The State of Colorado is committed to providing you with strong and competitive benefits.

**HEALTH**

- Save $240 on your medical premium when you participate in the Employee Wellness Program.

**COMMITTED**

- The State of Colorado is committed to providing you with strong and competitive benefits.

**$720 CONTRIBUTION**

- The State of Colorado will contribute to your HSA when you enroll in a HDHP.
If there is any inconsistency between the information in this guide and the State's formal plans, programs, policies or contracts (or any subsequent change in such plan programs, policies or contracts), the actual provisions of each benefit program govern.

The premium information in this guide reflects the State funding as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four levels.
Hello Colleagues,

The State of Colorado is committed to providing employees with a strong and competitive benefits package.

Selecting your benefits is an important decision. The FY 2018–19 Employee Benefits Guide provides you with an overview of your options.

Here are some tips to understanding what plans will work best for you and your family:

- Forecast your medical and dental needs.
- Understand the monthly premium, annual deductible and out-of-pocket maximum for each plan.
- Take advantage of financial resources to help pay for medical, dental, childcare and other expenses.
- And remember, no matter what plan you select, preventive care is provided to you at no cost.

The State of Colorado will continue to offer an employer contribution of $60 per month toward a health savings account (HSA) with Optum Bank for employees who enroll in a high deductible health plan (HDHP).

Last year, more than 10,000 employees took advantage of this $720 annual contribution and opened an HSA to help pay for medical and dental expenses. This annual contribution is yours and can help you pay for expenses in a HDHP before you meet your deductible and out-of-pocket maximum.

Make sure to review all the health insurance plans, research the cost of services and decide whether a copay or HDHP health insurance plan is right for you and your family.

Kim Burgess

We know you're committed to Colorado. Let's commit to health. It benefits you, and all of us.

CHIEF HR OFFICER
WHAT'S INSIDE
RESOURCES
Take advantage of resources and decision making tools online at Colorado.gov/dhr/benefits.
FY 2018-19
Employee Benefits

Medical Benefits
UnitedHealthcare
Kaiser Permanente

Dental Benefits
Delta Dental of Colorado

Financial Resources
Optum Bank Health Savings Account (HSA)
ASIFlex Flexible Spending Accounts (FSAs)

Income Protection Benefits
Unum Disability Insurance
Minnesota Life Insurance

Additional Benefits
Vision Insurance
Employee Wellness Program powered by CaféWell
PERA Retirement
Who Is Eligible?

State Employees
The State of Colorado offers benefits to permanent full-time and part-time employees. Currently, temporary and seasonal employees are not eligible for benefits.

Dependents
You can enroll yourself and your eligible dependents in medical and dental benefits.

Eligible Dependents Include:

- Your spouse or civil union partner
- Child(ren) under the age of 26 (your children, your spouse or partner’s children, and children in your legal custody)
- Eligible child(ren) of any age who were disabled before age 26

Covering Dependents
You’ll be required to provide proof of eligibility for any new dependent you want to add to your coverage. You’ll receive information about eligibility and documentation requirements after you enroll. The State of Colorado may conduct a dependent eligibility audit at any time.

Civil Union Coverage
Civil union partners are eligible to enroll as dependents in the benefit plans. Any premium contributions made by the State of Colorado on behalf of your civil union partner are considered taxable income to you. Please contact your financial or tax advisor for more information.
When Can I Enroll?

When You’re Hired

New employees have 31 calendar days from the date of hire to enroll in benefits. If you don’t make your benefit elections within 31 days of your date of hire, you’ll have to wait until the next Open Enrollment period to enroll in benefits.

During Open Enrollment

Benefit eligible employees can enroll or make changes to benefits during the State of Colorado’s Open Enrollment period. The State of Colorado’s annual Open Enrollment period takes place in April and May of each year (specific dates change year to year). The benefits you select during open enrollment become effective on July 1 of the same year. The State of Colorado benefits plan year coincides with the State’s fiscal year (July 1 - June 30).

2018 Open Enrollment

Open Enrollment for FY 2018-19 is April 24 - May 14, 2018, with your benefit choices being effective July 1, 2018. Our benefits plan year is July 1, 2018 - June 30, 2019.

Can I Change My Benefits?

After the Open Enrollment period ends in May, the benefits you choose will be in place from July 1 to June 30 of the following year. You cannot change your benefits during this time unless you have a qualifying life event.

Qualifying Life Event

- Marriage, civil union, legal separation, or divorce
- Birth or adoption of a child
- Death of your spouse, civil union partner, or dependent child
- Spouse, civil union partner, or dependent children losing or gaining coverage
- Change in employment status for you, your spouse, or civil union partner
- Change in residence (only if our current coverage isn't available in the new location)
- Exhaustion of COBRA benefits from another employer
How Do I Enroll?

1. Get Started at Benefitsolver.com
   Enter your username and password. If you are a first-time user, click Register.
   The Company Key is soc (case sensitive).

2. Begin Enrollment
   Click Start Here and follow instructions to enroll in your benefits.

3. Wondering What Something Means?
   View the online glossary by clicking Reference Center in the header.

4. Need Help with your Benefit Choices?
   Click Begin MyChoice to answer a few questions and get customized recommendations based on those answers.
   If you already know what benefits you want, click No Thanks, I Know What I Want.

5. Review Your Elections and Approve
   Review, edit, and approve your personal information, elections, dependents, and total cost.

6. Approve
   Once you have reviewed your elections and they are accurate, click Approve.

7. Confirm your Choices
   Your enrollment isn’t complete until you confirm your benefit elections.

8. Print
   Print your election information and confirmation number for future reference.
State of Colorado Medical Plan Options

The State of Colorado offers copay plans with deductible and high deductible health plans (HDHPs) from UnitedHealthcare and Kaiser Permanente. The plan designs differ based on how you and the insurance company share the costs of your care. The plan designs have no effect on the quality of care you receive. The medical plan options are as follows:

**UnitedHealthcare**
- Copay Choice Plus Plan
- HDHP with HSA Plan

**Kaiser Permanente**
- Deductible HMO Plan
- HSA qualified HDHP

**What You Can Expect**

**Vision and Optical Benefits are Covered.**
- All of our medical plans include vision and optical benefits. All employees are automatically enrolled in an optical plan through their medical insurance carrier.

**100% Coverage For Your Preventive Care.**
- All of our medical plans pay 100% for preventive care when you use in-network providers, even before you meet your annual deductible.

**An Employer HSA Contribution of $720!**
- Our high deductible health plans (HDHPs) are eligible for a health savings account (HSA), which lets you save money for medical expenses.
- The State of Colorado will contribute $60 each month to your HSA at Optum Bank if you enroll in a HDHP with UnitedHealthcare or Kaiser Permanente and meet the qualifications to have an HSA.
Preventive Care Checklist

Women

Pap Smear
Yearly

Mammogram
Ever 2 years after age 40

Cholesterol Test
Regularly after age 45

Bone Density Scan
Regularly from age 65

Both

18-29

Body Mass Index
Yearly

Blood Pressure Test
Yearly

STD Screening
Yearly, depending on sexual activity

30-49

Blood Sugar Test
Regularly, after age 45

50-59

Colonoscopy
Every 10 years, after age 50

65+

Men

Cholesterol Test
Regularly after age 35

Abdominal Ultrasound
Once between ages 65-75

CDC Recommended Vaccines

Flu: Annually after age 18

TDAp: At least once as an adult

Shingles: Once at age 60+, or younger if insurance allows

Pneumonia: After 65+, or younger if you're at risk

*Source: US Preventive Services Task Force, 2017

*The cost of these services may depend on how your provider bills your health insurance provider
CoPay Plans with a Deductible

State of Colorado Copay Plans

How They Work

- **Copay:** A copay is the fixed dollar amount you pay when you use medical services. For example, your plan could require you to pay $30 for primary care doctors, $50 for specialists, and $15 for generic prescription drugs. When you go to the doctor or fill a prescription, this is the amount you’ll pay, plus any deductible or coinsurance.

- **Deductible:** The State’s copay plans have a deductible. For medical services for which a deductible applies, you will be required to pay the full cost of services until you meet your deductible. For example, if you have a copay plan and visit your primary care physician, you pay a $30 copay for the visit. If you receive services during the visit, such as lab work, the cost of service is subject to your deductible. Copays usually do not count toward your deductible.

- **Coinsurance:** Copay plans have coinsurance (the cost sharing with the health insurance company). Once you meet your deductible, you pay coinsurance for medical services received until you satisfy your annual out-of-pocket maximum.

- **Annual Out-of-Pocket Maximum:** Copay plans have an annual out-of-pocket maximum. Copays, deductible, and coinsurance count toward your out-of-pocket maximum. If you reach your out-of-pocket maximum, the insurance company pays 100% of covered medical services for the remainder of the plan year.

Advantages

- You’ll have a set dollar amount, or copay, when you visit the doctor.
- Works well for people who do not want to pay the full cost of a medical bill or prescription out-of-pocket.
- Makes sense for people who are willing to pay a higher premium each month for the security of knowing how much they will pay when they visit the doctor.
**How Deductible Copay Plans Work**

**Summit:**
**Out of Pocket Maximum**
When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health cost. Kaiser Permanente’s out-of-pocket maximums are $2,000 individual/$4,000 family. UHC’s out-of-pocket maximums are $5,000 individual and $10,000 family.

**Accent:**
**Coinsurance**
Once your deductible has been met, the KP health plan will pay 90% and the UHC plan will pay 80%.

**Base:**
**Annual Deductible**
Until your deductible is met, you will pay set copays determined by your health plan. Most diagnostic services are billed on top of your copay and are applied to your deductible. Your copays are not subject to deductible, but go toward your out-of-pocket maximum.

KP’s deductibles are $750 individual/$1,500 family. UHC’s deductibles are $1,500 individual/$3,000 family.

**Trail Head:**
**Free Preventive Care**
Preventive Services, such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they’re covered from day one.

*Source: UHC Claims Data*
High Deductible Health Plans

State of Colorado High Deductible Health Plans (HDHPs)

How They Work

High deductible health plans are designed to help keep premium costs low for you and your family. How much you pay out-of-pocket depends on two things: your deductible and out-of-pocket maximum.

- **Deductible:** You are expected to pay the full charges for services until you meet the deductible.

- **HSAs or FSAs Help You Pay Your Deductible:** You can use a health savings account (HSA) or flexible spending account (FSA) to cover medical expenses. All HDHPs with the State of Colorado are HSA qualified and eligible for an employer contribution of $60 per month ($720 annually) to an HSA with Optum Bank.

- **Coinsurance:** Once you meet your deductible, your health insurance pays coinsurance, or 80% of your medical costs.

- **Annual Out-of-Pocket Maximum:** You’ll continue to pay coinsurance on the covered expenses that require it until you meet your out-of-pocket maximum. If you reach your out-of-pocket maximum, the insurance company pays 100% of medical services.

Advantages

- You’ll have lower monthly premiums than copay plans.

- If you enroll in a HDHP, you’re eligible for a health savings account (HSA) to help pay for expenses until you meet your deductible and out-of-pocket maximum, and the State of Colorado will contribute $60 monthly to your HSA.

- HSA funds roll over from year-to-year.

- Works well when you know you will meet your out-of-pocket maximum early in the plan year. After that, insurance will cover the full cost of services, and you’ll continue to enjoy a low monthly premium.

- You’ll have low monthly premiums and preventive care, including annual exams, cancer screenings, and other services at no cost to you.

- If you are healthy and require little care.
How High Deductible Health Plans Work

**Summit:**
Out of Pocket Maximum
When you have reached your out-of-pocket maximum, your health plan pays 100% of any additional health cost. Both Kaiser Permanente and UHC HDHPs have a $3,000 individual out-of-pocket maximum and a $6,000 family out-of-pocket maximum.

**Accent:**
Coinsurance
Once your deductible has been met, your Kaiser Permanente or UHC health insurance will cover 80% of the cost of services.

**Base:**
Annual Deductible
For services other than preventive care, you are responsible for the full cost of services until your deductible is met.

**Trail Head:**
Free Preventive Care
Preventive Services, such as routine physicals, screenings and vaccinations are covered 100% by the health plan. The deductible does not apply to preventive services; they're covered from day one.

*Source: UHC Claims Data*
# Copay Plan with Deductible Premiums

## Monthly Cost

FY 2018-19 Monthly Employee Payroll Contributions

<table>
<thead>
<tr>
<th></th>
<th>UnitedHealthcare Copay Choice Plus Plan</th>
<th>Kaiser Permanente Deductible HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$140.56</td>
<td>$89.20</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$392.86</td>
<td>$280.22</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$277.34</td>
<td>$177.02</td>
</tr>
<tr>
<td>Family</td>
<td>$575.24</td>
<td>$412.74</td>
</tr>
</tbody>
</table>

## Medical Plan Features

FY 2018-19 Medical Plans

<table>
<thead>
<tr>
<th></th>
<th>UnitedHealthcare Copay Choice Plus Plan</th>
<th>Kaiser Permanente Deductible HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA Contribution</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Deductible - individual/family</td>
<td>$1,500/$3,000</td>
<td>$750/$1,500</td>
</tr>
<tr>
<td>Coinsurance - applies after deductible is met</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 90% after deductible</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - individual/family (includes deductible)</td>
<td>$5,000/$10,000</td>
<td>$2,000/$4,000</td>
</tr>
</tbody>
</table>

## Cost of Healthcare Services

FY 2018-19 Medical Plan Costs

<table>
<thead>
<tr>
<th></th>
<th>UnitedHealthcare Copay Choice Plus Plan</th>
<th>Kaiser Permanente Deductible HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Visit</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Generic Prescriptions</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Preferred Prescriptions</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$500 copay</td>
<td>$500 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Hospital</td>
<td>$1,000 copay + 20% coinsurance</td>
<td>10% coinsurance after deductible</td>
</tr>
</tbody>
</table>
High Deductible Health Plan

Premiums

Monthly Cost
FY 2018-19 Monthly Employee Payroll Contributions

<table>
<thead>
<tr>
<th></th>
<th>UnitedHealthcare HDHP</th>
<th>Kaiser Permanente HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$18.92</td>
<td>$34.88</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$137.44</td>
<td>$165.32</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$46.24</td>
<td>$73.76</td>
</tr>
<tr>
<td>Family</td>
<td>$210.34</td>
<td>$247.90</td>
</tr>
</tbody>
</table>

Medical Plan Features
FY 2018-19 Medical Plans

<table>
<thead>
<tr>
<th></th>
<th>UnitedHealthcare HDHP</th>
<th>Kaiser Permanente HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA Contribution - $720 annual contribution from the State of Colorado</td>
<td>$60 per month</td>
<td>$60 per month</td>
</tr>
<tr>
<td>Deductible - individual/family</td>
<td>$1,500/$3,000</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Coinsurance - applies after deductible is met</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum - individual/family (includes deductible)</td>
<td>$3,000/$6,000</td>
<td>$3,000/$6,000</td>
</tr>
</tbody>
</table>

Cost of Healthcare Services
FY 2018-19 Medical Plan Costs

<table>
<thead>
<tr>
<th></th>
<th>UnitedHealthcare HDHP</th>
<th>Kaiser Permanente HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Visit</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Generic Prescriptions</td>
<td>$10 after deductible</td>
<td>$10 after deductible</td>
</tr>
<tr>
<td>Preferred Prescriptions</td>
<td>$30 after deductible</td>
<td>$30 after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Hospital</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>
Network of Doctors and Specialists

Preferred Provider Organization or PPO

UnitedHealthcare is a preferred provider organization (PPO). This network allows you to see almost any doctor or healthcare facility in the nationwide network of providers. For a list of doctors or healthcare facilities in UnitedHealthcare’s network visit welcometouhc.com/colorado.

Paladina Health

Become your healthiest, best self with personalized primary care through Paladina Health - part of your UnitedHealthcare health plan. Paladina offers unmatched personal attention, longer appointment times and convenient access in addition to comprehensive care, care coordination and chronic condition management. All of these factors add up to the kind of experience that can truly make a difference in your health and wellbeing.

Get 80-90% of your healthcare needs in one place at little to no cost, including primary, preventive, and 24/7 urgent care.

Call or text your physician for urgent needs, or schedule an appointment through your Paladina Health Portal.

11 Convenient Offices along the Front Range:

- Arvada - NEW
- Aurora
- Boulder
- Broomfield
- Capitol Hill
- Colorado Springs
- Denver Tech Center
- Lakewood
- LoDo
- Pueblo West
- Pueblo Central

Affiliate locations include Grand Junction, Fort Collins, and Sterling.

As a UHC member, you and your covered dependents are eligible to enroll at any time, at no additional cost. Sign up in minutes by visiting paladinahealth.com/colorado or by calling Member Services at 1-866-808-6005.
This way to healthier.

Experience more simplicity, choice and savings with flexible health plans designed to meet your needs.
2018–2019
Benefit Options

Your path to a broader experience.

Experience an extensive network.
You have a range of providers to choose from.

From the four corners of the state and everywhere in between, UnitedHealthcare is on a mission to help Coloradans live healthier lives. With tools that help make health management easier, resources that help you find and price the care just right for you, plus an extensive network of providers that bring you more choice, UnitedHealthcare has you and your family covered — like that big, beautiful sky covers the Rockies.

Vision Plan
Eye health is important to you and your family’s overall health. Your vision plan includes:

Eye exam.
Many common eye diseases have no warning sign, but a dilated eye exam can detect these diseases in their early stages.

Frame allowance.
When you use a network provider, you have an allowance you can use to help buy any frame your eye doctor offers.

Contact lens benefit.
You get contact lenses, a fitting and up to 2 follow-up visits. Choose from popular brands, including some that may be fully covered.

Additional pairs of glasses.
Get up to a 20 percent discount on additional pairs of eyeglasses, including prescription sunglasses.

LEARN MORE at welcometouhc.com/colorado.

Virtual Visits
Convenient access to a doctor—whenever, wherever.
For non-emergency medical care, a Virtual Visit can let you see and talk with a doctor from your mobile device or computer. Doctors can diagnose and treat a wide range of non-emergency medical conditions such as pinkeye, the flu or a sore throat. They can even write a prescription.1 In addition to saving you time, the cost of a Virtual Visit is typically lower than being treated at a doctor’s office, urgent care center or emergency room.

Consider a Virtual Visit when:
• Your doctor isn’t available.
• You become ill while traveling.
• You’re considering an ER for a non-emergency.

State of Colorado
Employees

Vision Plan
Eye health is important to you and your family’s overall health. Your vision plan includes:

Eye exam.
Many common eye diseases have no warning sign, but a dilated eye exam can detect these diseases in their early stages.

Frame allowance.
When you use a network provider, you have an allowance you can use to help buy any frame your eye doctor offers.

Contact lens benefit.
You get contact lenses, a fitting and up to 2 follow-up visits. Choose from popular brands, including some that may be fully covered.

Additional pairs of glasses.
Get up to a 20 percent discount on additional pairs of eyeglasses, including prescription sunglasses.

LEARN MORE at welcometouhc.com/colorado.

Virtual Visits
Convenient access to a doctor—whenever, wherever.
For non-emergency medical care, a Virtual Visit can let you see and talk with a doctor from your mobile device or computer. Doctors can diagnose and treat a wide range of non-emergency medical conditions such as pinkeye, the flu or a sore throat. They can even write a prescription.1 In addition to saving you time, the cost of a Virtual Visit is typically lower than being treated at a doctor’s office, urgent care center or emergency room.

Consider a Virtual Visit when:
• Your doctor isn’t available.
• You become ill while traveling.
• You’re considering an ER for a non-emergency.
Choose what’s right for you.

No matter which plan you choose, you’ll have access to quality healthcare which includes:
- Preventive care that’s 100 percent covered.
- Visits with specialists without having to get a referral first.
- Access to mental health, vision and pharmacy benefits.

**Copay Choice Plus Plan**
This plan has predictable, lower costs:
- Copays for doctor visits that are not considered preventive care.
- Copays for prescription medications.
- Deductibles for higher levels of care, such as surgery, before benefits apply.

**High Deductible Health Plan (HDHP) with HSA**
This plan is paired with an HSA to help manage your costs, and gives you flexibility:
- No copays for doctor visits, but you have to meet your deductible before benefits apply.
- Extra financial help from your employer and additional tax benefits.

**How the HSA works.**
The HSA is a personal bank account that helps you save and pay for health care expenses:
- Build your HSA savings. The money you deposit is federal income tax free.
- Invest up to $3,450 (individual) or $6,850 (family) in 2018.
- Your HSA dollars can earn interest and are not taxed.
- Use your HSA to pay for qualified medical and pharmacy expenses.
- Your HSA balance can carry over year to year, even if you leave your job.

**A $60 addition — every month.**
This year, the State of Colorado will contribute $60 per month to your HSA when you select the HDHP.
# A little help to make your decision easier.

## Meet Mary
### Single Coverage

She’s a healthy 26-year-old with no chronic conditions. Without any dependents to cover, she’s looking for a plan with low monthly payments that still provides coverage in case she has any unexpected health incidents. During the year she has the following care:

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Copay Choice Plus Plan</th>
<th>Copay Choice Plus with Paladina Health</th>
<th>HDHP with HSA</th>
<th>HDHP with HSA and Paladina Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly Premium</td>
<td>$1,686.72</td>
<td>$1,686.72</td>
<td>$227.04</td>
<td>$227.04</td>
</tr>
</tbody>
</table>

### Qualified Medical Expenses

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Copay Choice Plus Plan</th>
<th>Copay Choice Plus with Paladina Health</th>
<th>HDHP with HSA</th>
<th>HDHP with HSA and Paladina Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick Visit to Primary Care Provider</td>
<td>$30 copay</td>
<td>$0 copay</td>
<td>~$68</td>
<td>~$47</td>
</tr>
<tr>
<td>Preventive Care Visit</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Specialty Visit</td>
<td>$50</td>
<td>$0</td>
<td>~$127</td>
<td>~$109</td>
</tr>
<tr>
<td>Tier 1 Medication</td>
<td>$10</td>
<td>$5-10</td>
<td>$8</td>
<td>$5-10</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$1,776.72</td>
<td>$1,691.72*</td>
<td>$430.04</td>
<td>$388.04*</td>
</tr>
</tbody>
</table>

## Meet Daniel
### Employee Plus Family Coverage

As a father of 2 with a spouse who is expecting their third child, Daniel has family coverage and needs a plan that makes the most financial sense. His yearly care is as follows:

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Copay Choice Plus Plan</th>
<th>Copay Choice Plus with Paladina Health</th>
<th>HDHP with HSA</th>
<th>HDHP with HSA and Paladina Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly Premium</td>
<td>$6,902.88</td>
<td>$6,902.88</td>
<td>$2,524.08</td>
<td>$2,524.08</td>
</tr>
</tbody>
</table>

### Qualified Medical Expenses

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Copay Choice Plus Plan</th>
<th>Copay Choice Plus with Paladina Health</th>
<th>HDHP with HSA</th>
<th>HDHP with HSA and Paladina Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Sick Visit to Primary Care Provider</td>
<td>$120 copay</td>
<td>$0 copay</td>
<td>$272</td>
<td>~$188</td>
</tr>
<tr>
<td>Preventive Care Visit</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2 Specialty Visits</td>
<td>$100</td>
<td>$0</td>
<td>$264</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$75</td>
<td>$0</td>
<td>$110</td>
<td>$0</td>
</tr>
<tr>
<td>ER visit</td>
<td>$500 copay</td>
<td>$500 copay</td>
<td>$1,800</td>
<td>$1,800</td>
</tr>
<tr>
<td>Tier 1 Medication</td>
<td>$10</td>
<td>$5-10</td>
<td>$8</td>
<td>$5-10</td>
</tr>
<tr>
<td>4 Day Inpatient Hospital Admit</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$3,546</td>
<td>$4,007</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$12,707.88</td>
<td>$12,407.88^</td>
<td>$8,524.08</td>
<td>$8,524.08^</td>
</tr>
</tbody>
</table>

*This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our web site www.colorado.gov/dhr/benefits and sent to your department’s benefits, payroll, and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute.

**The State of Colorado will contribute $60 per month into your HSA if you have elected the HDHP. In this example above, Mary could use her HSA to pay for her sick visit and tier 1 medication.

* Actual savings may vary. Calculations based on State of Colorado UHC plan members over a 14 month period.

---

**Note:** Visit welcometouhc.com/colorado for a prescription drug list as well as additional pharmacy information.
A side-by-side comparison of plans.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$1,500 / $3,000¹</td>
<td>$1,500 / $4,500</td>
</tr>
<tr>
<td>Family²</td>
<td>$3,000 / $6,000¹</td>
<td>$3,000² / $9,000²</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-pocket maximum</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$5,000 / $10,000</td>
<td>$3,000 / $9,000</td>
</tr>
<tr>
<td>Family²</td>
<td>$10,000 / $20,000</td>
<td>$6,000 / $18,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifetime maximum benefit</th>
<th>Copay Choice Plus Plan</th>
<th>HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual adult physical</td>
<td>100% / 50%</td>
<td>100% / 50%</td>
</tr>
<tr>
<td>Well-child visits</td>
<td>100% / 50%</td>
<td>100% / 50%</td>
</tr>
<tr>
<td>Preventive Mammogram</td>
<td>100% / 50%</td>
<td>100% / 50%</td>
</tr>
<tr>
<td>Preventive Screenings</td>
<td>100% / 50%</td>
<td>100% / 50%</td>
</tr>
<tr>
<td>Doctor visit</td>
<td>100% after $30 copay / 50%³</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Virtual Visits</td>
<td>$30 copay / Not covered</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>100% after $50 copay / 50%³</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>$75 copay / 50%³</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$500 copay</td>
<td>80%⁴</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80%⁴</td>
<td>80%⁴</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>80%⁴ / 50%⁴</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Lab and X-ray</td>
<td>Preventive: 100% / 50%</td>
<td>Preventive: 100% / 50%</td>
</tr>
<tr>
<td></td>
<td>Diagnostic: 80%⁴ / 50%⁴</td>
<td>Diagnostic: 80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Hospital stay</td>
<td>80% after $1,000 copay per inpatient stay⁶</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Mental health services</td>
<td>Outpatient at 100% after a $30 copay per visit / 50%⁴</td>
<td>80%⁴ / 50%⁴</td>
</tr>
<tr>
<td>Vision exam (once per plan year)</td>
<td>100% after $50 copay / Not covered</td>
<td>80%⁴ / Not covered</td>
</tr>
<tr>
<td>Vision benefit frames or standard lenses (once every 24 months)</td>
<td>Frames $130 allowance or contact lens $150 allowance</td>
<td>Frames $130 allowance or contact lens $150 allowance</td>
</tr>
<tr>
<td></td>
<td>*Allowances apply to network providers only. Please refer to your plan details for out-of-network allowances.</td>
<td>*Allowances apply to network providers only. Please refer to your plan details for out-of-network allowances.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retail (up to a 31-day supply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 1 $10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 2 $30</td>
<td></td>
</tr>
<tr>
<td>Mail Order^ (up to a 90-day supply)</td>
<td>Tier 3 $50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 2 $60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3 $10</td>
<td></td>
</tr>
</tbody>
</table>

Note: Visit welcometouhc.com/colorado for a prescription drug list as well as additional pharmacy information.

¹ Copay Choice Plus Plan: Any deductible amounts satisfied during the last 3 months of the plan year ending June 30, will be carried over to the new plan year. ² HDHP with HSA: The family deductible maximum (which applies to Employee + Spouse, Employee + Children and Family) must be satisfied before benefits are paid for any individual family member. ³ Employee plus spouse/ same-gender domestic partner/child or children/family. ⁴ After you’ve reached your deductible. ⁵ Only certain prescription drugs are available through mail order; please visit our pre-member website at www.welcometouhc.com/colorado for more information. ⁶ Network deductible does not apply. For more information about deductibles, call Customer Care at 1-877-283-5424. This information is a brief, general description of your coverage, is not a contract and does not replace your Summary of Benefits. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Summary of Benefits. If descriptions, percentages and dollar amounts conflict with official benefit coverage documents, the official benefit coverage documents prevail. Copayments do not apply to deductible. Copayments and coinsurance apply to out-of-pocket maximum.
There’s so much more to experience where you live.

Helping you get the high-quality care you’re looking for—more conveniently.

See a doctor from anywhere.
Save time and money by using your computer or mobile device to see a doctor through a Virtual Visit.

Reach a nurse 24/7.
Ask a registered nurse your health questions anytime, anywhere — at no extra cost — by calling 1-866-402-0006.

Get prescriptions delivered to your door.
You can get a 90-day supply of your regular medication straight to your home — and save yourself a trip to the pharmacy.

Helping you manage your health plan— more easily.

All you need at your fingertips.
Visit myuhc.com® or download the UnitedHealthcare Health4Me® mobile app to find doctors, estimate your cost of care before you go, manage claims, access health plan ID cards and more.

An easy-to-open HSA.
Open your HSA with Optum Bank to get an extra $60 per month from the State of Colorado deposited into your HSA. Visit optumhealthbank.com.

Fast claims processing.
Manage your claims quickly and accurately with our innovative claims tracking process.

Helping you stay healthier—more proactively.

Well-being, done well.
No-cost preventive care designed to keep you on a healthier path.

Tools and resources, conveniently online.
• Get ideas and suggestions to improve your health when you fill out our online survey.
• Get support and wellness coaching from customized programs designed to help you achieve your weight-loss goals.
• Get friendly wellness advice and the opportunity to save on your health premium at Colorado.gov/wellness.

Find out more at welcometouhc.com/Colorado or call 1-877-283-5424.
Lose weight, feel great.

See how making small changes can help you live a healthier life.

As a UnitedHealthcare member, you can take advantage of Real Appeal®—a digital weight loss program—at no additional cost to you.*

This program focuses on making small changes to help you live a healthier life.

Real Appeal makes losing weight fun and engaging through:

- A personal transformation coach who provides step-by-step guidance and customization that fits your lifestyle, fitness level and goals.
- Convenient 24/7 access to group chats, food trackers, digital content and weekly health tips.
- A free* success kit to help you kick-start your weight loss.

Enroll in this fun weight loss program at signup.realappeal.com.

Do more of what you love.

If pain is holding you back, enroll in the Spine and Joint Solution.

The Spine and Joint Solution brings you information and support on relieving back, knee or hip pain — and here's the great news: it's already part of your benefits, so there's no extra cost. We help people find quality care so they can get back to their favorite activities. Our Spine and Joint Solution team helps you understand your treatment options, decide where to go for care and enjoy a shorter recovery.

*The Real Appeal program is available at no additional cost to eligible members as part of your health plan.
From pre-conception to post-birth, get the personal support every mother needs.

Call the Maternity Support Program today.

If you’re thinking about having a baby, or you have one already on the way, your Maternity Support Program is ready to help in every way we can. Enroll in the program and you’ll have access to your own personal maternity nurse who can:

• Answer your questions on everything from pre-conception health to newborn care.
• Offer support throughout the pregnancy and after delivery.
• Provide specialized guidance if your pregnancy is considered high-risk to help you stay healthy and prevent premature birth.
• Help you feel at your physical and emotional best after your baby is born.

Call today to learn more.
1-877-283-5424, TTY 711

Feeling ill or injured? Get urgent care treatment at home.

No membership required — available 7 days a week, 8 a.m.–10 p.m.

DispatchHealth brings urgent care to you on-demand at your home or workplace. A medical team arrives equipped with the latest technology and tools to treat minor to severe injuries and illnesses.

How DispatchHealth works.

1. Request care — call, go online or use the mobile app to request a visit.
2. Explain your symptoms — trained medical technicians listen carefully to ensure the right care is on route quickly.
3. Relax in your home — on average, care teams arrive within one hour. They’re ER-trained and can treat anything an urgent care can, and more.
4. Rest easy — the mobile team will call in any needed prescriptions, update your doctor and handle billing with UnitedHealthcare so you can focus on feeling better.

Contacting DispatchHealth is easy, and there’s no membership required. DispatchHealth is available 8 a.m.–10 p.m., 7 days a week, 365 days a year.

Call: 303-500-1518
Go online: dispatchhealth.com
Download: the mobile app
Get Easy Access to High Quality, Personalized Primary Care

**Expanded locations in Ft. Collins, Grand Junction and Sterling**

By having a UnitedHealthcare plan, you and your eligible family members have access to Paladina Health at **no additional cost**.

The personal attention and extra time Paladina Health doctors give along with convenient access, comprehensive care, care coordination and chronic condition management – all add up to the kind of healthcare that makes a difference for your health and well-being.

**Your Paladina Health benefit offers you:**
- Primary, urgent, and preventive care
- 24/7 doctor access via phone for urgent needs
- Telephonic appointments available to fit your schedule
- Same- or next-day appointments for urgent needs
- Wait time averaging less than 5 minutes
- Easy online scheduling and secure doctor messaging, lab reviews, and more
- Onsite labs and prescriptions*

**CONVENIENT LOCATIONS:**

*Certain prescriptions and procedures, and tests sent to outside labs will be charged to your insurance as usual.

**How Much Could You Save? **

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Preventive Services</th>
<th>Non-preventive/Acute Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC’s Co-pay Choice Plus Plan</td>
<td>No co-pay or charge</td>
<td>No co-pay or charge</td>
</tr>
<tr>
<td>UHC’s High Deductible Health Plan with HSA</td>
<td>No co-pay or charge</td>
<td>Provided, on average, at a lower cost than other providers. No charge after deductible is met.</td>
</tr>
</tbody>
</table>

**Example: Strep Throat Visit at Paladina Health**

$40-57, Compared to $85 on average for similar service provided by other primary care doctors

Enroll Now And Establish Care With Your Doctor Today:
[PaladinaHealth.com/Colorado](http://PaladinaHealth.com/Colorado) Or Call Member Services at **1-866-808-6005**
Network of Doctors and Specialists

Health Maintenance Organization or HMO

Kaiser Permanente is a health maintenance organization (HMO). Under the Kaiser Permanente HMO plans, members must receive services at one of the Kaiser Permanente medical offices or through a contracted community provider.

Locations

There are 31 Kaiser Permanente medical offices in Colorado, offering a wide range of care and services to help you get healthy and stay that way. With so many physicians and locations to choose from, you can easily find convenient care in Denver/Boulder, Mountain, Northern or Southern Colorado.

For a list of doctors or healthcare facilities in Kaiser Permanente’s network visit mykp.org/stateofcolorado.
HEALTHY MADE EASIER.

Care and coverage that fit your life.
Choose from top doctors.

1,200+
KAISER PERMANENTE PHYSICIANS

Many of our doctors come from top medical schools, including Yale, Johns Hopkins, and Harvard, to name a few. And many are recognized as top doctors by Colorado’s medical community and publications such as 5280 magazine. Choose a doctor that meets your needs from over 1,200 Kaiser Permanente physicians. Or, if you live in Mountain, Northern, or Southern Colorado, you can also choose to see one of our network physicians in your service area.

Working as a team.

Our primary care physicians, specialists, nurses, and pharmacists are connected to each other — and to you — through your electronic health record. So they know important things about you and your health, like when you’re due for a screening and what medications you’re taking. That way, you get personalized care that’s right for you.

Making it easy for you.

• Get care the same way you shop. All in one stop. Visit one of our 31 medical offices to see a doctor, or get lab work and X-rays done, all in the same place (in most locations you can even pick up a prescription).
• Busy day? Call, email, or chat with a doctor without leaving home or work.
• Not sure what kind of care you need? Call 24/7 for medical advice and care guidance.
• Need urgent or emergency care? You’ll have access to hospitals and urgent care locations across the state. Plus, you’re covered for emergency care, worldwide.

1. Choice of providers varies by plan, service area and availability at the time of selection, and is subject to change. Please see the network provider directory for a list of providers included in your plan at kp.org.
2. Available when you receive care at Kaiser Permanente medical offices from Kaiser Permanente providers.
3. Important: If you think you or someone you care for is having a medical or psychiatric emergency, call 911 or go to the nearest hospital.
Your care, your way.

Get care that fits into your lifestyle.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAT</td>
<td>Connect in real time with a Kaiser Permanente physician. Log on to kp.org and click “Chat.”</td>
</tr>
<tr>
<td>PHONE</td>
<td>Save yourself an office visit by scheduling a call with a doctor.¹</td>
</tr>
<tr>
<td>VIDEO</td>
<td>Ask about this online alternative to an in-person appointment.¹, ²</td>
</tr>
<tr>
<td>E-MAIL</td>
<td>Message your doctor’s office with nonurgent questions anytime.¹</td>
</tr>
<tr>
<td>E-VISIT</td>
<td>Online consultations are available for some medical conditions. Learn more at kp.org/getcare.</td>
</tr>
</tbody>
</table>

Chat can save you time

60% + of members who chatted online with a Kaiser Permanente physician said they AVOIDED A TRIP to their doctor’s office.³

94% + of them said they are likely to RECOMMEND THE SERVICE to a friend.³

Care options across Colorado

1,200+ KAISER PERMANENTE PHYSICIANS⁴

31 MEDICAL OFFICES

2,400+ NETWORK PROVIDERS across Colorado⁴

30 URGENT CARE locations

15 EXTENDED HOURS locations⁴

Coverage for EMERGENCY CARE WORLDWIDE⁵

1. These features are available when you receive care at Kaiser Permanente medical offices.
2. Check with your doctor’s office to find out if video visits are available to you.
3. Based on Kaiser Permanente Colorado member survey data.
4. Choice of providers and locations varies by service area and availability at the time of selection. Members in Mountain, Northern, and Southern Colorado have access to network providers in their service areas. Information is current at the time of publication and is subject to change.
5. Important: If you think you or someone you care for is having a medical or psychiatric emergency, call 911 or go to the nearest hospital.
Your total health = mind, body, and spirit.

Resources and tools to help take care of the whole you.

It’s easy to manage your health with Kaiser Permanente wellness resources.

Through kp.org you can find:

• Health guides
• Videos and podcasts
• Tools and calculators
• Classes and coaching
• Drug and health encyclopedias
• A natural medicines database
• Information about managing ongoing conditions, such as chronic pain, depression, diabetes, and insomnia
• And more

Your mental health is just as important as your physical health, so you also have access to healthy living classes and tools to manage stress at kp.org/stressmanagement. At MyBrainSolutions.com/soc, you can learn how to train your brain to build resilience and manage stress.

READY TO LEARN MORE?
Explore your options and pick a plan that's right for you

my.kp.org/stateofcolorado

1-866-635-8743

StateOEKaiser@kp.org
## Deductible HMO (DHMO) vs. HDHP with HSA

<table>
<thead>
<tr>
<th></th>
<th>Deductible HMO (DHMO)</th>
<th>HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$750</td>
<td>$1,500²</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
<td>$3,000²</td>
</tr>
<tr>
<td>Family</td>
<td>$4,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered services during a visit</td>
<td>$30 Copay</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td></td>
<td>10% Coinsurance after deductible is met</td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered services during a visit</td>
<td>$50 Copay</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td></td>
<td>10% Coinsurance after deductible is met</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 Copay</td>
<td>$10 Copay³</td>
</tr>
<tr>
<td>Brand Name</td>
<td>$30 Copay</td>
<td>$30 Copay³</td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty</td>
<td>20% up to $100 per drug, per fill</td>
<td>20% up to $100 per drug, per fill³</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>10% Coinsurance after deductible is met</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$500 Copay</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$500 Copay</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered services during a visit</td>
<td>$75 Copay</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td></td>
<td>10% Coinsurance after deductible is met</td>
<td></td>
</tr>
<tr>
<td>Preventive care/screening</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Diagnostic Lab</td>
<td>10% Coinsurance after deductible is met</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
<tr>
<td>Diagnostic X-ray</td>
<td>10% Coinsurance after deductible is met</td>
<td>20% Coinsurance after deductible is met</td>
</tr>
</tbody>
</table>

1. The information provided here is only a summary. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions, and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.
2. The amount shown does not apply if there is more than one person on this plan.
3. For HDHP plans, prescription copays and coinsurance apply after deductible is met.
Pick a plan that’s right for you.

Employee Coverage

Mario is an active 47-year-old who enjoys hiking and biking. He may need an occasional office visit, but overall is in good health.

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Deductible HMO (DHMO)</th>
<th>HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Premium¹</td>
<td>$1,070</td>
<td>$419</td>
</tr>
<tr>
<td>Preventive Visit</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pharmacy Generic RX</td>
<td>$10</td>
<td>$17²</td>
</tr>
</tbody>
</table>

**Savings**

| Wellness Program Participation³ | $240                  | $240          |
| HSA funds used⁴                | N/A                   | $17           |

**Annual Cost**

| Total                         | $840                  | $179          |

Family Coverage

Allison covers her spouse and son on her plan and is expecting a second child. With a growing family, she’ll have more expenses this year.

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Deductible HMO (DHMO)</th>
<th>HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Premium¹</td>
<td>$4,953</td>
<td>$2,975</td>
</tr>
<tr>
<td>Preventive Visit</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospital Stay (Delivery)</td>
<td>$1,575</td>
<td>$4,200²</td>
</tr>
<tr>
<td>$750 Deductible +$825 Coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Visit + Procedure</td>
<td>$108</td>
<td>$42²</td>
</tr>
<tr>
<td>$50 Copayment +$58 Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Generic RX</td>
<td>$10²</td>
<td>$10²</td>
</tr>
</tbody>
</table>

**Savings**

| Wellness Program Participation³ | $240                  | $240          |
| HSA funds used⁴                | N/A                   | $720          |

**Annual Cost**

| Total                         | $6,406                 | $6,267        |

1. This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on the State’s website (colorado.gov/dhr/benefits) and sent to your department’s benefits, payroll, and HR staff. However, do not delay your open enrollment until the last minute. Revised February 2018.

2. For HDHP plans, prescription copays and coinsurance apply after deductible is met.

3. Both scenarios assume that Mario and Allison participate in the State’s Employee Wellness Program and earned all the points in the 2017-2018 plan year. As a result, they get a discount of $240 per year toward their health insurance premiums for the 2018-2019 plan year.

4. The State of Colorado will contribute $720 per year to each eligible employee’s Health Savings Account (HSA); in these scenarios Mario would have $703 of his HSA funds remaining, and Allison would have $0 of her HSA funds remaining.
Start a journey to better health.

As a Kaiser Permanente member, you have access to Omada, a digital lifestyle change program that inspires healthy habits that last.*

The special gear you’ll need to participate – including a wireless scale synced to your account – will be delivered right to your door. Plus, you get a professional health coach and can join an online support group. Weekly interactive lessons transform healthy choices into lifelong habits.

omadahealth.com/soc

*Participation is subject to program eligibility requirements. For more information, visit omadahealth.com/soc.
Medical Premium Reduction for Qualified Employees

The Medical Supplement Program is a subsidy provided by the State of Colorado to assist qualified low-income state employees and their children with the cost of their medical premium.

How Do I Apply?

Online During the Application Period

The program is funded each year by the legislature. Therefore, you must apply for the supplement every year, regardless of if you received the supplement for the previous year.

1. Application Period

   • The application period begins online at Colorado.gov/DHR/Supplement-Program the first day of open enrollment and concludes a week after open enrollment has ended.

2. Submit Supporting Documentation

   • Since the program is need-based, low-income employees with dependents must submit documentation to verify dependents and income.

   • You must provide the first page of the previous year’s federal tax return to verify income eligibility. Tax returns for wage earning household members must also be provided.
State of Colorado Dental Plan Options

The State of Colorado offers two comprehensive, high-quality dental plan options from Delta Dental. The dental plan options are as follows:

**Delta Dental**
- Delta Dental Basic Plan
- Delta Dental Basic Plus Plan

**What You Can Expect**

**Basic and Major Services.**
- Basic services including semi-annual check-ups, x-rays, cleanings, and fluoride treatments for children.
- Major services including bridges, crowns, dentures, and implants.

**100% Coverage For Your Preventive Care.**
- Both dental plans pay 100% for preventive care when you use in-network providers, even if your maximum benefits have already been reached for the plan year.

**Lifetime Allowance for Orthodontics**

The Basic Plus Plan with Delta Dental includes a lifetime allowance for orthodontic procedures. This includes all appliances, adjustments, insertion, removal and post-treatment stabilization (retention). Your maximum benefit is determined by the date you began orthodontic treatment.

- Orthodontic treatment plans that started on or before June 30, 2016 will be subject to a $2,000 lifetime orthodontic services maximum benefit.
- Orthodontic treatment plans that started on or after July 1, 2016 will be subject to a $3,000 lifetime orthodontic services maximum benefit.
Dental Highlights

Dental Premiums
FY 2018-19 Monthly Employee Payroll Contributions

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Basic Plan</th>
<th>Delta Dental Basic Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4.28</td>
<td>$18.38</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$15.76</td>
<td>$43.92</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.76</td>
<td>$44.32</td>
</tr>
<tr>
<td>Family</td>
<td>$27.14</td>
<td>$70.80</td>
</tr>
</tbody>
</table>

Dental Plan Features
FY 2018-19 Dental Plans

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Basic Plan</th>
<th>Delta Dental Basic Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

Cost of Dental Services
FY 2018-19 Dental Plan Costs

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental Basic Plan</th>
<th>Delta Dental Basic Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Services</td>
<td>70% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>Major Services</td>
<td>50% coverage</td>
<td>50% coverage</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>none</td>
<td>50% coverage ($3,000 lifetime maximum per person)</td>
</tr>
</tbody>
</table>
Congratulations! You have a dental plan from Delta Dental of Colorado. It’s so important to use your dental benefits because your oral health is connected to your overall health. Your dentist can spot the early signs of systemic diseases and can help you avoid painful and costly dental procedures in the future. So make dental care a priority.

► CREATE A SUBSCRIBER ACCOUNT ON DELTADENTALCO.COM.
You can check the specifics of your plan, the status of claims, and much more. To create a secure account, go to our homepage and click on the Members link and follow the prompts. If you need help setting this up, you can contact our customer service team.

► DOWNLOAD OUR FREE MOBILE APP.
Once you’ve created an account online, you can access all of the same information AND make an appointment with your dentist within the app.* To download and install the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

► GO TO OUR WEBSITE OR MOBILE APP AND FIND A DENTIST NEAR YOU.
Choose either a Delta Dental PPO℠ or a Delta Dental Premier® provider based on the plan you have. A Delta Dental PPO provider will always cost you less out of pocket, so search for one near you to get the greatest savings.

► MAKE AN APPOINTMENT...AND SMILE!
You’re taking steps to protect your oral health and your overall health! Plus, preventive services — like cleanings and exams — are usually at no cost to you, so there’s no reason to wait.**

ADDITIONAL RESOURCES
Our website has additional resources to help you understand your benefits and the importance of your oral health:
• www.deltadentalco.com/using-your-benefits.aspx
• www.deltadentalco.com/wellness.aspx
• www.deltadentalco.com/mobile-app.aspx

CONTACT US
Toll-free: 1-800-610-0201 | Monday–Friday 8 a.m. to 6 p.m.
Email: customer_service@ddpco.com

*Dentist participation in the mobile scheduling tool varies. If your dentist does not currently participate, ask them to sign up for that option.
**Frequencies and limitations apply. Be sure to check your specific plan benefits and eligibility.
$720 Health Savings Account (HSA) Contribution

An HSA is a powerful tool that can help you pay your deductible and eligible out-of-pocket medical expenses. The State of Colorado will contribute $60 to your HSA with Optum Bank each month (up to $720 annually) when you elect a HDHP plan with UnitedHealthcare or Kaiser Permanente.

Eligibility

You are eligible to receive the State-paid $60 monthly HSA contribution for each month that you are an active state employee, enrolled in a State of Colorado sponsored HSA qualified High Deductible Health Plan (HDHP) and have an open HSA with Optum Bank.

Under Federal Law You May Not Open or Contribute to an HSA If You Are:

- Covered by another medical plan (even a spouse or civil union partner’s plan) that is not a HDHP
- Enrolled in any part of Medicare
- Enrolled in TRICARE or TRICARE for Life
- Received Veterans Administration (VA) benefits within the last three months
- Enrolled in an employer-sponsored General Purpose Healthcare FSA (or covered by a spouse or civil union’s General Purpose Healthcare FSA)
- Claimed as a dependent on someone else’s federal income tax return

Optum Bank

If you meet the eligibility requirements, you can sign-up and open your Optum Bank HSA at Benefitsolver.com. You can add cash to your Optum Bank HSA, giving you another way to save for your future healthcare needs. HSA contribution limits are determined by the IRS. In 2018, your contributions cannot exceed $3,450 for individuals or $6,850 for families, including contributions made by the state. If you are 55 or older, you may contribute an additional $1,000 each year.

Tax Savings

HSAs have tax advantages: You don’t generally pay federal income taxes on the state’s contribution, earnings on your HSA balance or the money you use to pay for eligible medical expenses. You are able to make post-tax contributions directly to your HSA and get an “above the line” federal tax deduction, even if you don’t itemize deductions.

It’s Yours to Keep

Whatever money you don’t use, you keep. Whether you save it for the next year, retire, or leave employment, the balance in your HSA is yours to use for qualified medical expenses.
By enrolling in the State of Colorado’s qualifying high-deductible health plan you become eligible to open and save with a health savings account (HSA) from Optum Bank®, Member FDIC®. Optum Bank differs from other banks in that it focuses exclusively on health care banking and administers over 2.7 million HSAs.

Save today. Spend whenever.
With an HSA, there’s no “use it or lose it” rule. You decide whether to spend your money on health care now or build your savings for expenses later. You can use your HSA to pay for qualified medical, dental and vision expenses including doctor visits, prescriptions and hospital visits. The money is yours until you spend it, even if you change jobs or health plans. The money that the State of Colorado contributes to your HSA belongs to you, too.

Get the tax advantages
• Your HSA deposits are exempt from both federal and state income tax.
• Your savings grow tax free.
• Money you spend on qualified medical expenses is income tax free, too.

Using your account is easy
• You can easily manage your HSA online by logging in to your account at optumbank.com.
• Make a one time or recurring deposit to your HSA online.
• Pay bills easily online or reimburse yourself for qualified medical expenses from your HSA.
• Upload receipts and store them in the online receipt vault.
• Use your Optum Bank HSA Debit MasterCard® at a pharmacy, doctor’s office or other health care provider.

Get an extra $60 per month added to your HSA.
This year, the State of Colorado will contribute $60 per month to your HSA when you select the qualifying high deductible health plan (HDHP) with HSA.

What’s a qualified medical expense?
Visit optumbank.com or irs.gov for a complete list

The IRS sets contribution limits each year.
In 2018 you can deposit up to the following amounts:
• $3,450 if you have individual health coverage
• $6,850 if you have family coverage
• You can deposit an additional $1,000 per year if you are 55+

Enroll today by visiting Colorado.gov/dhr/benefits

*And if you meet other eligibility requirements as defined by the IRS.

Health savings accounts (HSAs) are individual accounts offered or administered by Optum Bank®, and are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice.

11000 Optum Circle, Eden Prairie, MN 55344

All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice.

© 2017 Optum, Inc. All rights reserved. PR1267 53907A-012017
State of Colorado Flexible Spending Account (FSA)

The State of Colorado offers three FSA options to help you manage a variety of expenses through ASIFlex.

ASIFlex

- **General Purpose Healthcare FSA:** You can use this FSA to pay for eligible medical, dental, and vision care expenses. You cannot have this account and an HSA.

- **Limited Purpose FSA:** You can use this FSA to pay only for eligible dental and vision care expenses. You can have this account and an HSA.

- **Dependent Care FSA:** You can use this FSA to pay for eligible child care, including daycare, babysitters, school programs and summer day camps and eligible elder care. You can have this account and an HSA.

Your Contribution

The annual amount you contribute to your FSA is deducted from your paychecks in equal installments, on a pre-tax basis, from July 1, 2018 through June 30, 2019, and credited to your FSA account(s).

- General Purpose Healthcare FSA: $10/month minimum, up to a maximum of $2,650/plan year.
- Limited Purpose FSA: $10/month minimum, up to a maximum of $2,650/plan year.
- Dependent Care FSA: $10/month minimum, up to a maximum of $5,000/calendar year.

Claims

The State’s FSAs work via reimbursement. You contribute money each month, and after you incur your expenses, you submit a claim. You are then reimbursed the eligible claim amount. You can incur claims for eligible expenses from July 1, 2018 through June 30, 2019. You will have until October 15, 2019 to submit claims for reimbursement. Use ASIFlex’s tax savings calculator to estimate your healthcare or dependent day care expenses and what you may be able to save on your taxes.

Carryover Provision

If you are currently enrolled in a FY 2017-18 General Purpose Healthcare FSA or Limited Purpose Healthcare FSA, you can carry over up to $500 to the FY 2018-19 plan year. During this year’s open enrollment, if you elect to enroll in a General Purpose Healthcare FSA or Limited Purpose Healthcare FSA, you can carry over up to $500 to the FY 2019-20 plan year. Please note that if you did not enroll in a FY 2017-18 General Purpose Healthcare FSA or Limited Purpose Healthcare FSA, and you had any amount of the General Purpose Healthcare FSA or Limited Purpose Healthcare FSA carryover from FY 2016-17 (or previous plan years), that were not used during FY 2017-18, the unused carryover will be forfeited. For more information on State of Colorado FSAs, visit [Colorado.gov/DHR/FSA](http://Colorado.gov/DHR/FSA).
Flexible Spending Accounts can give you a pay raise! Don’t lose out!

How an FSA is like getting a “raise.”

An FSA is a special account in which you can set aside pre-tax money to pay for eligible health care expenses, or certain child care expenses.

That means money you spend on these expenses can be taken out of your paycheck before it’s taxed. And the money you save by paying lower taxes is like a “raise.”

**DEBBIE SAVED $1,800**

“With two children, ages 4 and 7, my health care and daycare expenses can add up very quickly. Since I started contributing to my FSA, I’ve saved over a thousand dollars on everything from prescriptions and doctors’ visits, to dental work and contact lenses. This year the family is going to Orlando!”

You pay less in taxes and the extra money is like a “raise”.

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>Without FSA</th>
<th>With FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,000 daycare</td>
<td>$0</td>
<td>$6,000</td>
</tr>
<tr>
<td>2,000 health care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Income</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Pre-Tax FSA Contribution</td>
<td>$0</td>
<td>$6,000</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$50,000</td>
<td>$44,000</td>
</tr>
<tr>
<td>Estimated 30% Taxes</td>
<td>$15,000</td>
<td>$13,200</td>
</tr>
<tr>
<td>EXTRA MONEY</td>
<td>$0</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

Enroll today!

Don’t miss out on a pay raise! Just think what you could do with the extra money!

Getting the Most Out of Your FSA?
Discover Surprisingly Eligible Products

Save $10 With coupon code: AXTC18

Shop Now at fsastore.com/AXTC

www.asiflex.com
Differences Between HSAs & FSAs

What are they?
Health Savings Accounts (HSA) and General Purpose Healthcare Flex Spending Accounts (FSA) are tax advantaged accounts that can be used to purchase qualified medical expenses.

HSA Basics

- A personal bank account
- The State of Colorado contributes $60 to a State-sponsored HSA through Optum Bank.
- Must be paired with a HDHP. If you have an HSA, you cannot have a General Purpose FSA. You may have a Limited Purpose FSA or Dependent Care FSA with an HSA.
- Unused money will be rolled over into the next year. You can invest HSA funds and use earned interest for medical health expenses.

FSA

- An employer-sponsored account
- Compatible with copay and high deductible health plans (HDHPs). (The General Purpose FSA cannot be paired with an HSA. You may have a Limited Purpose FSA or Dependent Care FSA with an HSA).
- Funds not used by the end of the year are forfeited. However, the State of Colorado has a Healthcare FSA carryover provision for up to $500.

Contribution Limits

<table>
<thead>
<tr>
<th>Maximum Annual Calendar-Year Contribution</th>
<th>Maximum Annual Plan Year Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,450 individual</td>
<td>$2,650 individual/family</td>
</tr>
<tr>
<td>$6,850 family</td>
<td></td>
</tr>
</tbody>
</table>
Colorado State Employee Assistance Program (C-SEAP)

C-SEAP is a comprehensive benefit set up to support employees, supervisors, managers and agencies through a variety of support services focused on maintaining both a healthy and productive workforce.

C-SEAP Provides Confidential Counseling

- Confidential, short-term counseling
- Resources
- Referral services
- Manager and supervisor consultation
- Work group facilitation
- Training and education
- Coaching
- Mediation
- Couples and relationships
- Managing emotions
- Family matters
- Workplace concerns
- Substance related issues
- Domestic violence
- Stress
- Crisis intervention services
- Psychological Fitness for Duty

Trained staff members provide the following services to all state employees free of charge:

Office Locations

Crisis intervention services office locations include Denver, Loveland, Sterling, Colorado Springs, Canon City, Pueblo, Alamosa, Durango, and Grand Junction.

Contact

For more information or assistance, please contact C-SEAP at 1-800-821-8154 or 303-866-4314, or visit Colorado.gov/C-SEAP.
Commit to Health and Save Money

With the State of Colorado Employee Wellness Program, powered by CaféWell, become inspired, engage with others and get rewarded for your efforts. By completing activities designed to make you healthier and happier, you can earn up to $240 per year toward your state-sponsored health insurance premiums for the next plan year.

How Do I Earn My Annual $240 Medical Premium Savings?

Participate in activities online by going to Colorado.gov/Wellness

1. Tell us about yourself and what’s on your health wish list.

2. Start earning points in CaféWell by participating in healthy activities tailored to you. You get to decide when and how you participate. Some programs may be time sensitive and may not be available for the entire fiscal year, so be sure you check back often to take full advantage of the program.

3. Collect your $20 monthly discount simply by completing activities by the annual deadline.

*To earn your medical premium discounts for FY2018-19, complete all requirements online in CaféWell by June 15, 2018.

*To earn your medical premium discounts for FY2019-20, complete all requirements online in CaféWell by June 15, 2019.

New Hire

If you are new hire in FY 2018-19, all you need to do is complete a health assessment in CaféWell by the end of the quarter that you are hired. When you do, you’ll receive the $20 monthly incentive for the rest of the current fiscal year (FY 2018-19). Then, you’ll have the rest of the year to complete the required activities to earn your incentive next fiscal year (FY 2019-20).
STAY HEALTHY AND EARN UP TO $240/YEAR IN PREMIUM RELIEF!

UNDERSTAND YOUR MEDICAL BENEFITS WITH CAFÉWELL CONCIERGE, POWERED BY IBM WATSON

CONNECT YOUR FITNESS DEVICE TO CAFÉWELL WALKING PROGRAMS

DE-STRESS, JOIN WEIGHT MANAGEMENT PROGRAMS, AND CONNECT WITH YOUR MEDICAL BENEFITS!

START EARNING: CAFEWELL.COM/COLORADO
**Disability Insurance Plan Options**

To help protect your income in the event of a disability, the State provides eligible employees with Short-Term Disability Insurance and the option to purchase Voluntary Long-Term Disability Insurance through Unum.

**Unum Insurance Company**

- Short-Term Disability Insurance (employer paid)
- Voluntary Long-Term Disability Insurance (employee paid)

**Short-Term Disability Insurance**

The State provides eligible employees with Short-Term Disability Insurance, which pays up to 60% of your weekly pre-disability covered compensation. The plan pays up to a maximum benefit up to $3,000/week for up to 150 days during any 12-month period, following the required Short-Term Disability benefit waiting period, which is 30 days, or until the end of all sick leave (whichever is longer).

If you are eligible, you are automatically enrolled in the Short-Term Disability insurance plan. Coverage is effective the first day of the month following your date of hire. However, your Short-Term Disability Insurance effective date will be delayed if you are not in active employment because of injury, sickness, temporary layoff, or leave of absence on the date that your Short-Term Disability Insurance would otherwise become effective. Your Short-Term Disability Insurance will become effective the first day of the month following your return to active employment.

**Voluntary Long-Term Disability Insurance**

Employees who regularly work at least 30 hours or more each week are eligible to enroll in the Voluntary Long-Term Disability Insurance plan. The Voluntary Long-Term Disability Insurance plan pays up to 60% of your monthly pre-disability covered compensation, up to a maximum monthly benefit of $10,000 per month, following the required waiting period of six months.

**Pre-Existing Conditions**

Voluntary Long-Term Disability Insurance does not cover pre-existing conditions. You have a pre-existing condition if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to the effective date of your Voluntary Long-Term Disability coverage and your disability begins in the first 12 months after your effective date of Voluntary Long-Term Disability coverage.
When Can I Enroll In Voluntary Long-Term Disability Insurance?

Open Enrollment

If you elect to enroll in the Voluntary Long-Term Disability Insurance plan during FY 2018-19 Open Enrollment, you need to provide proof of good health (medical evidence of insurability) to Unum. Unum will review your medical information and either approve or decline your benefit election. If you are approved for coverage on or before June 30, 2018, your effective date for coverage will be July 1, 2019. Benefits can pay until age 65. Premiums are determined by salary, age and PERA Defined Benefit (DB) Retirement Plan vesting status and are deducted from pay post-tax.

New Hire

During the FY 2018-19 plan year, if you elect Voluntary Long-Term Disability Insurance, you will be enrolled without having to prove good health (Guarantee Issue). The effective date is the first day of the month following your date of hire, as long as you are in active employment on that day.

Monthly Premium Rates

FY 2018-19 Monthly Employee Voluntary Long-Term Disability Premium Rates

Monthly premium rate is a percentage of an employee’s monthly covered compensation.

<table>
<thead>
<tr>
<th>Age</th>
<th>PERA Vested*</th>
<th>PERA Non-Vested**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>0.0010</td>
<td>0.0030</td>
</tr>
<tr>
<td>30-34</td>
<td>0.0010</td>
<td>0.0030</td>
</tr>
<tr>
<td>35-39</td>
<td>0.0012</td>
<td>0.0036</td>
</tr>
<tr>
<td>40-44</td>
<td>0.0015</td>
<td>0.0044</td>
</tr>
<tr>
<td>45-49</td>
<td>0.0020</td>
<td>0.0062</td>
</tr>
<tr>
<td>50-54</td>
<td>0.0031</td>
<td>0.0094</td>
</tr>
<tr>
<td>55-59</td>
<td>0.0047</td>
<td>0.0140</td>
</tr>
<tr>
<td>60-64</td>
<td>0.0065</td>
<td>0.0207</td>
</tr>
<tr>
<td>65-69</td>
<td>0.0071</td>
<td>0.0212</td>
</tr>
</tbody>
</table>

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

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

Example of Premium Calculation:

If you are vested in the PERA Defined Benefit (DB) Retirement Plan, age 42, with a monthly covered salary of $4,000, your monthly premium would be $6.00 per month (the age 42 PERA Vested premium rate is .0015, multiplied by monthly covered salary of $4,000 = $6.00 per month).
Many workers think winning the Mega Millions, being struck by lightning or an IRS audit are more likely to happen than becoming disabled during their careers.\(^1\) In actuality, more than 37 million American live with a disability each year.\(^2\) And 3 out of 10 employees between the ages of 35 and 65 will be out of work for 3 months or longer due to an injury or illness.\(^3\)

As a leading provider of disability benefits, Unum is proud to have partnered with State of Colorado to provide better benefits through work. Unum’s disability benefits can help you pay your bills and protect your finances at a time most needed.

Have questions about your disability benefit? Please call or visit us at:

Call: 1-877-225-2712  
Visit: www.unum.com/employees

\(^{1}\) Council for Disability Awareness, “America’s income Protection Picture: 2014 Disability Awareness Study”  
\(^{2}\) U.S. Census Bureau, “2009-2013 5-Year American Community Survey”  
\(^{3}\) Commissioners Individual Disability Table A, Society of Actuaries, 1985.  
\(^{4}\) Unum internal claims data as of YE 2015.
State of Colorado Life Insurance Plans

The State offers several group term life insurance plans through the Minnesota Life Insurance Company. All eligible employees are automatically enrolled in the Basic Life insurance plan and are also eligible to enroll in the Voluntary Life insurance plan for themselves and their eligible dependents.

All life insurance includes a matching amount of Accidental Death and Dismemberment (AD&D) coverage. The Life and AD&D options are as follows:

Minnesota Life Insurance Company

- Basic Life and AD&D Insurance (employer paid)
- Voluntary Life and AD&D Insurance (employee paid)

Basic Life and AD&D Plan

You are automatically enrolled in the Basic Life and AD&D Insurance plan. The State pays 100% of your Basic Life and AD&D Insurance premium.

Beneficiary Designations

Be sure to designate a beneficiary for your life insurance and make changes to keep it current. Your beneficiary designations must be made through the state’s online benefits administration system, Benefitsolver.com.

FY 2018-19 Basic Life and AD&D Insurance Benefit

The FY 2018-19 Basic Life and AD&D Insurance benefit is equal to one times your annual base regular pay, rounded to the next higher $1,000 (with a minimum benefit of $50,000 and a maximum benefit of $250,000).

- If your date of hire is on or before June 30, 2018, your annual base regular pay amount will be your pay as of July 1, 2018.
- If your date of hire is after July 1, 2018, your annual base pay will be your pay as of your date of hire.
Life Insurance and AD&D

Voluntary Life and AD&D Plan

You can enroll for additional life insurance for yourself, your spouse and your eligible child(ren). You can purchase Voluntary Life and AD&D insurance at a minimum of $10,000 and up to a maximum of $500,000 (in increments of $10,000) for yourself at any time.

When you enroll in Voluntary Life Insurance for yourself, you can elect life coverage for your spouse (including common-law spouse) or civil union partner in increments of $10,000 up to a maximum of $250,000 (not to exceed 50% of the employee’s voluntary life coverage), and for your eligible child(ren) in the amounts of $5,000 or $10,000.

Enrollment

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

Monthly Premium Rates

FY 2018-19 Monthly Employee Voluntary Life Insurance Premium Rates

<table>
<thead>
<tr>
<th>FY 2018-19 Monthly Premium Cost per $10,000 of coverage (based on employee or spouse age as of the end of each calendar year)</th>
<th>Employee</th>
<th>Spouse</th>
<th>Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>$0.60</td>
<td>Under age 30</td>
<td>$0.80</td>
</tr>
<tr>
<td>Age 30-34</td>
<td>$0.80</td>
<td>Age 30-34</td>
<td>$1.00</td>
</tr>
<tr>
<td>Age 35-39</td>
<td>$0.80</td>
<td>Age 35-39</td>
<td>$1.20</td>
</tr>
<tr>
<td>Age 40-44</td>
<td>$1.00</td>
<td>Age 40-44</td>
<td>$1.20</td>
</tr>
<tr>
<td>Age 45-49</td>
<td>$1.00</td>
<td>Age 45-49</td>
<td>$1.80</td>
</tr>
<tr>
<td>Age 50-54</td>
<td>$1.60</td>
<td>Age 50-54</td>
<td>$2.60</td>
</tr>
<tr>
<td>Age 55-59</td>
<td>$2.80</td>
<td>Age 55-59</td>
<td>$4.60</td>
</tr>
<tr>
<td>Age 60-64</td>
<td>$4.60</td>
<td>Age 60-64</td>
<td>$6.80</td>
</tr>
<tr>
<td>Age 65-69</td>
<td>$9.20</td>
<td>Age 65-69</td>
<td>$13.40</td>
</tr>
<tr>
<td>Age 70 and Over</td>
<td>$13.80</td>
<td>Age 70 and Over</td>
<td>$21.20</td>
</tr>
</tbody>
</table>

Option 1. The monthly premium for $5,000 coverage is $0.50 per month per family unit.

Option 2. The monthly premium for $10,000 coverage is $1.00 per month per family unit.

Minimum amount of Coverage $10,000 $10,000 $5,000

Maximum amount of Coverage $500,000 $250,000 coverage may not exceed 50% of the employee’s coverage $10,000 coverage may not exceed 50% of the employee’s coverage

Purchase Units Must be purchased in units of $10,000 Must be purchased in units of $10,000 Must be purchased in units of $5,000

Imputed Income

According to Internal Revenue Code (IRC) Section 79, group term life insurance coverage in excess of $50,000 may be subject to federal taxes based on a rate table provided by the IRC. The amount of life insurance in excess of $50,000 is multiplied by a premium rate based on age as of the end of the calendar year, which results in a monthly amount of imputed income.
Are you **Fiscally Fit?**

It’s as important as staying physically fit. What if the worst happened tomorrow?

Regardless of life stage, your family may benefit from life insurance to cover medical bills, funeral costs and estate management expenses.

Other considerations, based on life stage, include the following.

**Single and in your 20s**  
Life insurance can help pay off student loans, car payments, credit cards or other debts.

**Married with young children**  
Life insurance will help your spouse maintain your home, current lifestyle and provide for your children’s support.

**Single parent and sole breadwinner**  
Life insurance will help a caregiver cover your childcare costs and other living expenses and fulfill plans for their future education.

**Married with no children**  
Life insurance can provide the money to meet financial obligations and help your spouse hold onto the assets and lifestyle you’ve both worked hard to achieve.

No matter what your situation, you’ll have financial responsibilities that will need to be covered in the event of your unexpected death and loss of paycheck.

---

**WHY LIFE INSURANCE?**  
Learn how life insurance can protect your financial future by watching a brief video at LifeBenefits.com/videos/term

**HOW MUCH LIFE INSURANCE DO I NEED?**  
Check out our life insurance calculator at LifeBenefits.com/insuranceneeds.

---

*Securian Financial Group, Inc.*  
www.securian.com

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

400 Robert Street North, St. Paul, MN 55101-2098
©2017 Securian Financial Group, Inc. All rights reserved.

F72380-8 1-2017
95537
State of Colorado Retirement Options

The Colorado Public Employees’ Retirement Association (PERA) provides retirement and other benefits to employees of the State of Colorado. PERA has two types of plans:

Public Employees’ Retirement Association (PERA)

- Defined Benefit (DB) Plan
- Defined Contribution (DC) Plan

Both Plans are considered 401(a) plans and are created under that section of the Internal Revenue Code. Both PERA DB and PERA DC Plan contributions of 8% are tax deferred, which means reduced current state and federal income taxes (State Troopers and CBI Agents 10%).

PERA Defined Benefit (DB) Plan

The PERA DB Plan is the traditional pension plan, where your contributions are invested by professionals for you. Under PERA’s hybrid DB Plan, you earn a monthly lifetime retirement benefit based on age, number of years of service, and your Highest Average Salary (HAS). Upon termination of employment you will have access to your contributions (plus interest and an employer match, if applicable). You also qualify for additional built-in benefits, including survivor and disability benefit coverage.

PERA Defined Contribution (DC) Plan

In the PERA DC Plan, you direct your investments to an array of fund options, similar to a 401(k) plan. Under the PERA DC Plan, you will set how your contributions will be invested. The PERA DC Plan is based solely on the money you and your employer have contributed, and the investment earnings or losses incurred, minus expenses. The amount of your retirement benefit is difficult to determine given that the amount depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy. With the PERA DC Plan, you bear the risk of outliving your investments.

Opportunity to Switch Plans

You will have the one-time option of switching between the PERA DB and DC Plans. Between month 13 and month 72 of participation you can end participation in one plan and begin participation in the other plan.

PERA Plus 401(k) and 457 Plans

Under either option, you may choose to contribute additional retirement savings to the voluntary PERA Plus 401(k) and 457 Plans.
Since 1931, Colorado PERA has served our state’s public employees in ways that meet their retirement needs—investing for the future of our members.

One of Colorado’s Best Investments
Get exclusive deals on the brands you love.

The State of Colorado and BenefitHub have partnered together to provide you with an exclusive Discounts & Rewards platform.

BenefitHub provides over 100,000 exclusive discounts on goods and services from both local and national vendors. You can also earn cashback on most purchases and redeem at any time with same-day processing!

How to Access Your BenefitHub Discounts & Rewards Platform

Get started today:
1. Go to StateOfColorado.BenefitHub.com
2. Click on any offer
3. Fill out the Sign Up fields
4. Click “Sign Up” button

Over 100,000 discounts  
Earn cashback  
Local & National Savings
Pay Over Time... for the Items You Need

No interest. No fees. No credit check. EVER.

At the State of Colorado, we care about you and your financial well being. We have partnered with Zebit to bring you interest free buying options. Now you can buy the items you need when you need them.

Zebit is a new way to shop millions of brand name products and pay over time in your Colorado State Employee Discount Program. You can receive up to $2,500 interest-free funding and pay over time. 0% APR, Always!

Financial stress can be crippling, but with Zebit you can relieve your stress with better buying options.

Get started today:

1. Login to StateOfColorado.BenefitHub.com
2. Click “Pay Over Time” in the lefthand nav
3. Click “Register” button on any Zebit tile
Q: Will the Medical Supplement Program be available again this year?
Yes. You can apply from April 24, 2018 through May 21, 2018. New hires, hired prior to July 1, 2018, will have the supplement link associated with their new election confirmation.

Q: What is Paladina Health?
UnitedHealthcare benefits include Paladina Health. Paladina Health is a provider of primary care services.

Paladina Health physicians are dedicated to serving an employer’s population, are highly accessible at convenient clinic locations and are held accountable for delivering great care and service. These physicians provide a personal level of service and are available around the clock via cell phone for urgent health matters. Visit paladinahealth.com/colorado to enroll electronically. Or call Member Services at 1-866-808-6005.

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

Q: Do copays for prescriptions count toward the out-of-pocket maximum?
Yes, prescription copays count toward the out-of-pocket maximum.

Q: Does money paid toward the deductible count toward the out-of-pocket maximum?
Yes, deductibles count toward the out-of-pocket max (includes copays, deductibles and coinsurance).

Q: What plans qualify for a Health Savings Account (HSAs)?
Health Savings Accounts can be used with either of the State’s high deductible health plans, the Kaiser HDHP and UnitedHealthcare HDHP.

The State of Colorado will contribute $60 per month to your Optum HSA account for each month that you are enrolled in one of the State sponsored High Deductible Health Plans (HDHP) and you meet all the HSA eligibility requirements.

Q: What is a Flexible Spending Account (FSA)?
See page 38.
Q: I am eligible for Medicaid. How should I sign up for benefits? Should I sign up for the State’s insurance and Medicaid?

- If you are eligible for Medicaid, you can continue with the State of Colorado plan. The State plan would be primary and Medicaid would be secondary. You can be covered by both. You are not required to enroll in a State plan, but can if you want to do so.
- If you choose to drop your State of Colorado coverage, you must do so within 60 days of becoming eligible for Medicaid, at open enrollment, or if you lose Medicaid coverage.

Q: I am eligible for Medicare. How should I sign up for benefits? Should I sign up for the State’s insurance and Medicare?

If you are eligible for Medicare, you are required to elect part A which is the hospital coverage. You are not required to elect part B (medical) if you are covered by another qualified medical plan. The State plan is considered a qualified plan. You have several options:

- You can enroll in health coverage through a State of Colorado medical plan by itself and you will not be penalized for not taking the Medicare medical portion when you apply later in life, or at retirement.
- You can elect to be covered under both Medicare and a State of Colorado medical plan. In this instance, the State plan is the primary health plan and Medicare will pay secondary after you have met your deductible.
- You can elect to be covered under the Medicare plan by itself. In this instance you may purchase voluntary coverage through a private plan provider such as Kaiser, UnitedHealthcare, Cigna etc… to cover the fees not covered by Medicare.
Holidays & Time Off

FY 2018-19 Holidays

C.R.S. 24-11-101 defines the legal holidays for FY 2018-2019

Wednesday, July 4, 2018 - Independence Day
Monday, September 3, 2018 - Labor Day
Monday, October 8, 2018 - Columbus Day
Monday, November 12, 2018 - Veteran's Day
Thursday, November 22, 2018 - Thanksgiving Day
Tuesday, December 25, 2018 - Christmas Day
Tuesday, January 1, 2019 - New Year's Day
Monday, January 21, 2019 - Martin Luther King, Jr. Day
Monday, February 18, 2019 - President's Day
Monday, May 27, 2019 - Memorial Day

Department Executive Directors have the discretion to grant requests for Cesar Chavez Day (March 31st) in lieu of another holiday within the same fiscal year. When granting such requests, the department must be open and minimally operational on both days (holiday and March 31st) and employees must be able to perform work.

Time Off

Annual and Sick Leave

Employees accrue annual leave (vacation) and sick leave as defined in State Personnel Rule 5-7:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual Leave Accrued</th>
<th>Sick Leave Accrued</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>8 hours per month</td>
<td>6.66 hours per month</td>
</tr>
<tr>
<td>6-10 years</td>
<td>10 hours per month</td>
<td>6.66 hours per month</td>
</tr>
<tr>
<td>11-15 years</td>
<td>12 hours per month</td>
<td>6.66 hours per month</td>
</tr>
<tr>
<td>16+ years</td>
<td>14 hours per month</td>
<td>6.66 hours per month</td>
</tr>
</tbody>
</table>

Maximum Annual and Sick Leave Caps

There are limits placed on the maximum amount of annual leave that can be accrued and carried over to the following fiscal year. As defined in State Personnel Rule 5-7, over accrued annual leave will be forfeited on July 1 of each year. The maximum annual and sick leave accruals are as follows:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual Leave Accrual Cap</th>
<th>Sick Leave Accrual Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>192 hours</td>
<td>360 hours</td>
</tr>
<tr>
<td>6-10 years</td>
<td>240 hours</td>
<td>360 hours</td>
</tr>
<tr>
<td>11-15 years</td>
<td>288 hours</td>
<td>360 hours</td>
</tr>
<tr>
<td>16+ years</td>
<td>336 hours</td>
<td>360 hours</td>
</tr>
</tbody>
</table>
Employee Resources

State Resources
Division of Human Resources
Colorado.gov/DHR
Contact: state_benefits@state.co.us
303-866-3434 or 1-800-719-3434

Your Agency Human Resources Office
Employees and supervisors are first encouraged to contact their respective agency HR Office or Benefit Administrators with questions and issues.

Employee Wellness Program
Colorado.gov/DHR/Wellness
Contact: state_wellness@state.co.us
303-866-3892

Colorado State Employee Assistance Program (C-SEAP)
Colorado.gov/C-SEAP
Contact: 303-866-4314 or Toll Free 1-800-821-8154

Medical Insurance Carriers
UnitedHealthcare
Group# 718733
myuhc.com (member site)
welcometouhc.com/colorado (a pre-member site)
Contact: 1-877-283-5424

Kaiser Permanente
Group# 0225
my.kp.org/stateofcolorado
Denver/Boulder & Northern Colorado
Contact: 303-338-3800, 1-800-632-9700
Southern Colorado
Contact: 1-888-681-7878

Delta Dental
Basic Group# 7649
Basic Plus Group# 7650
deltadentalco.com
Contact: 1-800-610-0201

Additional Carriers
Public Employees Retirement Association (PERA)
copera.org
Contact: 1-800-759-7372

Minnesota Life Insurance Company
lifebenefits.com
Contact: 1-877-828-7728

Unum Insurance Company
unum.com
Contact: 1-877-225-2712

ASIFlex
asiflex.com
Contact: 1-800-659-3035
Glossary

Allowed Amount
The maximum amount a plan will pay for a covered health care service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate.” If your provider charges more than the plan’s allowed amount, you may have to pay the difference.

Appeal
A request for your health insurance company to review a decision that denies a benefit or payment.
• If your health plan refuses to pay a claim or ends your coverage, you have the right to appeal the decision and have it reviewed by a third party.

Balance Billing
When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A network provider may not balance bill you for covered services. If you see an out-of-network provider, you may receive the full provider’s charge.

Claim
A request for payment that you or your health care provider submits to your health insurer when you get items or services.

Coinsurance
The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible. Let’s say your health insurance plan allowed amount for an office visit is $100 and your coinsurance is 20%.
• If you’ve paid your deductible: You pay 20% of $100, or $20. The insurance company pays the rest.
• If you haven’t met your deductible: You pay the full allowed amount, $100.

Example of coinsurance with high medical costs:
Let’s say the following amounts apply to your plan and you need a lot of treatment for a serious condition. Allowable costs are $12,000.
• Deductible: $3,000
• Coinsurance: 20%
• Out-of-pocket maximum: $6,850
You’d pay all of the first $3,000 (your deductible). You’ll pay 20% of the remaining $9,000, or $1,800 (your coinsurance). So your total out-of-pocket costs would be $4,800 — your $3,000 deductible plus your $1,800 coinsurance. If your total out-of-pocket costs reach $6,850, you’d pay only that amount, including your deductible and coinsurance. The insurance company would pay for all covered services for the rest of your plan year.

Copayment
A fixed amount you pay for a covered health care service. Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible
The amount you pay out-of-pocket during the plan year before your insurance begins to pay. For example, if you have a deductible of $1,300, you are required to pay that amount before the insurance begins to pay coinsurance, or the majority (80% to 90%) of health care costs. All deductibles count towards your out-of-pocket maximum.

Formulary
A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a prescription drug list.
Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Health Maintenance Organization (HMO)
A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. An in-network provider is a medical professional who is contracted with your health insurer.

Out-of-pocket Maximum
The most you'll pay for covered services each year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum. After you reach your out-of-pocket maximum, your health plan will provide most covered services at no cost to you for the rest of the year.

Out-of-Network
The facilities, providers and suppliers your health insurer or plan does not contract with to provide health care services. If you visit an out-of-network provider, you'll usually pay more than you would with an in-network provider. Visiting an out-of-network provider may result in costs at a non-discounted rate.

Preauthorization
Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost. Sometimes called prior authorization, prior approval or precertification.

Preferred Provider Organization (PPO)
A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network.

Premium
The monthly cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

Preventive Services
Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Referral
A written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don’t get a referral first, the plan may not pay for the services.

*Definitions taken from HealthCare.gov*
Commit to health