

**2018/2019
PLAN YEAR**

Employee Benefits Guide

Adjunct and Other Variable Hour Employees



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

Table of Contents



Employee Benefits Overview 3

Medical Insurance Plans 6

Health Savings Account 8

Voluntary Life and AD&D Insurance 14

Disability Insurance..... 15

Supplemental Retirement Plans..... 16

Human Resources/Benefits Office Contacts 18

Carrier Contact Information..... 19

Group Insurance Plan Numbers 20



2018–2019 Benefits

SBCCOE offers our variable hour employees a benefits package consisting of:

- Medical Insurance
- Health Savings Account (w/HDHP)
- PERA Disability Insurance (for eligible employees)
- PERA Life Insurance
- Supplemental Retirement Plans

Employee Benefits Overview

Benefits are an integral part of the overall compensation package provided by the State Board for Community Colleges and Occupational Education (SBCCOE). Within this Employee Benefits Guide you will find important information on the benefits available to you, when eligible, during the 2018–2019 plan year. Please take a moment to review the benefits SBCCOE offers to determine which plans are best for you and your family.

Benefits Eligibility

You are eligible for benefits if:

- You are and continue to be actively employed.
- You met the benefit eligibility requirement during a CCCS defined measurement period.
- You are not receiving a PERA retirement benefit.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse (unless you are legally separated or divorced), common-law spouse, domestic partner, or civil union partner. Requires documentation of relationship (affidavit, license, etc.) with appropriate signatures.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, your domestic partner's child, your common-law spouse's child, a legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian). Requires birth certificate and/or court documentation.
- 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.

Electing Benefits

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 open enrollment period.
- Within 31 days of experiencing a qualifying life event; however, 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 initial administrative period you will not be able to elect coverage during the remainder of your benefit period unless you experience a qualifying life event.



Benefits Coverage Effective Dates

- Employee: If you qualify for coverage and decide to enroll, it will be effective the 1st of the month following your administrative period.
 - If you elect coverage, you will qualify for coverage for one year starting the 1st of the month following your administrative period. This one year period is referred to as a stability period. As long as you remain a CCCS employee, you will qualify to keep your coverage throughout this one year stability period regardless of the hours worked per week during the stability period.
 - Coverage may be terminated if you fail to make the timely premium payments.
- Dependents: If you elect dependent coverage, dependents will be covered on your effective date. Eligible dependents can be enrolled during open enrollment each year as long as you remain eligible for coverage. If a dependent is enrolled due to a qualifying life event, their coverage will begin on the date of the life event. Newborns are covered from date of birth as long as you enroll them within 31 days of birth.
- Transfers: Your elections will stay the same if you transfer to another SBCCOE Benefit Plan agency/college. However, if your current medical insurance plan is not available at your new SBCCOE Benefit Plan agency/college, you may select a different medical plan.

Changing Your Benefits During the Year

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 administrative period for which you are eligible, or unless you have a qualifying life event.

Qualifying life events include:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible dependent.
- Death of your spouse or covered dependent.
- Change in your spouse's/dependent's work status that affects his or her benefits eligibility.
- Unpaid FML/approved LWOP.
- Change in residence, work site, or work status that affects your eligibility for coverage.
- Change in your dependent's benefits (i.e., open enrollment).
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.
- Significant change in available benefits or their cost.

Termination of Coverage

Your benefits coverage will terminate on the earliest of the following dates:

- The last day of the month in which you terminate employment for any reason including death and retirement.
- The last day of the month in which you no longer meet the eligibility requirements.
- The first day of the month in which contribution payments are not received.
- The date any benefit plan is terminated.
- The effective date that coverage ends if you elect to waive coverage under any benefit plan.
- The date you enter the armed forces of any country on active, full-time duty except as covered under USERRA.
- The date you falsify or misuse documents or information relating to coverage or services under any plan.

Dependent coverage will terminate on the earliest of the date coverage would otherwise terminate above, and the following:

- The date a dependent enters the armed forces of any country on active, full-time duty.
- The last day of the month in which the dependent ceases to satisfy the definition of an eligible dependent.

Leave of Absence

You can continue insurance coverage while on an approved 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 agency will continue to pay its appropriate share. Contact your Human Resources office for details as some exceptions may apply.

Assignment and Payment of Benefits

No benefit payable under the SBCCOE benefit plans 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 plans, the SBCCOE, and the colleges/agencies.

If any benefit under the SBCCOE benefit plans is erroneously paid to a participant, the participant must refund any overpayment.

Right to Information and Fraudulent Claims

The SBCCOE has the right to request information from any participant to verify his/her eligibility and entitlement to benefits under the SBCCOE benefit plans. If a participant falsifies any document in support of a claim or coverage under the SBCCOE benefit plans, the SBCCOE may, without the consent of any person, terminate coverage and refuse to honor any claims under the plan for the participant and dependent(s).

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)'s subrogation rights and will cooperate in doing what is reasonably necessary to assist the SBCCOE benefit plan(s) in any recovery. The SBCCOE has a right to pursue all legal and equitable remedies to recover, without deduction for attorney's fees and costs or other expenses you incur, and without regard to whether you or a covered dependent is fully compensated by the recovery or made whole. The SBCCOE benefit plan(s)'s right of recovery and reimbursement is a first priority and first lien against any settlement, judgment, award or other payment obtained by you or your dependents, for recovery of amounts paid by the SBCCOE benefit plan(s).

Affordable Care Act Individual Mandate

Eligible employees and family are required to have health insurance or pay a penalty to the government. For more information about the Affordable Care Act requirements visit healthcare.gov or connectforhealthco.com.

Medical Insurance Plans

SBCCOE offers five medical insurance plan options depending on where you live and/or work—four Anthem BlueCross BlueShield (BCBS) of Colorado plans and one Kaiser Permanente plan.



The **Anthem Blue Priority HMO** plan is an affordable option that gives members access only to the Blue Priority network of providers. It is available to employees at the following college campuses:

- Aims Community College
- Community College of Denver
- Pikes Peak Community College
- CCCS System Office
- Community College of Aurora
- Pueblo Community College
- Arapahoe Community College
- Department of Higher Education
- Red Rocks Community College
- College Invest
- Front Range Community College

As a Blue Priority HMO member, you choose a primary care physician (PCP) who will not only look after your primary care but also make sure you get the care you need from specialists and hospitals. In most cases, your benefits require a PCP referral to get coverage for seeing a specialist. A referral is not required for care from the following providers if they are participating providers within the Blue Priority network: an OB/GYN, certified nurse, midwife, optometrist or ophthalmologist, autism service provider, perinatologist, retail health clinic, or professional provider for the treatment of alcohol dependency, mental health conditions or substance dependency. If a Blue Priority HMO member becomes ill or injured while traveling outside the service area, they are covered for emergency and urgent care.

The **Anthem HMO** plan provides in-network benefits only. All services must be provided by a provider in the HMO network (except in the case of a life- or limb-threatening emergency). HMO plan members must select a primary care physician (PCP) for each covered family member. However, a member may self-refer to any specialist. There are no deductibles with this plan. HMO plan members pay a copay when receiving services. If an HMO plan member becomes ill or injured while traveling outside of the service areas, they are covered for emergency and urgent care.



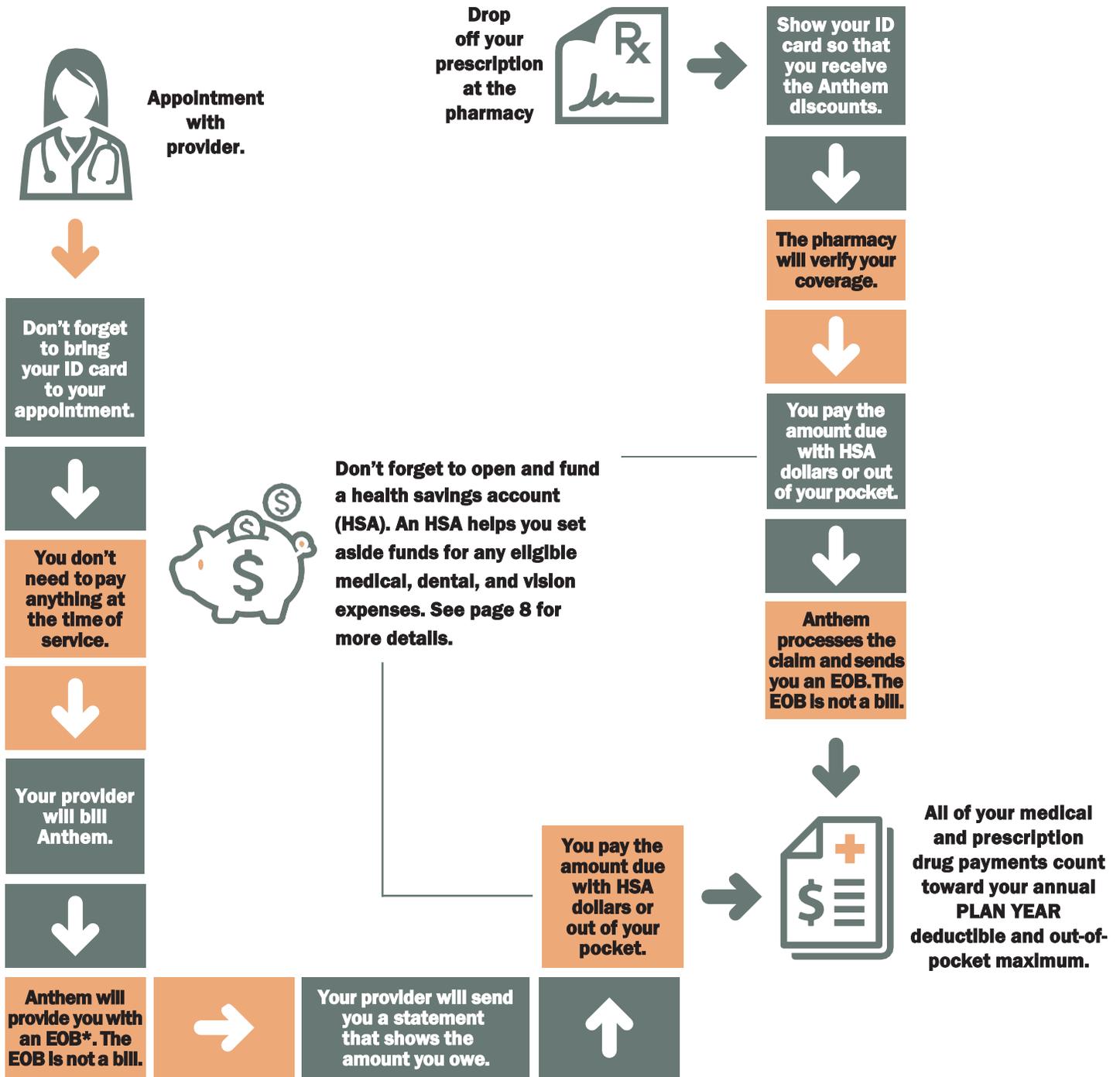
The **Anthem High-Deductible Health Plan (HDHP) PPO** plan provides in- and out-of-network benefits. However, HDHP PPO plan members will pay less out of their pocket by choosing a PPO network provider.

Members who enroll do not have to designate a PCP and do not require a referral to seek specialist care. For all covered services, members will pay the full cost for a service until they reach the deductible with the exception of preventive care, which is covered at 100% if seeing a network provider. If you enroll in the HDHP PPO, you may be eligible to open and contribute to a health savings account (HSA). See page 8 for more details. HDHP PPO plan members have access to doctors and hospitals almost everywhere, including more than 200 countries and territories. HDHP PPO plan members who live in a rural area may be eligible to receive in-network benefits when using an out-of-network provider (pre-authorization required). Contact Member Services for more information.

The **Anthem BluePreferred PPO** plan provides in- and out-of-network benefits. However, BluePreferred PPO plan members will pay less out of their pocket by choosing a PPO network provider. With the BluePreferred PPO plan, there are both in-network and out-of-network deductibles. Depending on the service, BluePreferred PPO plan members pay either a copay (no deductible) or deductible and coinsurance. BluePreferred PPO plan members have access to doctors and hospitals almost everywhere, including more than 200 countries and territories. BluePreferred PPO plan members who live in a rural area may be eligible to receive in-network benefits when using an out-of-network provider (pre-authorization required). Contact Member Services for more information.

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 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.



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

Health Savings Account

If you enroll in the Anthem HDHP PPO, you may be eligible to open and fund a health savings account (HSA). An HSA is a personal savings account that you can use to pay your out-of-pocket health care expenses with pre-tax dollars.

You may choose to open and fund an HSA through Anthem Act Wise, or a banking institute of your choice. 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.

2018 IRS HSA Contribution Maximums

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

- Individual: \$3,450.
- All other tiers: \$6,850.

If you are age 55+ by December 31, 2018, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the Anthem HDHP PPO.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA (including a health care FSA that your spouse may have enrolled in), or health reimbursement account.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, Medicaid, TRICARE, or TRICARE for Life.
- You have received Veterans Administration benefits in the last three months, unless the condition for which you received care was service related.

Refer to [IRS Publication 969](#) for details.

Maximize Your Tax Savings with an HSA



USE HSA DOLLARS TODAY

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



SAVE HSA DOLLARS FOR TOMORROW

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 HSA DOLLARS FOR RETIREMENT

The money in your HSA can be invested and grown tax-free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent penalty free on any expense.

Important Note Regarding PERA Contributions

Pre-tax HSA contributions are not currently PERA-includable. Your PERA pension is based on your taxable income over your three highest earning years. The more you make, the higher your pension payments will be. As you move closer to retirement, you need to look at ways to maximize your PERA pension contributions.



The **Kaiser Permanente HMO** plan is available to employees who live or work within specific zip codes in the Denver/Boulder, Southern Colorado, and Northern Colorado service areas. Your primary service area is based on where you live. If you do not live in a service area, your primary service area will be based on where you work. A list of eligible zip codes is available through your agency website or Human Resources department. The Kaiser Permanente HMO plan provides in-network benefits only. All services must be provided by a Kaiser Permanente physician or affiliated network provider (except in the case of a life- or limb-threatening emergency). PCP selection is not required; however, Kaiser Permanente encourages members to choose a personal physician. There are no deductibles with this plan. Plan members pay a copay when receiving services. If you become ill or injured while traveling outside of the service areas, you are covered for emergency and urgent care.

In Northern Colorado, members can access care and services from Permanente physicians and staff at four area Kaiser Permanente medical offices (Fort Collins, Loveland and Greeley), from affiliated community providers, or from any Kaiser Permanente medical office in Colorado.

In Southern Colorado, members can access care and services from Permanente physicians and staff at three area Kaiser Permanente medical offices (two in Colorado Springs and one in Pueblo), from affiliated community providers, or from any Kaiser Permanente medical office in Colorado.

Members may select a PCP or specialist from affiliated and Permanente personal physicians located in their appropriate service area or any Kaiser Permanente medical office in Colorado. To search for a provider, visit kp.org and select "Doctors and Locations."

The tables on page 10 and 11 summarize the key features of the medical plans. Please refer to the official plan documents for additional information on coverage and exclusions.

Medical Plan Options: A Side-By-Side Comparison

The coinsurance amounts listed reflect the amount the member pays.

Summary of Covered Benefits	Kaiser Permanente-HMO In-Network Only	Anthem Blue Priority – HMO In-Network Only	Anthem HMO In-Network Only
Available Networks	Colorado Permanente Medical Group	HMO Colorado Blue Priority Network	HMO Colorado Managed Care
Plan Year Deductible	None	Employee \$1,000 Family \$3,000	None
Out-of-Pocket Max (Includes deductible, coinsurance, copays, and Rx.)	Employee \$3,500 Family \$7,000	Employee \$3,000 Family \$7,000	Employee \$4,500 Family \$9,000
Preventive Care Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician Office Visit	\$30 copay	\$15 copay	\$30 copay
Specialist Office Visit	\$50 copay	\$45 copay	\$50 copay
Tele-health Visit	Copay varies per service	\$5 copay	\$20 copay
Urgent Care Visit	\$50 copay	\$45 copay	\$50 copay
Diagnostic Lab/X-Ray (Doc's office or freestanding facility)	Plan pays 100% (Therapeutic X-Ray: \$50 copay)	Plan pays 100% for lab services \$45 copay for X-ray services	Plan pays 100%
High-Tech Services- free standing facility (MRI, CT, PET)	\$100 copay	\$200 copay	\$100 copay
High-Tech Services- hospital-based facility (MRI, CT, PET)	\$100 copay	\$200 copay then 20% after deductible	\$150 copay
Outpatient Therapy - Physical, Speech, Occup.(20 visits per therapy per plan year)	\$30 copay	\$15 copay	Primary \$30 copay Specialist \$50 copay
Hospital Services – Inpatient Stay	\$600 copay	\$200 copay then 20% after deductible	\$700 copay
Hospital Services – Outpatient Surgery (at free-standing facility)	\$350 copay	\$200 copay	\$300 copay
Hospital Services- Outpatient Surgery (at hospital-based facility)	\$350 copay	\$200 copay then 20% after deductible	\$500 copay
Emergency Room	\$100 copay	\$200 copay	\$200 copay
Ambulance Service	\$50 copay per trip	20% after deductible	\$50 copay per trip
Prescription Deductible ¹	None	Employee \$150 Family \$300	None
Prescription Drugs - Tier 1 up to 30-day supply (Deductible does not apply)	Generic \$15 copay ²	\$15 copay	\$15 copay
Prescription Drugs - Tier 2 up to 30-day supply	Preferred Brand \$30 copay ²	\$40 copay after deductible	\$50 copay
Prescription Drugs - Tier 3 up to 30-day supply	Specialty 20% to \$100 max ²	\$60 copay after deductible	\$80 copay
Prescription Drugs - Tier 4 up to 30-day supply	Not applicable	30% up to \$250 max	30% up to \$100 max
Prescription Drug Mail Order up to 90 day supply	2x retail copay	Tier 1: \$15 copay Tiers 2 & 3: 2x retail copay Tier 4: 30% up to \$500	Tier 1: \$15 copay Tiers 2 & 3: 2x retail copay Tier 4: 30% up to \$200

(1) Does not apply to Tier 1 prescriptions. (2) 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 Plan Options: A Side-By-Side Comparison

The coinsurance amounts listed reflect the amount the member pays.

Summary of Covered Benefits	Anthem HDHP PPO In-Network	Anthem HDHP PPO Out-of-Network	Anthem PPO In-Network	Anthem PPO Out-of Network
Available Networks	Anthem BCBS PPO Provider Network	Any provider	Anthem BCBS PPO Provider Network	Any Provider
Plan Year Deductible	\$6,350/\$12,700	\$10,000/\$20,000	Employee \$2,000 Family \$6,000	Employee \$4,000 Family \$12,000
Out-of-Pocket Max (Includes deductibles, coinsurance, copays, and Rx.)	\$6,350/\$12,700	\$12,700/\$25,400	Employee \$6,000 Family \$12,700	Employee \$13,000 Family \$30,000
Preventive Care Visit	Plan Pays 100%	50% after deductible	Plan pays 100%	Primary \$70 copay Specialist \$100 copay
Primary Care Physician Office Visit	0% after deductible	50% after deductible	\$40 copay, then 25% after deductible	50% after deductible
Specialist Office Visit	0% after deductible	50% after deductible	\$70 copay, then 25% after deductible	50% after deductible
Tele-health Visit	0% after deductible	50% after deductible	\$30 copay	Not applicable
Urgent Care Visit	0% after deductible	50% after deductible	\$70 copay, then 25% after deductible	50% after deductible
Diagnostic Lab/Xray (Doc's office or freestanding facility)	0% after deductible	50% after deductible	Plan pays 100%	50% after deductible
High-Tech Services- free standing facility (MRI, CT, PET)	0% after deductible	50% after deductible	\$150 copay	50% after deductible
High-Tech Services- hospital based facility (MRI, CT, PET)	0% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient Therapy Physical, Speech, Occup (20 visits per therapy, per year)	0% after deductible	50% after deductible	25% after deductible	50% after deductible
Hospital Services- Inpatient Stay	0% after deductible	50% after deductible	25% after deductible	50% after deductible
Hospital Services- Outpatient Surgery (free standing facility)	0% after deductible	50% after deductible	\$250 copay	50% after deductible
Hospital Services- Outpatient Surgery (hospital based facility)	0% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency Room	0% after deductible	0% after deductible	25% after in-network deductible	25% after in-network deductible
Ambulance Service	0% after deductible	0% after deductible	25% after in-network deductible	25% after in-network deductible
Prescription Drugs Tier 1 (up to 30 days)	0% after deductible	50% after deductible	\$15 copay	No coverage
Prescription Drugs Tier 2 (up to 30 days)	0% after deductible	50% after deductible	\$50 copay	No coverage
Prescription Drugs Tier 3 (up to 30 days)	0% after deductible	50% after deductible	\$80 copay	No coverage
Prescription Drugs Tier 4 (up to 30 days)	0% after deductible	No coverage	30% up to \$100 max	No coverage
Prescription Drugs Mail Order (up to 90 day supply)	0% after deductible	No coverage	Tier 1: \$15 copay Tier 2 & 3: 2x copay Tier 4: 30% up to \$200	No coverage

Anthem BlueCross BlueShield Online Tools and Resources

Not sure what's covered under your health insurance plan? Wondering who is in or out of the network? Need a claim form, an ID card, or a prescription refill? Get the answers you need, when you need them at **Anthem.com**.

The tools and information at **Anthem.com** are both practical and personalized so you can get the most out of your benefits. Register today to start managing your health care coverage and make more informed decisions about medical treatments and overall wellness.

My Anthem.com Home

- Review and complete your personal profile.
- Check 'who else is covered?'
- Review benefits.
- View recent claims.
- Request an ID card.
- Print temporary ID card.
- File an appeal or grievance.
- Change primary care physician (PCP).
- Review health record.
- View the cost and quality difference for procedures in your area.

My Benefits

- Find valuable account information and learn about benefits.

My Claims

- See claims information and review your visit.
- Show Me the Math tool. Breaks down complex math equations on health plan claims, line-by-line.

My Health & Wellness

- Learn about your health.
- Get support to manage ongoing health issues.
- Learn about life changes like trying to quit smoking, get fit, eat better and more.

My Resources

- Find a doctor.
- Learn about emergency room alternatives.
- LiveHealth online.
- View and download forms.
- Check claim status.

LiveHealth Online

- Access to a doctor at **www.livehealthonline.com**.
- Choice of physician based on helpful physician profiles.
- Real-time visits that do not require a callback. Average time savings of 2 to 3 hours (per post-visit survey results).
- Easier and less expensive than an office visit.
- Fast, easy setup and login.



Kaiser Permanente Online Tools and Resources

Access your health information in a secure, one-stop resource with My Health Manager on kp.org. My Health Manager gives members secure, convenient access to a wide range of interactive services that allows them to remain connected to their health care and more actively involved in their own good health. In addition, the mobile apps make it easy to manage your health no matter where you are—at home, at work, and when you're on the go. Downloads are available for Android™ and iPhone®.

My Health Manager is accessible 24 hours a day, seven days a week. Members can use it to manage the care they receive at any Kaiser Permanente medical office, view lab results, pay bills online, and much more.

My Message Center

- Email your doctor's office with routine questions.
- Email a pharmacist if you have questions regarding generic drugs.
- Contact Member Services.

E-Visits

- Convenient, online option for discussing medical concerns with a registered nurse.

Phone Consults

- Phone consults with a registered nurse, 24/7, for non-urgent medical conditions.

Video Visits

- Visit with your provider over video anywhere you have an internet connection instead of scheduling an office visit.
- Cost for video visits are the same as an in-person visit.
- Contact your Kaiser Permanente provider to schedule an appointment.

Pharmacy Center

- Manage your prescriptions.
- Learn about specific medications and view the full drug formulary list.

Appointment Center

- Schedule appointments online.
- View or cancel upcoming appointments.
- View past appointments.

My Health

- View test and immunization records.
- See personalized health reminders.
- Act for a family member.
- Chat with a doctor—no charge, live, online chat with a physician, 8 a.m.–10 p.m., seven days a week.

My Coverage and Costs

- Get the facts about your plan and benefits.
- Download forms and pay medical bills.
- Track claims and out-of-pocket expenses.

Kaiser Permanente Colorado's Appointment/Advice Center hours of operation for routine appointment scheduling and services are from 7:00 a.m. to 6:00 p.m. (MST), Monday through Friday. The phone number is 303-338-4545. After-hours advice is available 24 hours a day, seven days a week.

Key Benefit Terms

Coinsurance—The percentage of the medical or dental charge that you pay after you satisfy the deductible.

Copay—A flat fee that you pay for medical or vision services, regardless of the actual amount charged by your provider.

Deductible—The amount you pay toward certain medical and dental expenses each plan year before the plan begins paying benefits.

Explanation of Benefits (EOB)—The statement sent to you and your provider by the insurance company listing services received, amount billed, and any payments made. You can find your EOBs online through each insurance company's member portal.

Network—A system of contracted physicians, hospitals, and other health care providers that provide care to members at discounted rates.

Out-of-Network—Coverage for treatment obtained from non-participating providers. With an out-of-network provider there are no network discounts and you will pay more out of your pocket than if you choose an in-network provider.

PERA Voluntary Life and AD&D Insurance

If you are an active 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. 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. 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.

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.

Premium Rate Changes

Premiums are based on the number of units purchased and the value of each unit varies based on your age bracket. When you reach the next age bracket the value of each unit will decrease.

Effective Dates

Your coverage becomes effective following receipt of the first full premium and/or if required, underwriting approval, provided you are actively working.

Dependent coverage begins the day your coverage becomes effective. However, if the dependent is confined to an institution or at home for medical treatment on the effective date, the effective date will be the day following the doctor's authorization for release from confinement.

Terminal Illness Accelerated Benefits

A covered individual can receive up to 50 percent of the life insurance benefit in a lump sum prior to death. This is available when the policyholder has a terminal illness that is a certifiable medical condition causing a life expectancy of less than 12 months.

Portability and Conversion Options

Upon termination of employment and receiving a lump-sum payment of the complete PERA member account, the employee and/or spouse and dependents may elect to continue coverage under the voluntary group life plan as long as there is no medical condition that has a material effect on life expectancy. In this situation, application for conversion to a whole life policy is available.

PERA Disability Program

Colorado Public Employee's Retirement Association (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. 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 (STD)—Unum

The goal of the short-term disability (STD) plan is to help you return to work to your previous job or another job as soon as it is practical. However, SBCCOE is not obligated to hold a position open for you beyond applicable federal and state requirements.

As soon as you believe you may qualify for STD payments, the policies regarding leaves of absence and possible opportunities to return to work at a later date should be discussed with Human Resources. If you are terminated by your employer, you may continue to be entitled to receive STD payments as long as you do not refund your PERA member contribution account, do not become eligible for PERA service retirement, and meet the STD plan requirements.

Elimination period: 60 days

Benefit amount: 60% of your pre-disability PERA-includible salary (the amount paid may be reduced by other income)

Benefit duration: Up to 22 months

Definition of disability: The STD plan requirements include the following:

- You are not totally and permanently medically incapacitated from all regular and substantial gainful employment;
- Your medical condition prevents you from performing the essential functions of your job with reasonable accommodation as required by federal law; and
- You are medically unable to earn 75% of your pre-disability earnings from PERA-covered employment from any job you are able to perform, given your existing education, training, and experience.

Disability Retirement

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 goal of disability retirement is to provide you with income if you are not able to work and are not expected to recover. As soon as you believe you may qualify for disability retirement, you should discuss with your Human Resources department the policies concerning a leave of absence and retirement. To qualify for disability retirement, you must terminate employment.

For disability retirement, 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.

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 2018, you can direct up to 100% of your annual salary or \$18,500, 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 \$6,000. 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, select Option 1 or visit the website at www.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 866-807-8054
- **TIAA**—visit TIAA.org or call 800-842-2252
- **VALIC**—visit Valic.com or call 800-426-3753

A Side-by-Side Comparison of Your Tax-Deferred Compensation Plan Options

The following chart compares the main features of the three tax-deferred savings plans as defined by the IRS. The “right” plan or plans for you will depend on your personal investment goals and objectives. For detailed information about the features of each plan, contact the providers identified.

Tax-deferred Savings Plans	Colorado PERA 457 Plan	Colorado PERA 401(k) Plan	Annuity Programs 403(b) Plans
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	\$18,500 in 2018 (in addition to any amount contributed to 401(k) and/or 403(b))	\$18,500 in 2018 401(k) and 403(b) contributions combined cannot exceed calendar year maximum	\$18,500 in 2018 401(k) and 403(b) contributions combined cannot exceed calendar year maximum
Loans to Participants	Up to two loans at a time	Up to two loans at a time	One per product type
Withdrawals while working permitted only for:	<ul style="list-style-type: none"> • Extreme unforeseeable financial hardships as determined by IRS guidelines (10% penalty does not apply) • To purchase PERA service credit • Age 70 ½ and older 	<ul style="list-style-type: none"> • Employees age 59 ½ and older • Financial hardship • To purchase PERA service credit (10% penalty does not apply to all above) 	<ul style="list-style-type: none"> • Employees age 59 ½ and older • Financial hardship • To purchase PERA service credit (10% penalty does not apply to all above) • Termination
Catch-Up Provisions	Participants 50 and older may make additional contributions of \$6,000 in each calendar year Some 457 participants may be eligible for additional amounts. See your plan representative.	Participants 50 and older may make additional contributions of \$6,000 in each calendar year	Participants 50 and older may make additional contributions of \$6,000 in each calendar year
When Paid Out	Retirement, termination, hardship – no 10% tax penalty regardless of age, hardship, death (paid to beneficiary)	Retirement, termination, hardship, death (paid to beneficiary)	Retirement, termination, hardship, death (paid to beneficiary)

Human Resources/ Benefits Office Contacts

AIMS COMMUNITY COLLEGE

5401 W. 20th St.
Greeley, CO 80634
Phone: 970-339-6319
800-301-5388 ext. 6319
Fax: 970-506-6953

ARAPAHOE COMMUNITY COLLEGE

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

COLLEGEINVEST

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

COLORADO COMMUNITY COLLEGE SYSTEM

9101 E. Lowry Blvd
Denver, CO 80230
Phone: 750-858-2390
Fax: 303-620-4030

COLORADO NORTHWESTERN COMMUNITY COLLEGE

500 Kennedy Drive
Rangely, CO 81648
Phone: 970-824-1136
Fax: 970-824-0936

COMMUNITY COLLEGE OF AURORA

16000 E. Centretech Parkway
Aurora, CO 80011-9036
Phone: 303-360-4823
Fax: 303-360-4772

COMMUNITY COLLEGE OF DENVER

1201 5th Street, Suite 310
Campus Box 240, P.O. Box 173363
Denver, CO 80204
Phone: 303-556-6557
Fax: 303-352-3029

DEPARTMENT OF HIGHER EDUCATION

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

FRONT RANGE COMMUNITY COLLEGE-BOULDER COUNTY

2190 Miller Drive
Longmont, CO 80501
Phone: 303-678-3723
Fax: 303-678-3706

FRONT RANGE COMMUNITY COLLEGE-LARIMER

4616 S. Shields
Fort Collins, CO 80527
Phone: 970-204-8106
Fax: 970-204-8303

FRONT RANGE COMMUNITY COLLEGE-WESTMINSTER

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

LAMAR COMMUNITY COLLEGE

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

MORGAN COMMUNITY COLLEGE

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

NORTHEASTERN JUNIOR COLLEGE

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

OTERO JUNIOR COLLEGE

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

PIKES PEAK COMMUNITY COLLEGE

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

PUEBLO COMMUNITY COLLEGE

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

RED ROCKS COMMUNITY COLLEGE

13300 W. 6th Ave.
Lakewood, CO 80228-1255
Phone: 303-914-6297
Fax: 303-914-6801

TRINIDAD STATE JUNIOR COLLEGE

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

Carrier Contact Information

COBRA

24HourFlex

Claims Fax 877-454-3044
Denver Metro Claims Fax 303-369-0003
Statewide 800-651-4855
Website www.24HourFlex.com

COLLEGE INVEST 529

Colorado PERA

Statewide 800-448-2424
Website www.collegeinvest.org

DISABILITY INSURANCE

Short-Term/Retirement Disability—PERA

Denver Metro 303-832-9550
Statewide 800-759-7372
Website www.copera.org

EMPLOYEE ASSISTANCE PLAN

Colorado State Employee Assistance Plan (C-SEAP)

Statewide 303-866-4314
Website www.colorado.gov/cseap

HEALTH INSURANCE

Anthem BlueCross BlueShield (All Plans)

Dedicated Customer Service 800-542-9402
General Inquires For Non-Members 877-833-5728 24/7
NurseLine 800-337-4770
Mail Order Pharmacy 866-297-1011
LiveHealth Online www.livehealthonline.com
Website www.anthem.com

Kaiser Permanente HMO

Automated Rx Refill 866-938-0077
Customer Service 303-338-3800
Denver Metro 303-338-4545
E-Visits www.kp.org
Statewide 800-218-1059
Website www.kp.org

HEALTH SAVINGS ACCOUNT

Anthem Act Wise

Dedicated Customer Service 800-542-9402
Website www.anthem.com

LIFE AND AD&D INSURANCE

Unum (PERA)

Statewide 866-277-1649
Website www.unum.com

PERA RETIREMENT PLANS

Colorado PERA

Statewide 303-832-9550
Website www.copera.org

VOLUNTARY SUPPLEMENTAL RETIREMENT PLANS

Colorado PERA 401(k) / 457

Statewide 800-759-7372 (Select Option 1)
Website www.copera.org

MetLife (Centennial/Mass Mutual) 403(b)

Main Office 303-779-6500
Statewide 866-807-8054
Website www.metlife.com

TIAA 403(b)

Statewide 800-842-2776
Website www.tiaa.org

VALIC Financial Advisors, Inc. 403(b)

Statewide 800-448-2542
Website www.valic.com

Group Insurance Plan Numbers

HEALTH INSURANCE

Anthem BlueCross BlueShield (All Plans)

Aims Community College	C12055
Arapahoe Community College	C12056
COBRA	C12071
CollegInvest	C12059
Colorado Community College System	C12054
Colorado Commission on 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)	003858

Kaiser Permanente HMO*

Aims Community College.....	489-002-18
Arapahoe Community College.....	489-001-03
CollegInvest	489-001-12
Community College of Aurora	489-001-08
Colorado Community College System.....	489-001-01
Community College of Denver.....	489-001-06
Department of Higher Education.....	489-001-04
Front Range Community College—Longmont (Metro).....	489-001-02
Front Range Community College—Ft. Collins (Northern)	489-002-02
Front Range Community College—Westminster (Metro)	489-001-02
Lamar Community College	489-004-19
Morgan Community College.....	489-002-07
Northeastern Junior College.....	489-002-16
Otero Junior College	489-004-20
Pikes Peak Community College	489-003-10
Pueblo Community College	489-004-21
Red Rocks Community College.....	489-001-05
Trinidad State Junior College.....	489-004-17

DISABILITY

PERA Disability Program	633387
-------------------------------	--------

SUPPLEMENTAL RETIREMENT

MetLife	032266
TIAA	365295
VALIC	N/A

*Kaiser group numbers are typically determined by residential zip code, however, if you have questions regarding your group number, please contact Human Resources.



This summary of benefits is not intended to be a complete description of the terms and SBCCOE's 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.