

A large, circular photograph of a family. A man with curly brown hair is on the left, smiling and looking down at a young child. A woman with dark curly hair is on the right, smiling and looking towards the camera. The child is in the center, looking slightly to the left. They are all outdoors, with a brick wall visible in the background.

# YOUR EMPLOYEE BENEFITS

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

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**BENEFIT PLANS EFFECTIVE  
JULY 1, 2023-JUNE 30, 2024**

Arapahoe Community College  
CollegeInvest  
Colorado Community College System  
Colorado Northwestern Community College  
Community College of Aurora

Community College of Denver  
Front Range Community College  
Lamar Community College  
Morgan Community College  
Northeastern Junior College

Otero College  
Pikes Peak State College  
Pueblo Community College  
Red Rocks Community College  
Trinidad State 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 2023–2024 plan year (July 1, 2023–June 30, 2024). 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	
Accident Insurance	X	
Critical Illness Insurance	X	
Hospital Indemnity Insurance	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, 2024**, 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 2023–2024 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: \$4,500 Family: \$9,000	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% <sup>2</sup> \$45 copay <sup>3</sup>	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	\$30 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 <sup>1</sup>	None	Individual: \$150 Family: \$300	None
Prescription Drugs–Tier 1 (Up to a 30-day supply; ded. does not apply)	Generic: \$15 copay <sup>4</sup>	\$15 copay	\$15 copay
Prescription Drugs–Tier 2 (Up to a 30-day supply)	Preferred Brand: \$30 copay <sup>4</sup>	\$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 Kaiser Permanente-affiliated 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
<b>Available Networks</b>	Anthem BCBS PPO Provider Network	Any provider	Anthem BCBS PPO Provider Network	Any provider
<b>Plan Year Deductible</b>	Individual: \$6,350 Family: \$12,700	Individual: \$10,000 Family: \$20,000	Individual: \$2,000 Family: \$6,000	Individual: \$4,000 Family: \$12,000
<b>Out-of-Pocket Maximum</b> (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
<b>Preventive Care</b>	Plan pays 100%	50% after ded.	Plan pays 100%	PCP: \$70 copay Specialist: \$100 copay
<b>Primary Care Physician Office Visit</b>	0% after ded.	50% after ded.	\$40 copay <sup>1</sup>	50% after ded.
<b>Specialist Office Visit</b>	0% after ded.	50% after ded.	\$70 copay <sup>1</sup>	50% after ded.
<b>Telehealth Visit</b>	0% after ded.	Not covered	\$10 copay	Not covered
<b>Urgent Care Visit</b>	0% after ded.	50% after ded.	\$70 copay <sup>1</sup>	50% after ded.
<b>Diagnostic Lab/X-Ray</b>	0% after ded.	50% after ded.	Plan pays 100% <sup>2</sup> 25% after ded. <sup>3</sup>	50% after ded.
<b>MRI, CT, PET (free-standing facility)</b>	0% after ded.	50% after ded.	\$150 copay	50% after ded.
<b>MRI, CT, PET (hospital-based facility)</b>	0% after ded.	50% after ded.	25% after ded.	50% after ded.
<b>Outpatient Therapy</b> Physical, Speech, Occupational (20 visits per therapy per plan year)	0% after ded.	50% after ded.	\$40 copay	50% after ded.
<b>Hospital Services–Inpatient Stay</b>	0% after ded.	50% after ded.	25% after ded.	50% after ded.
<b>Hospital Services–Outpatient Surgery (free-standing facility)</b>	0% after ded.	50% after ded.	\$250 copay	50% after ded.
<b>Hospital Services–Outpatient Surgery (hospital-based facility)</b>	0% after ded.	50% after ded.	25% after ded.	50% after ded.
<b>Emergency Room</b>	0% after ded.	0% after ded.	25% after ded.	25% after ded.
<b>Ambulance Service</b>	0% after ded.	0% after ded.	25% after ded.	25% after ded.
<b>Prescription Drugs–Tier 1</b> (Up to a 30-day supply)	0% after ded.	50% after ded.	\$15 copay	Not covered
<b>Prescription Drugs–Tier 2</b> (Up to a 30-day supply)	0% after ded.	50% after ded.	\$50 copay	Not covered
<b>Prescription Drugs–Tier 3</b> (Up to a 30-day supply)	0% after ded.	50% after ded.	\$80 copay	Not covered
<b>Prescription Drugs–Tier 4</b> (Up to a 30-day supply)	0% after ded.	50% after ded.	30% up to \$350 max	Not covered
<b>Mail Order</b> (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
<b>Location availability</b>	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.
<b>In- and out-of-network benefits</b>	In network only.	In network only.	In network only.
<b>Pay for care with pre-tax dollars</b> Health Savings Account Health Care Flexible Spending Account	No. Yes.	No. Yes.	No. Yes.
<b>Individual deductible applies if you cover your family</b>	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.
<b>You pay</b> Copay Coinsurance	Yes. Yes.	Yes. Yes.	Yes. No.



# MEDICAL INSURANCE

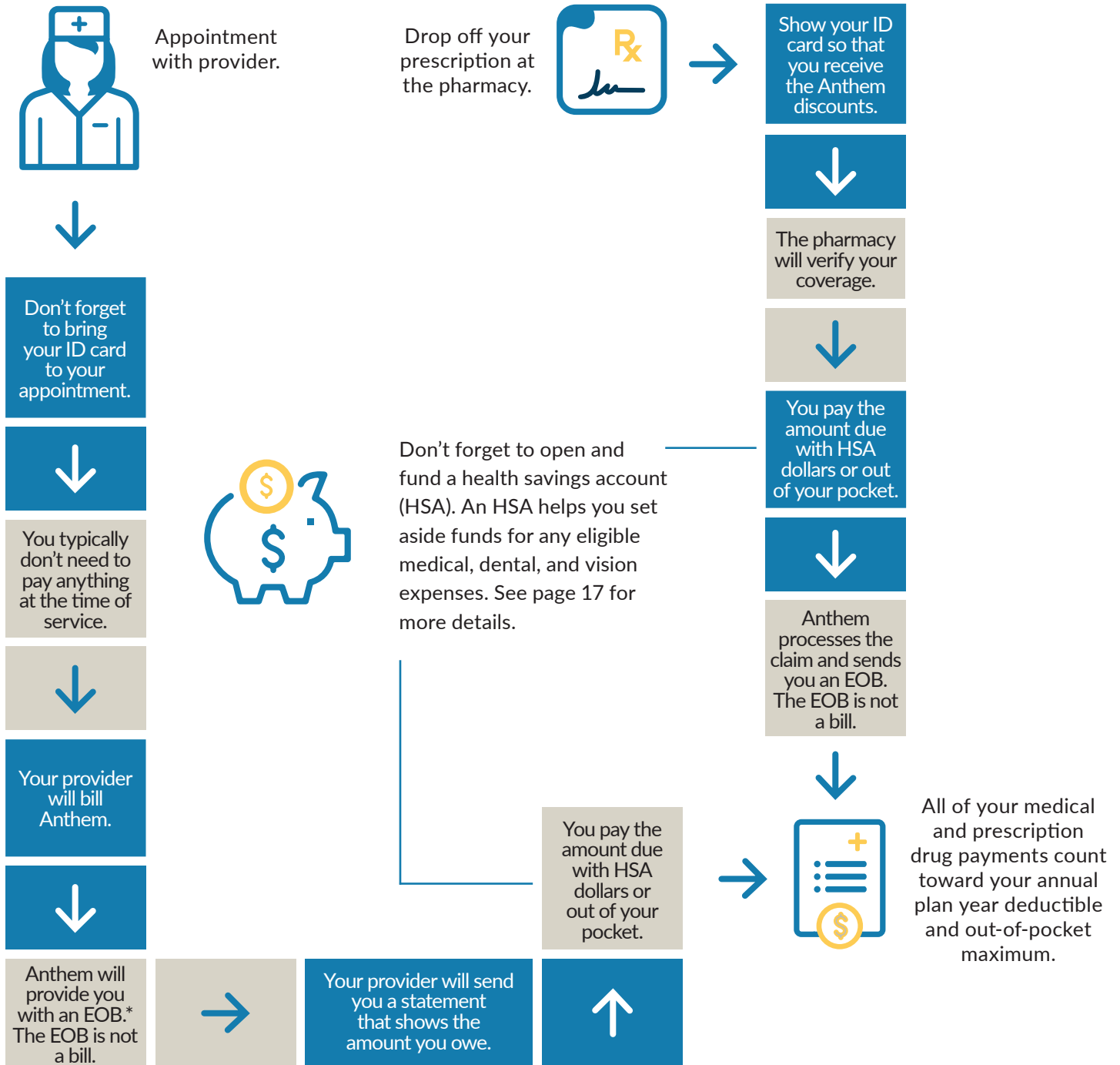
## HOW THE PLANS WORK (CONTINUED)

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.



\*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.

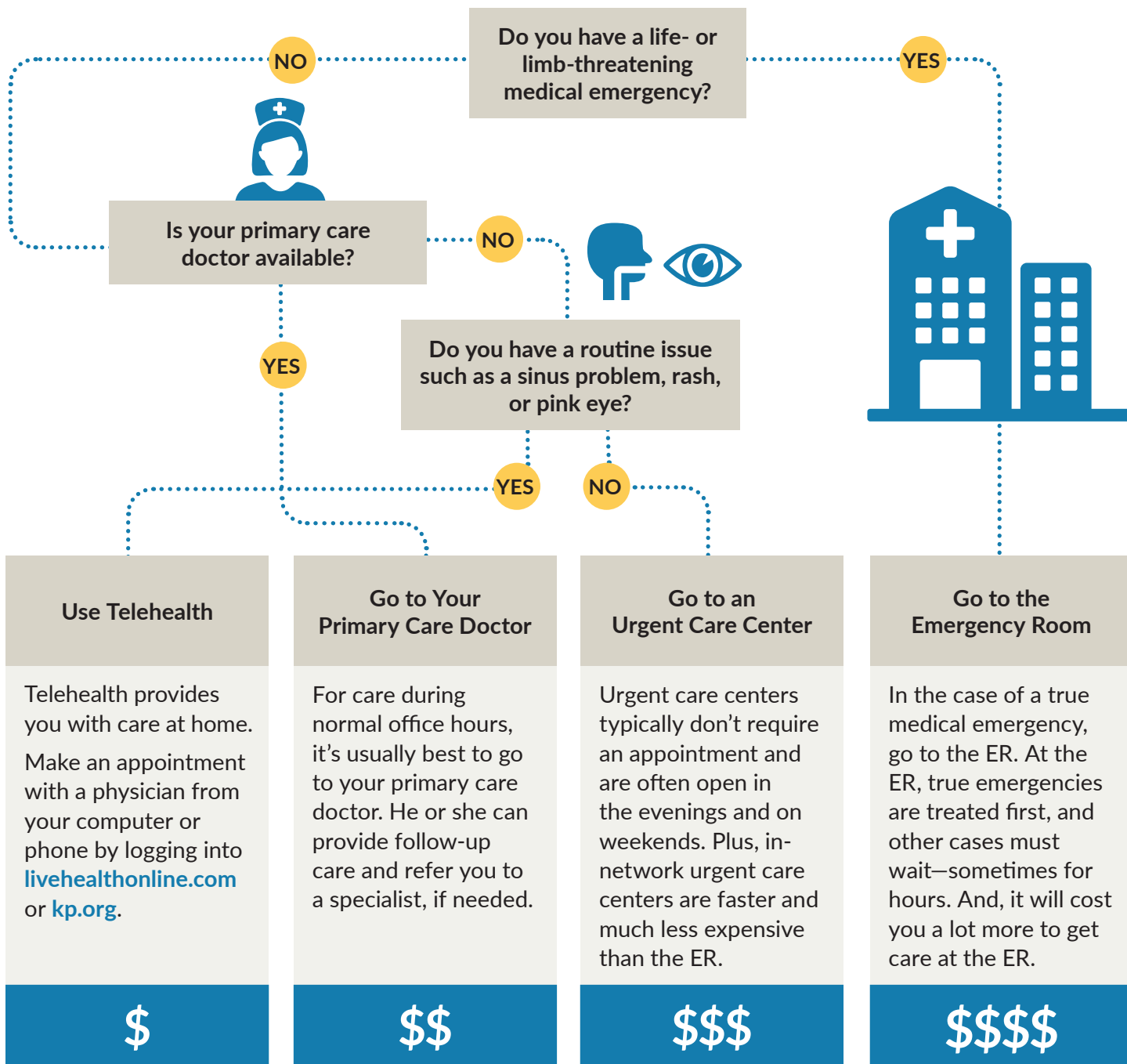
After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

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](https://www.anthem.com) or [kp.org](https://www.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](https://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](https://livehealthonline.com), download the LiveHealth Online App, or use the Sydney Health app to access video visits via LiveHealth Online.

- **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. DispatchHealth is only available in the Denver and Boulder areas.
- **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](https://anthem.com/pharmacyinformation).
- **Sydney Health app:** Download the Sydney Health 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. DispatchHealth is only available in the Denver and Boulder areas.
- **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](https://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](https://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](https://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](https://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](https://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](https://kp.org/selfcareapps).

# DENTAL INSURANCE

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

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](http://deltadentalco.com).

Preventive dental services such as x-rays, cleanings, and sealants are excluded from your dental plan's annual maximum, allowing additional non-preventive services.

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
<b>Plan Year Deductible</b>	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
<b>Plan Year Benefit Max</b>	\$3,000	\$3,000	\$3,000	\$1,000	\$1,000	\$1,000
<b>Preventive Care</b> (Oral exams, cleanings, x-rays)	Plan pays 100%	20%	20%	50%	50%	50%
<b>Basic Services</b> (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.
<b>Major Services</b> (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.
<b>Implants</b>	50%	50%	50%	50%	50%	50%
<b>Implant Lifetime Max</b>	\$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
<b>Orthodontia Services</b>	50%	50%	50%	Not covered	Not covered	Not covered
<b>Orthodontia Lifetime Max</b>	\$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.

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](http://vsp.com).

Note: The frame allowance at Costco and Walmart is lower (\$100) than the frame allowance at other providers (\$180).

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

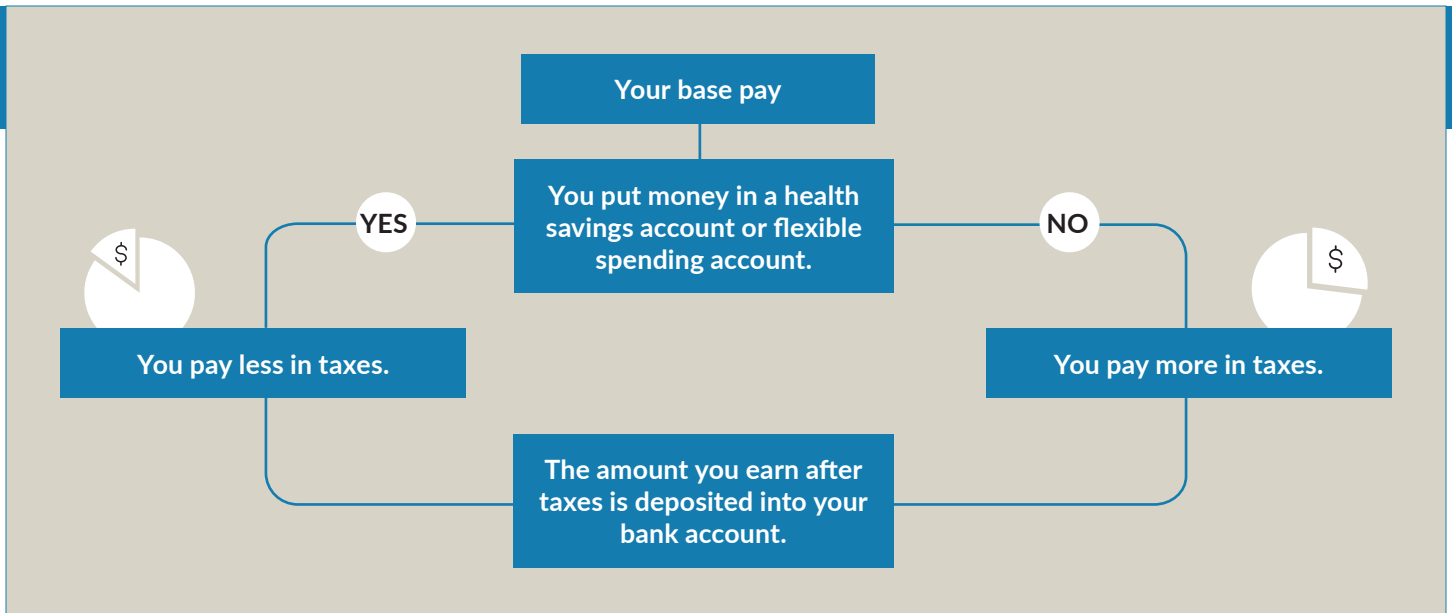
(1) Diabetic Eyecare Plus Program—\$20 copay for follow-up exam relating to Type 1 and Type 2 diabetes. (2) One materials copay per service year.

(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



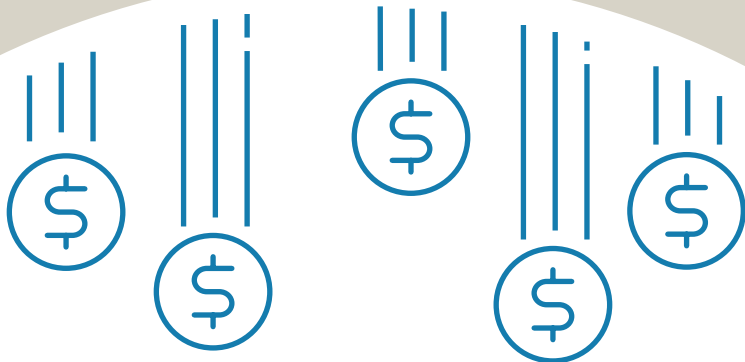
**You can save about 20%\* on your care by putting money in a health savings account or flexible spending account. That is because you don't pay taxes on your contributions.**

## 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, 2023	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	Up to \$610	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.

## 2023 IRS HSA CONTRIBUTION MAXIMUMS

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

- **Individuals:** \$3,850
- **All other coverage levels:** \$7,750

If you are age 55+ by December 31, 2023, 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.

# ▼ FLEXIBLE SPENDING ACCOUNTS

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

Log into your account at [alerusrb.com](https://alerusrb.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 \$3,050 for the 2023 calendar year. The minimum election is \$25 per month.**

**Any unused funds in your 2023–2024 health care FSA, to a maximum of \$610, may be rolled over to the 2024–2025 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 2023 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 2023 calendar year. The minimum election is \$25 per month.**



**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](https://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 90 days of your PERA membership effective date 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 terminating employment/retirement, and maintain their PERA account, may continue coverage in this plan.

- **Coverage amounts:** If you are a new PERA member and requesting coverage within the 90-day window, 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

SBCOE 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 2023, you can direct up to 100% of your annual salary or \$22,500, 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 \$7,500. 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 Empower Retirement, 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 Empower, 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 833-426-7372, or visit [copera.org](https://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 CoreBridge/AIG and MetLife 403(b) products allow ROTH contributions.

**403(b) plan providers include:**

- **MetLife:** visit [metlife.com](https://metlife.com) or call 877-638-3279 and select option 1, 2, and 3
- **TIAA:** visit [tiaa.org](https://tiaa.org) or call 800-842-2252
- **Corebridge/AIG:** Visit [corebridgefinancial.com](https://corebridgefinancial.com) 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	PERA members	PERA members	Employees of higher education institutions
Employee Contributions	Via payroll deductions	Via payroll deductions	Via payroll deductions
Minimum	None	None	Based on option selected
Maximum	\$22,500 in 2023 (in addition to any amount contributed to 401(k) and/or 403(b))	\$22,500 in 2023 401(k) and 403(b) contributions combined cannot exceed calendar year maximum.	\$22,500 in 2023 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"> <li>▪ Extreme unforeseeable financial hardships as determined under IRS guidelines (10% penalty does not apply)</li> <li>▪ To purchase PERA service credit</li> <li>▪ Age 70½ or older</li> </ul>	Permitted only for: <ul style="list-style-type: none"> <li>▪ Employees age 59½ or older*</li> <li>▪ Financial hardship*</li> <li>▪ To purchase PERA service credit*</li> </ul> * 10% penalty does not apply	Permitted only for: <ul style="list-style-type: none"> <li>▪ Separation of service</li> <li>▪ Employees age 59½ or older*</li> <li>▪ Financial hardship*</li> <li>▪ To purchase PERA service credit*</li> </ul> * 10% penalty does not apply
Catch-Up Provisions	Participants age 50 and over may make additional contributions of \$7,500 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 \$7,500 in each calendar year	Participants age 50 and over may make additional contributions of \$7,500 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.		

## VOLUNTARY BENEFITS

**SBCCOE offers the following voluntary benefits to support your financial wellbeing.**

### CRITICAL ILLNESS INSURANCE

SBCCOE provides you the option to purchase voluntary critical illness insurance through MetLife. Critical illness insurance can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. This plan provides a lump sum benefit upon the diagnosis and treatment of a covered illness. You can elect \$10,000, \$20,000, or \$30,000 in coverage for yourself and your dependents.

A health screening benefit is automatically included in the plan. This plan will pay \$100 per insured individual per calendar year when a covered health screening test is performed. Please refer to the official plan documents for a full list of covered conditions and benefits. Refer to the online enrollment portal for rates.

### ACCIDENT INSURANCE

SBCCOE provides you the option to purchase voluntary accident insurance through MetLife. Voluntary accident insurance provides coverage for a wide variety of accidental injuries, including broken bones, concussions, burns, and covered events such as medical treatment or hospitalization due to an accident. If you elect coverage for yourself, you can elect coverage for your eligible dependents. Please refer to the official plan documents for a full list of covered injuries and expenses. Refer to the online enrollment portal for rates.

**When electing critical illness and accident insurance you have the choice of three bundled options:**

Good	Better	Best
\$10,000 Critical Illness Coverage + Accident Coverage	\$20,000 Critical Illness Coverage + Accident Coverage	\$30,000 Critical Illness Coverage + Accident Coverage

### HOSPITAL INDEMNITY INSURANCE

SBCCOE provides you the option to purchase voluntary hospital indemnity insurance through MetLife.

A hospital stay can happen at any time, and it can be costly. MetLife hospital indemnity coverage can help you and your loved ones have additional financial protection. MetLife hospital care pays benefits for hospitalizations resulting from a covered injury or illness. Coverage continues after the first hospitalization, to help you have protection for future hospital stays.

Hospital indemnity insurance is available for you and your spouse (age 18 and over), and children up to age 26. Refer to the online enrollment portal for rates.

**Benefits include:**

- **First day hospital confinement benefit:** \$1,000
- **Daily hospital confinement benefit:** \$100 per day up to 15 days per calendar year
- **Hospital intensive care benefit:** \$100 per day up to 15 days per calendar year

# ▼ 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 eight 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](https://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

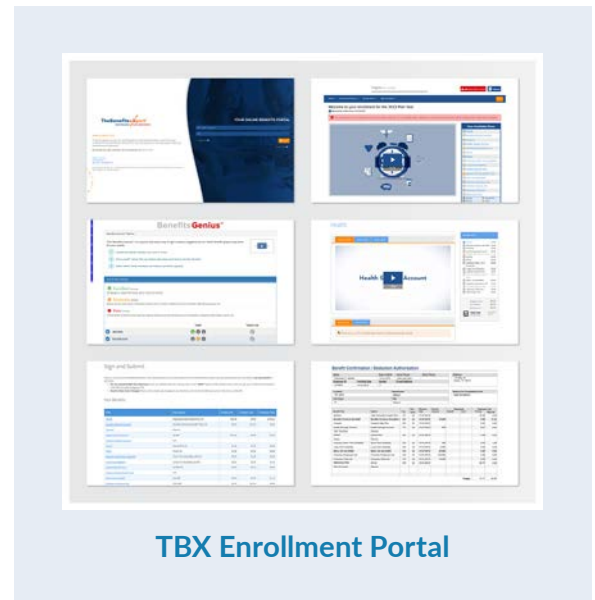
If you or a covered dependent receive benefits under the SBCCOE benefit plan(s) for injury, sickness, or disability that was caused by a third party, and you have a right to receive a payment from the third party, then the SBCCOE benefit plan(s) has the right to recover payments for the benefits paid.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

# ▼ ONLINE ENROLLMENT NOTICE

**You will need to follow these directions to complete the election process. If you have trouble enrolling, contact Human Resources.**

1. Please visit your online portal by logging into the Employee Portal from your college's website.
2. From the Welcome page, click the Employee option on the left-side menu.
3. Go to the section called Employment Details, under the Benefits option click on Faculty & APT Employee Benefit Enrollment (Non-Classified) link to be directed to the TBX enrollment portal.
4. Click on the You and Your Family tab and verify the information is correct. Make any necessary updates.
  - Click Next to continue.
5. Add any dependent that you intend to cover under your benefits. Please ensure you have their DOB and SSN on hand.
  - Be sure to **SAVE** after you are finished updating your dependent information.
6. You are ready to begin making your benefit selections for 2023.
  - Please note:
    - » Within each coverage are benefit summaries that provide you with benefit details.
    - » For each coverage, you must either enroll or waive. Make your selections carefully as you will not be able to make changes to your elections unless you experience a qualified life event, or until the next open enrollment period.
  - Benefits Genius, a state-of-the art decision support tool, helps ensure you find the benefits that work best for you and your family in three simple steps:
    - » Indicate who will be covered.
    - » Assign a health grade for each covered member.
    - » Provide their tobacco status.
  - Based on your answers, Benefits Genius uses data analytics to provide personalized plan recommendations based on the unique needs of you and any covered family members.
  - To further customize your results try the Fine Tuning tool that takes into account any prescriptions you may regularly take, planned surgical procedures you may have or chronic health conditions you may be experiencing.
7. Be sure to update your life insurance beneficiary designation(s) for both your basic and supplemental life insurance.
8. For further assistance, call the TBX call center at 855-482-9669. The call center provides language assistance if needed.





# 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](http://chubbtravelassistance.com)

### COBRA

#### Alerus

Phone: 877-661-4727

Website: [alerusrb.com](http://alerusrb.com)

### College Invest 529

Phone: 800-448-2424

Website: [collegeinvest.org](http://collegeinvest.org)

### Dental Insurance

#### Delta Dental of Colorado

Phone: 800-610-0201

Website: [deltadentalco.com](http://deltadentalco.com)

### Disability Insurance

#### Short-Term/Retirement Disability—PERA

Phone: 800-759-7372

Website: [copera.org](http://copera.org)

#### Long-Term Disability—The Standard

Phone: 800-368-1135

Website: [standard.com](http://standard.com)

### Employee Assistance Program

#### Colorado State Employee Assistance Plan (C-SEAP)

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

Website: [colorado.gov/cseap](http://colorado.gov/cseap)

### Flexible Benefit Plan

#### Alerus

Phone: 877-661-4727

Website: [alerusrb.com](http://alerusrb.com)

### Health Insurance

#### Anthem BlueCross BlueShield (All Plans)

Phone: 800-542-9402

Website: [anthem.com](http://anthem.com)

#### Kaiser Permanente DHMO

Phone: 800-218-1059

Website: [kp.org](http://kp.org)

#### DispatchHealth

Phone: 303-500-1518

Website: [dispatchhealth.com](http://dispatchhealth.com)

### Health Savings Account

#### Anthem Act Wise

Phone: 800-542-9402

Website: [anthem.com](http://anthem.com)

### Life and AD&D Insurance

#### The Standard

Phone: 800-628-8600

Website: [standard.com](http://standard.com)

#### Unum

Phone: 866-277-1649

Website: [unum.com](http://unum.com)

#### Mutual of Omaha

Phone: 800-524-2324

Website: [mutualofomaha.com](http://mutualofomaha.com)

### PERA Retirement plans

#### Colorado PERA

Phone: 303-832-9550

Website: [copera.org](http://copera.org)

### Vision Insurance

#### Vision Service Plan (VSP)

Phone: 800-877-7195

Website: [vsp.com](http://vsp.com)

### Voluntary Supplemental Retirement Plans

#### Colorado PERA 401(k) / 457

Phone: 833-426-7372

Website: [copera.org](http://copera.org)

#### MetLife/Brighthouse 403(b)

Phone: 877-638-3279 (Select option 1, 2, and 3)

Website: [metlife.com](http://metlife.com)

#### TIAA 403(b)

Phone: 800-842-2252

Website: [tiaa.org](http://tiaa.org)

#### Corebridge/AIG

Phone: 800-426-3753

Website: [corebridgefinancial.com](http://corebridgefinancial.com)

### Voluntary Benefits

#### MetLife

Phone: 800-638-5433

Website: [metlife.com/mybenefits](http://metlife.com/mybenefits)

### Online Enrollment

#### TBX

Phone: 855-482-9669

Access from your college's employee portal



# 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
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
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 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 College .....	9581-1017	9581-2017

### Health Insurance

#### Anthem BlueCross BlueShield (All Plans)

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
Front Range Community College.....	C12062
Lamar Community College.....	C12063
Morgan Community College .....	C12064
Northeastern Junior College .....	C12065
Otero College.....	C12066
Pikes Peak Community College.....	C12067
Pueblo Community College .....	C12068
Red Rocks Community College .....	C12069
Trinidad State College .....	C12070
Pharmacy BIN (all locations) .....	020099

### Kaiser Permanente DHMO\*

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
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 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 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)

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
Front Range Community College.....	12066182-0107
Lamar Community College.....	12066182-0119
Morgan Community College .....	12066182-0108
Northeastern Junior College .....	12066182-0109
Otero College.....	12066182-0110
Pikes Peak Community College.....	12066182-0111
Pueblo Community College .....	12066182-0112
Red Rocks Community College .....	12066182-0113
Trinidad State 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 80120  
**Phone: 303-797-5917**  
Fax: 303-797-5938

### **CollegelInvest**

1600 Broadway, Suite 2300  
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: 970-675-3235**  
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**

1600 Broadway, Suite 2200  
Denver, CO 80202  
**Phone: 303-862-3001**  
Fax: 303-996-1329

### **Front Range Community College-Boulder County**

2190 Miller Drive  
Longmont, CO 80501  
**Phone: 303-404-5307**  
Fax: 303-678-3706

### **Front Range Community College-Larimer**

4616 S. Shields  
Fort Collins, CO 80526  
**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 College**

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

### **Pikes Peak State 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 College**

600 Prospect St.  
Trinidad, CO 81082  
**Phone: 719-846-5538**  
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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