loved one.

This free EAP can support you. Call the CSEAP at 800-821-8154 or visit colorado.gov/cseap.

ADDITIONAL BENEFITS & INFORMATION

LEAVE OF ABSENCE

You can continue insurance coverage while on an approved paid or unpaid leave of absence, **including but not limited to:**

- Short-term disability and long-term disability.
- Family and medical leave under the Family and Medical Leave Act (FMLA).
- Military leave under the Uniformed Services Employment & Reemployment Rights Act (USERRA).

During leave, you will continue to pay your share of the benefit plan premiums, and your employer will continue to pay its appropriate share. Contact your Human Resources office for details as some exceptions may apply.

COLLEGE INVEST 529

SBCCOE offers employees a free, voluntary benefit of saving for college with a 529 plan. This is a convenient way for you to save for your child(ren)'s college. This is not a payroll deduction; it's simply a direct deposit.

BUSINESS TRAVEL ACCIDENT INSURANCE

SBCCOE provides business travel accident insurance for all full-time benefits-eligible, active employees when traveling for business. Benefits apply in the event of your accidental death, dismemberment, or paralysis while you are traveling for work. An authorized trip begins from the time you leave your residence or office, whichever occurs later, to the time you return to your residence or office, whichever occurs first. Travel to and from work, vacations, and leaves of absence are not considered authorized travel.

ASSIGNMENT AND PAYMENT OF BENEFITS

No benefit payable under the SBCCOE benefit plan(s) can be assigned, transferred, or subject to any lien, garnishment, pledge, or bankruptcy. However, a participant may assign benefits payable under this plan to a provider or hospital pursuant to the terms of the certificate. Ultimately, it is the participant's responsibility to pay any hospital or provider. If the benefit payment is made directly to a participant, for whatever reason, such payment shall completely discharge all liability of the SBCCOE benefit plan(s), the SBCCOE, and the colleges/agencies.

If any benefit under the SBCCOE benefit plan(s) is erroneously paid to a participant, the participant must refund any overpayment.

THIRD PARTY REIMBURSEMENT AND SUBROGATION

If you or a covered dependent receive benefits under the SBCCOE benefit plan(s) for injury, sickness, or disability that was caused by a third party, and you have a right to receive a payment from the third party, then the SBCCOE benefit plan(s) has the right to recover payments for the benefits paid. If you recover any amount for covered expenses from a third party, the amount of benefits paid by the SBCCOE benefit plan(s) will be reduced by the amount you recovered.

In making a claim for benefits from the SBCCOE benefit plan(s), you and your covered dependents agree that the SBCCOE will be subrogated to any recovery, or right of recovery, you or your dependent has against any third party, and that the SBCCOE will be reimbursed and will recover 100% of any amount paid by the SBCCOE benefit plan(s) or amounts which the SBCCOE benefit plan(s) is otherwise obligated to pay. You also agree that you will not take any action that would prejudice the SBCCOE benefit plan(s) subrogation rights and will cooperate in doing what is reasonably necessary to assist the SBCCOE benefit plan(s) in any recovery.

CONTACT INFORMATION

CARRIER CONTACT INFORMATION

Business Travel Accident Insurance

Chubb Travel and Medical Assistance
Phone Inside the US/Canada: 800-243-6124
Phone Outside the US: 202-659-7803
Website: **chubbtravelassistance.com**

COBRA

24HourFlex
Phone: 800-651-4855
Website: **24hourflex.com**

College Invest 529

Phone: 800-448-2424
Website: **collegeinvest.org**

Dental Insurance

Delta Dental of Colorado
Phone: 800-610-0201
Website: **deltadentalco.com**

Disability Insurance

Short-Term/Retirement Disability—PERA
Phone: 800-759-7372
Website: **copera.org**

Long-Term Disability—The Standard
Phone: 800-368-1135
Website: **standard.com**

Employee Assistance Program

Colorado State Employee Assistance Plan (C-SEAP)
Phone: 303-866-4314 or 800-821-8154
Website: **colorado.gov/cseap**

Flexible Benefit Plan

24HourFlex
Phone: 800-651-4855
Website: **24hourflex.com**

Health Insurance

Anthem BlueCross BlueShield (All Plans)
Phone: 800-542-9402
Website: **anthem.com**

Kaiser Permanente DHMO
Phone: 800-218-1059
Website: **kp.org**

DispatchHealth
Phone: 303-500-1518
Website: **dispatchhealth.com**

Health Savings Account

Anthem Act Wise
Phone: 800-542-9402
Website: **anthem.com**

Life and AD&D Insurance

The Standard
Phone: 800-628-8600
Website: **standard.com**

Unum
Phone: 866-277-1649
Website: **unum.com**

Mutual of Omaha
Phone: 800-524-2324
Website: **mutualofomaha.com**

PERA Retirement plans

Colorado PERA
Phone: 303-832-9550
Website: **copera.org**

Vision Insurance

Vision Service Plan (VSP)
Phone: 800-877-7195
Website: **vsp.com**

Voluntary Supplemental Retirement Plans

Colorado PERA 401(k) / 457
Phone: 800-759-7372 (Select Option 1)
Website: **copera.org**

MetLife/Brighthouse 403(b)
Phone: 877-638-3279 (Select option 1, 2, and 3)
Website: **metlife.com**

TIAA 403(b)
Phone: 800-842-2252
Website: **tiaa.org**

AIG Retirement Services
(formerly VALIC Financial Advisors, Inc.)
Phone: 800-426-3753
Website: **aig.com/retirementservices**

CONTACT INFORMATION

GROUP INSURANCE PLAN NUMBERS

Business Travel Accident Insurance

Chubb Group of Insurance Companies 99077139

Dental Insurance

Delta Dental of Colorado

	Option I	Option II
Aims Community College	9581-1001	9581-2001
Arapahoe Community College	9581-1002	9581-2002
COBRA	9581-91001	9581-92001
CollegeInvest	9581-1005	9581-2005
Colorado Community College System	9581-1007	9581-2007
Colorado Northwestern Community College	9581-1018	9581-2018
Community College of Aurora	9581-1006	9581-2006
Community College of Denver	9581-1008	9581-2008
Department of Higher Education	9581-1003	9581-2003
Front Range Community College	9581-1009	9581-2009
Lamar Community College	9581-1010	9581-2010
Morgan Community College	9581-1011	9581-2011
Northeastern Junior College	9581-1012	9581-2012
Otero Junior College	9581-1013	9581-2013
Pikes Peak Community College	9581-1014	9581-2014
Pueblo Community College	9581-1015	9581-2015
Red Rocks Community College	9581-1016	9581-2016
Trinidad State Junior College	9581-1017	9581-2017

Health Insurance

Anthem BlueCross BlueShield (All Plans)

Aims Community College	C12055
Arapahoe Community College	C12056
COBRA	C12071
CollegeInvest	C12059
Colorado Community College System	C12054
Colorado Northwestern Community College	C12072
Community College of Aurora	C12060
Community College of Denver	C12061
Department of Higher Education	C12057
Front Range Community College	C12062
Lamar Community College	C12063
Morgan Community College	C12064
Northeastern Junior College	C12065
Otero Junior College	C12066
Pikes Peak Community College	C12067
Pueblo Community College	C12068
Red Rocks Community College	C12069
Trinidad State Junior College	C12070
Prescription Drugs (all locations)	020099

Kaiser Permanente DHMO*

Aims Community College	489-009-18
Arapahoe Community College	489-009-03
CollegeInvest	489-009-12
Community College of Aurora	489-009-08
Colorado Community College System	489-009-01
Community College of Denver	489-009-06
Department of Higher Education	489-009-04
Front Range Community College—Longmont	489-009-02
Front Range Community College—Ft. Collins	489-009-02
Front Range Community College—Westminster	489-009-02
Lamar Community College	489-009-19
Morgan Community College	489-009-07
Northeastern Junior College	489-009-16
Otero Junior College	489-009-20
Pikes Peak Community College	489-009-10
Pueblo Community College	489-009-21
Red Rocks Community College	489-009-05
Trinidad State Junior College	489-009-17

Life and AD&D Insurance

The Standard Insurance Company	647519
Unum	595121
Mutual of Omaha	T66BA-P-051585

Long-Term Disability

The Standard Insurance Company	647519
PERA Disability Program	633387

Supplemental Retirement

See your Human Resources department for plan numbers.

Vision insurance

Vision Service Plan (VSP)

Aims Community College	12066182-0100
Arapahoe Community College	12066182-0102
COBRA	12066182-0117
CollegeInvest	12066182-0118
Colorado Community College System	12066182-0114
Colorado Northwestern Community College	12066182-0104
Community College of Aurora	12066182-0105
Community College of Denver	12066182-0106
Department of Higher Education	12066182-0103
Front Range Community College	12066182-0107
Lamar Community College	12066182-0119
Morgan Community College	12066182-0108
Northeastern Junior College	12066182-0109
Otero Junior College	12066182-0110
Pikes Peak Community College	12066182-0111
Pueblo Community College	12066182-0112
Red Rocks Community College	12066182-0113
Trinidad State Junior College	12066182-0115

*Subgroup is typically determined based upon residential zip code, however if you have questions regarding your subgroup please contact Human Resources.

CONTACT INFORMATION

HUMAN RESOURCES/BENEFITS OFFICE CONTACTS

Aims Community College
5401 W. 20th St.
Greeley, CO 80634
Phone: 970-339-6319
Fax: 970-506-6953

Arapahoe Community College
5900 S. Santa Fe Drive
Littleton, CO 80160
Phone: 303-797-5917
Fax: 303-797-5938

CollegeInvest
1560 Broadway, Suite 1700
Denver, CO 80202
Phone: 303-376-8800
Fax: 303-296-4811

Colorado Community College System
9101 E. Lowry Blvd.
Denver, CO 80230
Phone: 720-858-2390
Fax: 303-620-4030

Colorado Northwestern Community College
500 Kennedy Drive
Rangely, CO 81648
Phone: 970-824-1136
Fax: 970-824-0936

Community College of Aurora
16000 E. Centretech Parkway
Aurora, CO 80011-9036
Phone: 303-360-4934
Fax: 303-360-4772

Community College of Denver
1201 5th Street, Suite 310
Campus Box 240,
P.O. Box 173363
Denver, CO 80204
Phone: 303-352-3042
Fax: 303-556-6557

Department of Higher Education
1560 Broadway, Suite 1600
Denver, CO 80202
Phone: 303-862-3001
Fax: 303-996-1329

Front Range Community College-Boulder County
2190 Miller Drive
Longmont, CO 80501
Phone: 303-678-3723
Fax: 303-678-3706

Front Range Community College-Larimer
4616 S. Shields
Fort Collins, CO 80527
Phone: 970-204-8106
Fax: 970-204-8303

Front Range Community College-Westminster
3645 W. 112th Avenue
Westminster, CO 80031
Phone: 303-404-5307
Fax: 303-438-9077

Lamar Community College
2401 S. Main St.
Lamar, CO 81052
Phone: 719-336-1572
Fax: 719-336-5626

Morgan Community College
920 Barlow Road
Fort Morgan, CO 80701
Phone: 970-542-3130
Fax: 970-542-3117

Northeastern Junior College
100 College Avenue
Sterling, CO 80751
Phone: 970-521-6661
Fax: 970-521-6678

Otero Junior College
1802 Colorado Avenue
La Junta, CO 81050
Phone: 719-384-6824
Fax: 719-384-6947

Pikes Peak Community College
5675 S. Academy Blvd., Box C-4
Colorado Springs, CO 80906
Phone: 719-502-2005
Fax: 719-502-2601

Pueblo Community College
900 W. Orman Ave.
Pueblo, CO 81004
Phone: 719-549-3223
Fax: 719-549-3127

Red Rocks Community College
13300 W. 6th Ave.
Lakewood, CO 80228-1255
Phone: 303-914-6297
Fax: 303-914-6800

Trinidad State Junior College
600 Prospect St.
Trinidad, CO 81082
Phone: 719-589-7050
Fax: 719-589-7212

This summary of benefits is not intended to be a complete description of the terms and SBCCOE insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although SBCCOE maintains its benefit plans on an ongoing basis, SBCCOE reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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