



YOUR EMPLOYEE BENEFITS

INSTRUCTORS AND OTHER VARIABLE
HOUR EMPLOYEES

**BENEFIT PLANS EFFECTIVE
JULY 1, 2021-JUNE 30, 2022**

Aims Community College
Arapahoe Community College
CollegInvest
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

Instructors or other variable hour employees, who work an average of at least 30 hours per week during the CCCS defined measurement period will be eligible for benefits the following plan year.

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
Health Savings Account	X	
Supplemental Life and AD&D Insurance	X	
Disability Insurance		X
Supplemental Retirement Plans	X	
Employee Assistance Program		X

WHEN TO ENROLL

If you meet the eligibility requirements you may sign up for benefits or change your benefit elections at the following times:

- During your initial administrative period.
- During the annual benefits enrollment period.
- Within 31 days of a qualifying life event: Benefits must begin on the date of the qualifying life event.

The choices you make at this time will remain the same through your benefit period. If you do not sign up for benefits during your administrative period, you will not be able to elect coverage during the remainder of your benefit period unless you experience a qualifying life event.



▼ CHANGING YOUR BENEFITS

Because your premiums are collected post-tax, you can drop your insurance coverage at any time during the plan year.

However, if you drop your medical insurance coverage, you will not be eligible to enroll in the plan again until the next measurement period for which you are eligible, or unless you experience a qualifying 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

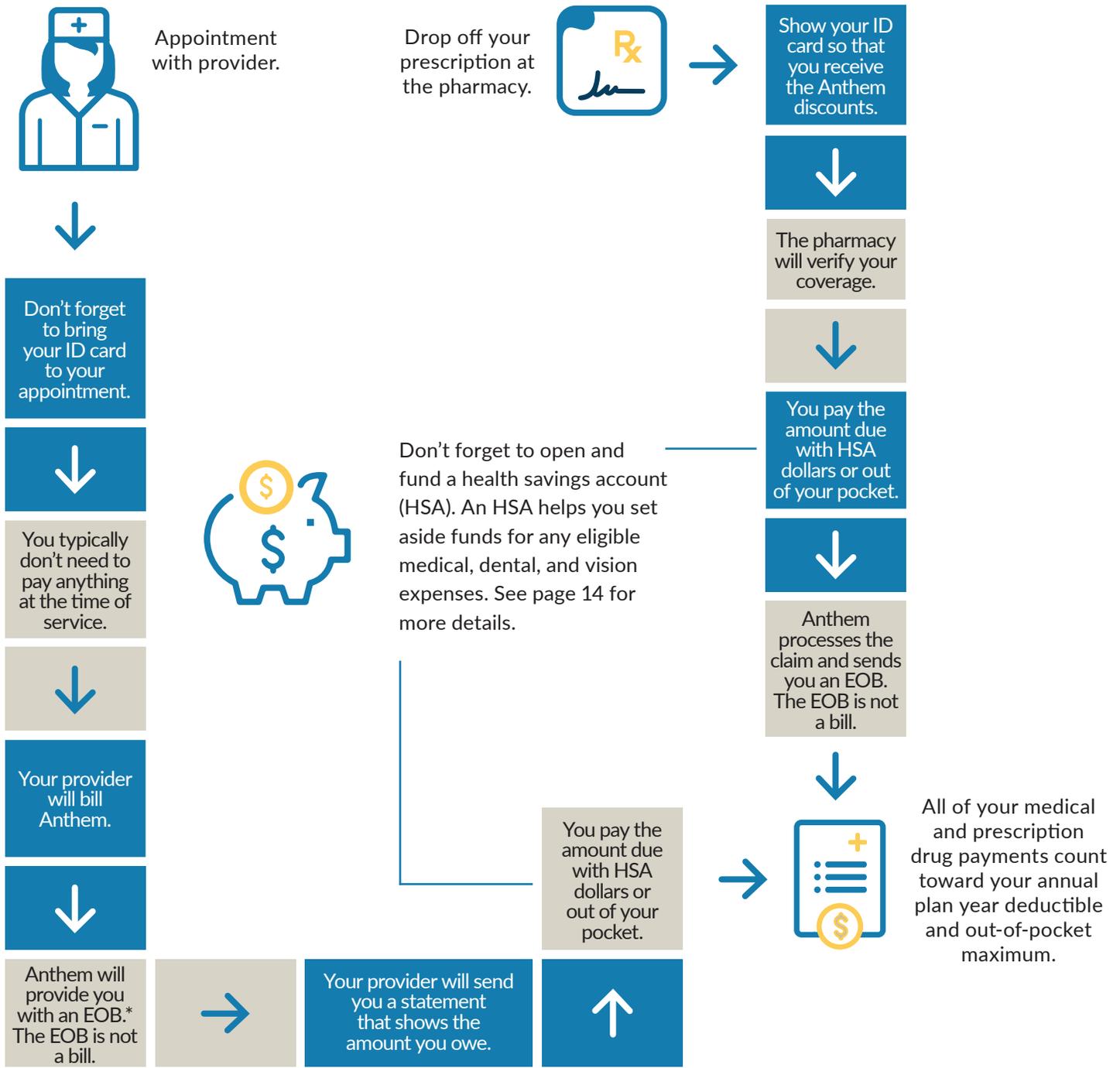
HOW THE PLANS WORK (CONTINUED)

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	Yes.	No.
Health Care Flexible Spending Account	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	No.	Yes.
Coinsurance	Yes.	Yes.

MEDICAL INSURANCE

UNDERSTANDING THE ANTHEM HIGH-DEDUCTIBLE HEALTH PLAN

A high-deductible health plan (HDHP) requires you to 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 the plan. Once this limit is reached, the plan pays 100% for covered services for the rest of the year. Medical plan deductibles and out-of-pocket maximums run on a plan year basis and reset July 1.



*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.

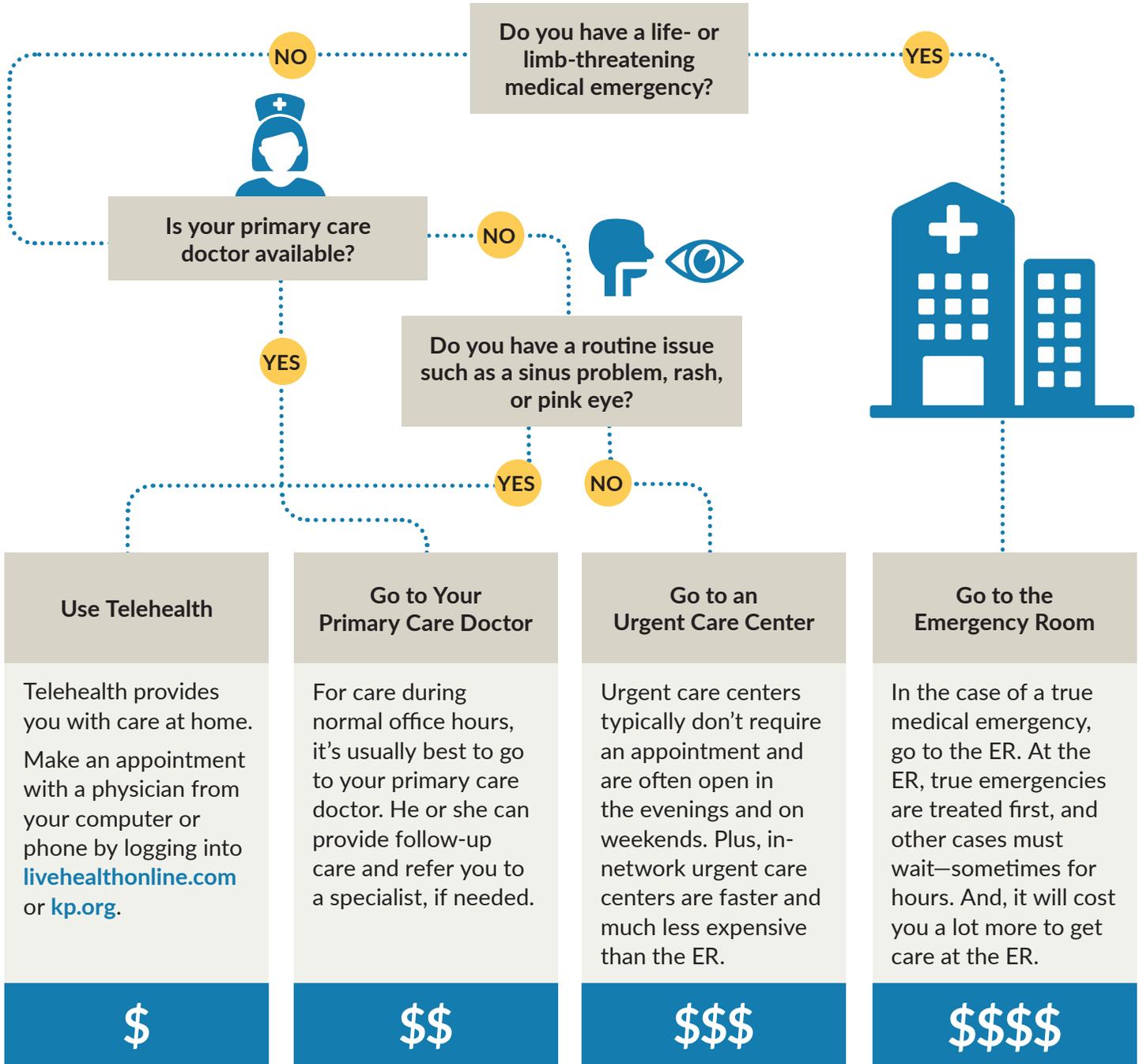
After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

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.



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

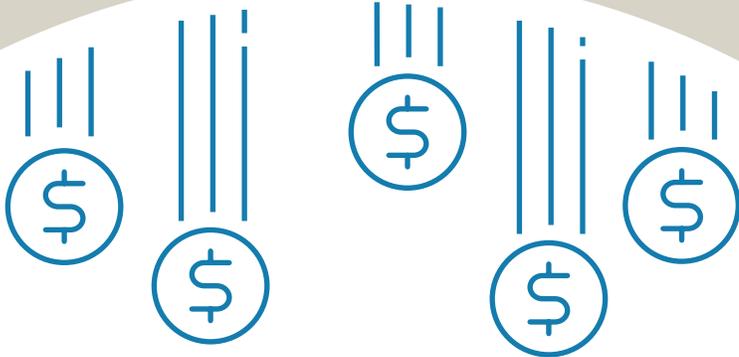
Healthcare options that fit your lifestyle

- **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.

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.

Use your HSA 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

HSA contributions 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](https://www.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.

▼ SUPPLEMENTAL 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.



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.

DISABILITY INSURANCE

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

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.

	Colorado PERA Short-Term Disability	Colorado PERA Disability Retirement
Who is eligible?	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, pre-funded through monthly employer contributions to PERA	
When does coverage begin?	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 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 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	None
What is the maximum benefit period?	22 months after the 60 calendar day waiting period	Lifetime, if disability continues
How is the disability benefit calculated?	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?	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: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ Employees age 59½ or older* ▪ Financial hardship* ▪ To purchase PERA service credit* * 10% penalty does not apply	Permitted only for: <ul style="list-style-type: none"> ▪ 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 C-SEAP 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.

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

COBRA

24HourFlex

Phone: 800-651-4855

Website: 24hourflex.com

College Invest 529

Phone: 800-448-2424

Website: collegeinvest.org

Disability Insurance

Short-Term/Retirement Disability—PERA

Phone: 800-759-7372

Website: copera.org

Employee Assistance Program

Colorado State Employee Assistance Plan (C-SEAP)

Phone: 303-866-4314 or 800-821-8154

Website: colorado.gov/cseap

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

Unum (PERA)

Phone: 866-277-1649

Website: unum.com

PERA Retirement plans

Colorado PERA

Phone: 303-832-9550

Website: copera.org

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

Health Insurance

Anthem BlueCross BlueShield (All Plans)

Aims Community College	C12055
Arapahoe Community College	C12056
COBRA	C12071
CollegelInvest.....	C12059
Colorado Community College System	C12054
Department of Higher Education.....	C12057
Colorado Northwestern Community College	C12072
Community College of Aurora.....	C12060
Community College of Denver.....	C12061
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
CollegelInvest.....	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

Unum (PERA).....	595121
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Long-Term Disability

PERA Disability Program	633387
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Supplemental Retirement

See your Human Resources department for plan numbers.

*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 West 20th Street
Greeley, CO 80634
Phone: 970-339-6319
Fax: 970-506-6953

Arapahoe Community College

5900 South Santa Fe Drive
Littleton, CO 80160
Phone: 303-797-5917
Fax: 303-797-5938

CollegelInvest

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

Colorado Community College System

9101 East Lowry Boulevard
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 East 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 South Shields
Fort Collins, CO 80527
Phone: 970-204-8106
Fax: 970-204-8303

Front Range Community College-Westminster

3645 West 112th Avenue
Westminster, CO 80031
Phone: 303-404-5307
Fax: 303-438-9077

Lamar Community College

2401 South Main Street
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 South Academy Boulevard
Box C-4
Colorado Springs, CO 80906
Phone: 719-502-2005
Fax: 719-502-2601

Pueblo Community College

900 West Orman Avenue
Pueblo, CO 81004
Phone: 719-549-3223
Fax: 719-549-3127

Red Rocks Community College

13300 West 6th Avenue
Lakewood, CO 80228-1255
Phone: 303-914-6297
Fax: 303-914-6800

Trinidad State Junior College

600 Prospect Street
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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