



Building Health That Lasts

FY 2024-25

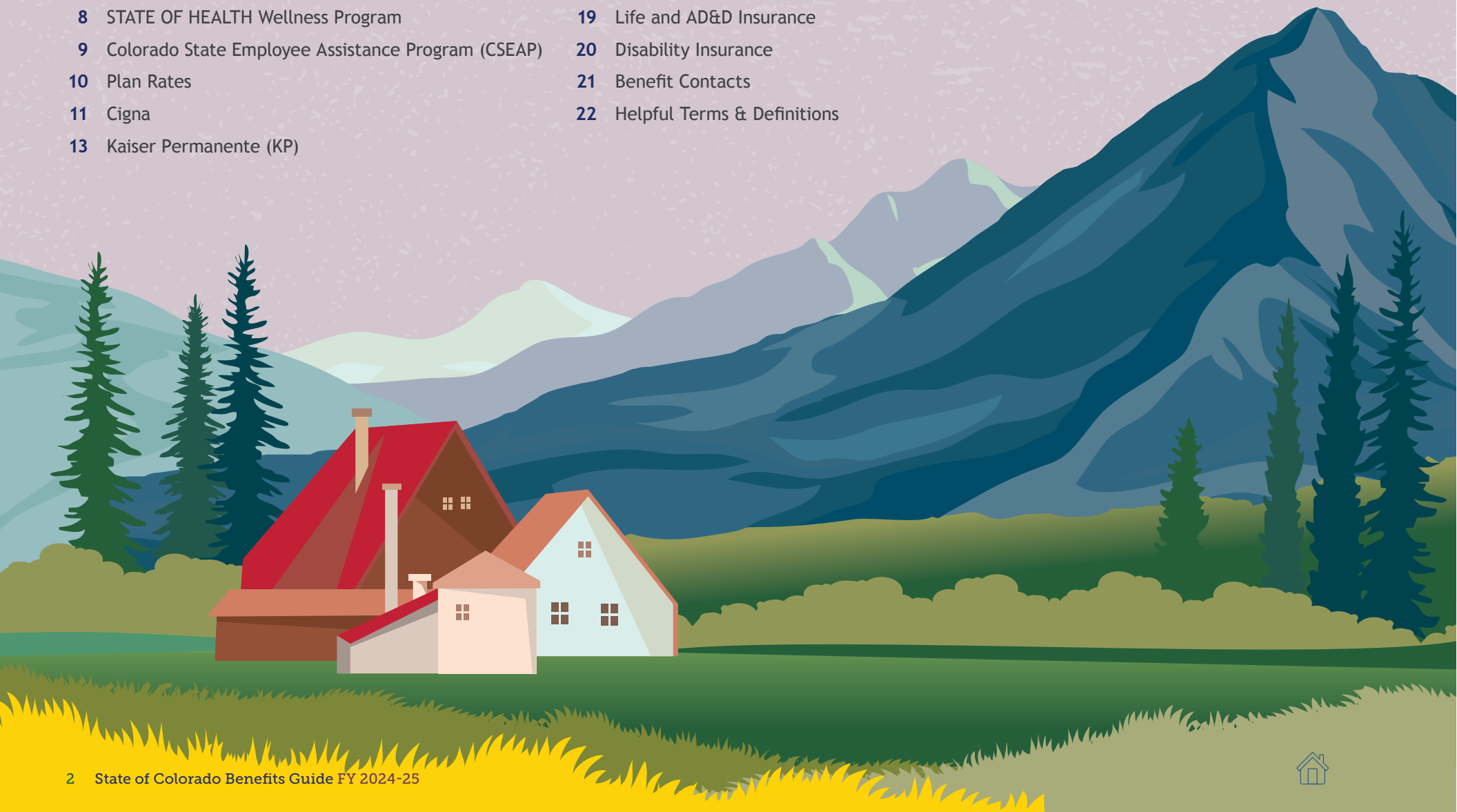
Employee Benefits Guide

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Welcome to Your State of Colorado Benefits

State employees,

Thank you for your service to the State of Colorado. Your work and commitment to the State contributes greatly to the success of our community. That is why we are committed to providing you with a robust employee benefits package that meets the needs of you and your family.

Situations and preferences can change year to year, so we encourage you to visit [benefitsolver](#) (using access code “soc”) and complete the following steps to make this upcoming FY 2024-25 plan year a smooth transition:

- Review your current coverage and cost
- Make sure your beneficiary selection(s) and dependent information are correct

The State is proud to announce WEX as the new administrator for the Health Savings Account (HSA), which was previously through Optum Bank. WEX currently administers Flexible Spending Accounts (FSAs) for State employees. We look forward to continuing our partnership to ensure a smooth transition for employees contributing to an HSA.

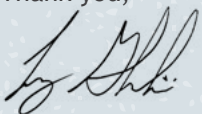
During the open enrollment period, you will have a one-time special enrollment opportunity from April 9-29, 2024, to enhance your optional life insurance protection without answering health questions (Evidence of Insurability). First-time enrollees will be able to elect up to \$50,000 of coverage. If you already have coverage, you can increase it by up to \$50,000 (in \$10,000 increments); not to exceed a new total of \$150,000.

Open enrollment is passive this year, which means there is no action required on your part to keep your current benefits; unless you have a Flexible Spending Account (FSA). If you have an FSA, you will need to re-enroll. However, we recommend you go to [benefitsolver](#) to review your current plan elections and ensure they still meet your needs.

Due to increasing healthcare costs, our medical and dental premiums and employee contribution rates are going up starting on July 1, 2024. Please be sure to review the new premiums and plan costs in this guide to factor this change into your decision for benefits selection.

Lastly, if you need assistance paying for the cost of your coverage, support may be available to you through the State’s Medical Insurance Premium Supplement Program. More information on this program can be found on [page 10](#).

Thank you,



Tony Gherardini
State Personnel Director



Spotlight: Benefits & Changes



New HSA Administrator: WEX

Effective July 1, WEX will be the State's new administrator for the Health Savings Account (HSA), replacing Optum Bank. Visit [page 15](#) to learn more.



Kaiser Permanente (KP)

KP continues to expand access to care by adding an affiliated urgent care center in Dillon, CO. Members can also now access emergency services at Boulder Community Health's Foothills Hospital.



Special Optional Life Insurance Enrollment

From April 9-29, 2024, employees can enroll in up to \$50,000 of coverage or increase it by \$50,000 (not to exceed a new total of \$150,000) if they already have coverage, without answering health questions (Evidence of Insurability or EOI). [Page 19](#) will detail who is eligible to take advantage of this opportunity.



Colonoscopies

Preventive and diagnostic colonoscopies are covered at 100% with all copay medical plans, whether or not polyps are removed.



Hearing Aids

All medical plans have a hearing aid hardware allowance. Visit the medical plan summaries at dhr.colorado.gov/medical-benefits to learn more.



Mental Wellness

NO-COST outpatient mental health services are available with copay medical plans. Kaiser Permanente High-Deductible Health Plan (HDHP) members must meet their deductible before 100% coverage. Cigna HDHP members receive three no-cost visits per issue, per year.



Cigna Offers Nutritional Counseling

With Foodsmart, you can meet virtually with a dietitian for meal plans and get daily support with the Foodsmart App where you can save money on groceries. Most nutritional counseling is billed as preventive, and you get unlimited visits covered.



Fertility Coverage

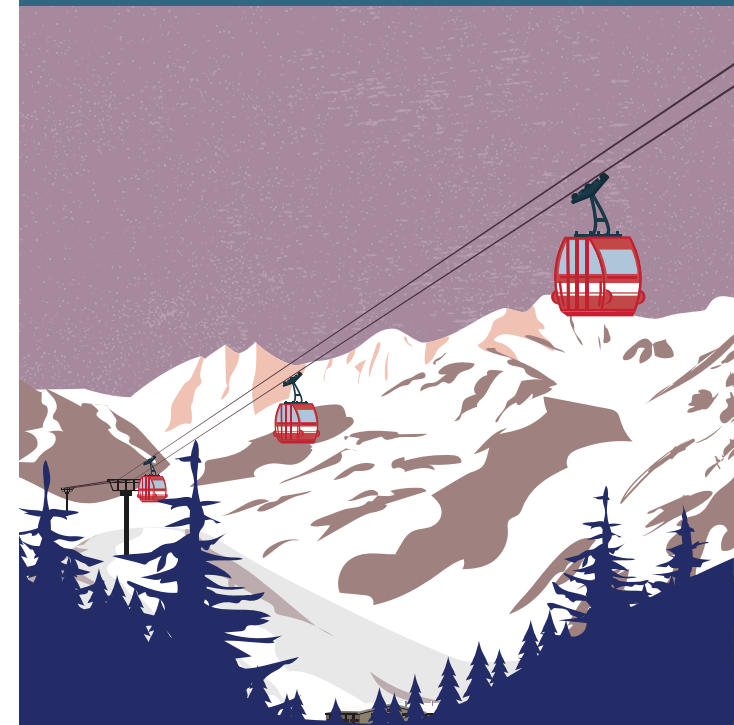
All Cigna and KP plans will include expanded fertility coverage including In Vitro Fertilization (IVF) per the requirements of the Colorado Building Families Act. Contact each insurer to learn details about this new expanded coverage.

STATE OF HEALTH

Your NO-COST health improvement program.

STATE OF HEALTH is a year-long program run by the State of Colorado to support your health and wellness goals.

Take advantage of this opportunity to make lasting improvements to your health. Your loved ones will thank you. Fill out your application today at ColoradoStateOfHealth.com.



Eligibility

Employees

Permanent full-time and part-time employees can participate in State of Colorado benefits. Non-permanent temporary and seasonal employees are ineligible for all State of Colorado benefits except for [CSEAP benefits](#) and PERA retirement employer contributions.

Dependents

If you elect coverage, your dependents are eligible for medical, dental, vision and life insurance coverage.

Eligible dependents include:

- Your spouse (including legally married and common-law)
- Your civil union partner (subject to imputed income)
- Your child(ren) under the age of 26, including: Natural, adopted or foster child, step child, or any child for whom you have court-appointed custody or guardianship
- Your unmarried child(ren) over the age of 26, if incapable of self-support due to mental or physical disability that existed prior to age 26

Dependent Eligibility Verification (DEV) Documentation

When you enroll dependent(s), you will be required to provide documentation verifying their eligibility. DEV documentation must be received within 45 days of your date of hire or the date of your qualifying life event, not to be confused with the 31-day requirement to enter your event in [benefitsolver](#). If documentation is not received in a timely manner, the election/change requested will not be processed and the affected dependent(s) will not be covered under the State of Colorado's plans. For more information, visit the [DHR Benefits website](#).

Transfers Between Agencies

If you transfer employment between agencies within 31 days, you cannot change any of the benefit plans that you are currently enrolled in.

What You Need to Know

- You must be enrolled in a plan for your eligible dependent(s) to participate.
- You may not be covered as both an employee and a dependent, and children may not be dually enrolled.
- Newborns are not automatically added to your plan. You must add them in [benefitsolver](#) within 31 days of birth.
- Life event changes and new hire elections must be entered into [benefitsolver](#) within 31 days of the date of the event. Documentation is due within 45 days of the event.



Enrollment

When You Can Enroll or Change Benefits

The benefit plan year runs from July 1 through June 30. As a new hire or newly eligible employee, your elections will run from your effective date until June 30.

As a New Hire	At Open Enrollment	During the Year
Benefits are effective on the first of the month following your date of hire.*	Benefits are effective July 1 of the new plan year (2024)	Benefits are effective the first of the month following your life event or the date of completion in benefitsolver, whichever is later**
You have 31 days from your date of hire to enroll in benefits. Your benefit elections are effective on the first day of the month following your date of hire, for the remainder of the plan year in which you are hired. If you don't enroll within 31 days, you will not have any benefits for the remainder of the plan year. Your next chance to enroll will be during the next open enrollment period for the following plan year, or when you experience a qualifying life event.	Open Enrollment for 2024 will be April 9 - April 29, 2024. Open enrollment is your once-a-year opportunity to review and select your benefits for the coming year, add or cancel dependent coverage, and enroll in the Flexible Spending Accounts (FSAs). If you do not enroll during the open enrollment period, your current elections will roll over, except for any FSA elections (Health Care FSA or Dependent Care FSA), which must be elected each year.	You can enroll or make changes to your benefit elections during the year if you have a qualifying life event (QLE). You must enroll/make changes within 31 days of the qualifying event. Qualifying life events include, but are not limited to: ▪ Marriage ▪ Divorce or legal separation ▪ Birth or adoption (or placement of adoption) of a child ▪ Loss or gain of other health coverage for you and/or dependents ▪ Change in Medicaid/Medicare eligibility for you or a dependent (within 60 days)

**If you are rehired by the State within 31 days of your termination, your benefits are automatically reinstated and are effective retroactive to the date you lost coverage. If you terminate your employment and are rehired after 31 days, you are treated as a new hire and must re-enroll in benefits, if eligible.*

***Birth/adoption changes are effective retroactively to the date of the birth/adoption. However, benefitsolver will show coverage effective the first of the following month.*



Enrollment (continued)

Enrollment Checklist

1. Ask Yourself the Important Questions

- **Who should I cover?**

Evaluate your coverage options for your household (including all dependents who meet eligibility requirements). You are required to provide proof of eligibility for any new dependent added to your coverage. The State of Colorado may conduct a dependent eligibility audit at any time.

- **How much did I spend on healthcare last year and how much can I afford to spend this year?**

Consider your past expenses and your current budget to select a plan with the coverage you need at an affordable price.

- **Do I need more or less health coverage?**

Are you having a baby? Considering a surgery? Currently in treatment for a chronic condition? Estimate the level of healthcare you may need in the upcoming year.

2. Review Your Options

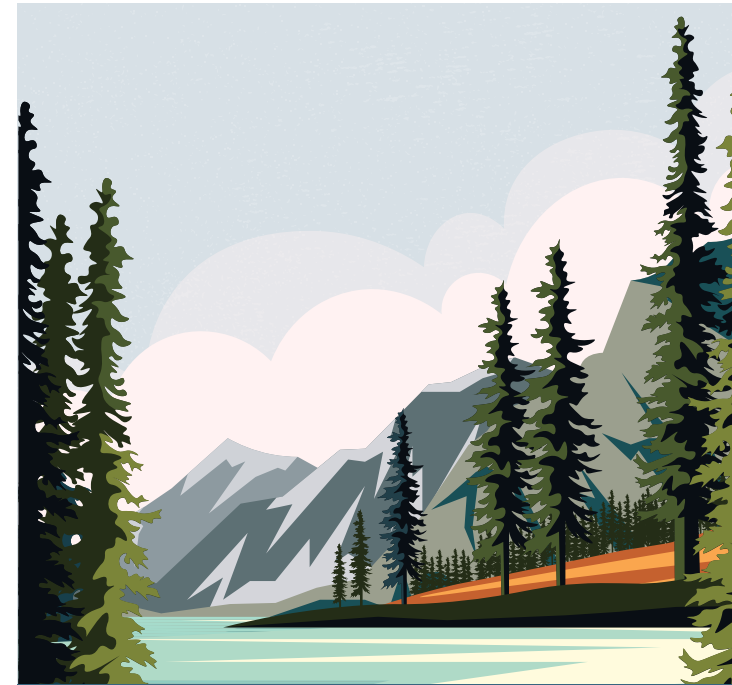
Use this guide, along with the [Division of Human Resources \(DHR\) site](#), to compare your options, plan costs, and potential savings.

3. Enroll Online

- Go to [benefitsolver](#).
- Enter your username and password.
- First-time user? Click, 'register' and enter the company key, 'soc' (case-sensitive).
- Follow the prompts to select or decline (waive) each of your benefit options.
- Submit your elections (you must click the 'Approve' and 'I Agree' buttons).

4. Confirm Your Elections & Print Your Benefits Summary

Even if you're not making changes, review your elections carefully and make sure your benefits and dependent information are correct. Internal Revenue Service (IRS) and plan rules restrict the ability to make changes during the year, except for a qualifying life event. For more on QLEs, see [Make Changes During the Plan Year](#).



Enrollment Reminders

- You must re-enroll for Flexible Spending Account coverage each year.
- All other elections in place today will carry over into FY 2024-25 unless you make changes.
- Our medical plan costs are changing. Read through this guide to make the best choice for you.



STATE OF HEALTH Wellness Program

State of Colorado | coloradostateofhealth.com

STATE OF HEALTH is a transformational program designed to improve the health of State employees. Offered at no cost to employees enrolled in one of the State's medical insurance plans (KP or Cigna), this program is designed to support healthy individuals with no risk factors to those living with one or more chronic conditions.

As an added reward, when you complete the simple steps of your Action Plan after enrolling, you'll be eligible for a \$20 monthly premium discount.

This program provides flexibility by offering three pathways to choose from based on your goals and preferred commitment:

- Intensive Pathway (health coaching & clinical integration)
- Supportive Pathway (health coaching)
- Self-Directed Pathway (no health coaching or clinical integration)

Participants can apply for one of three cycles throughout the year, with application periods taking place the month prior to the start of each cycle.

Enrollment Cycle	January	May	September
Application Period	November 16 - December 15	March 16 - April 15	July 16 - August 15
Deadline to Complete Your Action & Earn Incentive	March 15	July 15	November 15

STATE OF HEALTH can help lower your medical expenses by steering you toward a healthier state of being. Start by applying at coloradostateofhealth.com, create an account to access the STATE OF HEALTH portal, and begin reclaiming your health once your cycle kicks off.

Employee Testimonial

“

The program provides me with the motivation and accountability I need to identify and stick to my health goals. Checking in with my health coach gives me an opportunity to reflect on my choices, learn new information to help make better, more informed decisions, and spend some much needed time focusing on me and my well-being.

”



Colorado State Employee Assistance Program (CSEAP)

CSEAP | 800-821-8154 | cseap.colorado.gov

Your Employee Assistance Program provider is the Colorado State Employee Assistance Program (CSEAP). CSEAP is here to help with life's challenges. State employees can access CSEAP counseling and coaching from anywhere via video or phone. CSEAP offices in Alamosa, Colorado Springs, Denver, and Grand Junction host in-person sessions. For questions or appointments, call 303-866-4314 or 800-821-8154. Visit cseap.colorado.gov to learn more.



Confidential Mental Health Counseling

Free Sessions: Eight (per rolling year)



Professional Coaching

Free Sessions: Three (per rolling year)



Employee Mediation

All participants must be State employees with identified concerns associated with the working relationship.



24/7 Crisis Support

Free sessions: Unlimited



Organizational Support

Leadership resources include team facilitation, webinars and in-person presentations, adverse workplace event response, and consultation for leaders.



Plan Rates

Monthly and bi-weekly payroll deductions for medical, dental, and vision plans are shown below.

Monthly Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Cigna HDHP	\$31.10	\$168.38	\$66.66	\$266.88
Cigna Copay Basic	\$43.44	\$204.04	\$77.60	\$286.34
Cigna Copay Plus	\$99.30	\$307.44	\$171.52	\$465.06
Kaiser Permanente HDHP	\$32.32	\$177.40	\$62.48	\$224.04
Kaiser Permanente Copay Basic	\$42.82	\$196.06	\$79.12	\$320.92
Kaiser Permanente Copay Plus	\$64.40	\$275.56	\$134.76	\$437.52
Dental				
Delta Dental Basic	\$4.66	\$17.12	\$16.02	\$29.42
Delta Dental Basic Plus	\$10.74	\$29.26	\$28.72	\$48.20
Vision				
EyeMed Vision Basic	\$0	\$0	\$0	\$0
EyeMed Vision Enhanced	\$4.40	\$8.36	\$8.80	\$12.92

Bi-Weekly Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Cigna HDHP	\$15.55	\$84.19	\$33.33	\$133.44
Cigna Copay Basic	\$21.72	\$102.02	\$38.80	\$143.17
Cigna Copay Plus	\$49.65	\$153.72	\$85.76	\$232.53
Kaiser Permanente HDHP	\$16.16	\$88.70	\$31.24	\$112.02
Kaiser Permanente Copay Basic	\$21.41	\$98.03	\$39.56	\$160.46
Kaiser Permanente Copay Plus	\$32.20	\$137.78	\$67.38	\$218.76
Dental				
Delta Dental Basic	\$2.33	\$8.56	\$8.01	\$14.71
Delta Dental Basic Plus	\$5.37	\$14.63	\$14.36	\$24.10
Vision				
EyeMed Vision Basic	\$0	\$0	\$0	\$0
EyeMed Vision Enhanced	\$2.20	\$4.18	\$4.40	\$6.46

Are You Eligible for Reduced Premiums?

If you plan to cover dependent children on your medical plan and meet certain household income requirements, you may be eligible for the Medical Insurance Premium Supplement Program. This program assists employees with the cost of their medical and dental premiums.

To receive this subsidy, you must apply during the application period which runs April 9 - May 10, 2024. Visit dhr.colorado.gov/supplement-program to learn more.

Save \$\$\$ With STATE OF HEALTH

Participants in the STATE OF HEALTH employee wellness program can receive a \$20 per month discount on medical insurance premiums when they complete simple steps. Visit coloradostateofhealth.com to learn more.



Cigna

Cigna | 800-244-6224 | mycigna.com | myCigna mobile app

With Cigna, members have access to statewide and national networks of independent hospitals and doctors, including local, high-quality care from top-performing centers of excellence. Members also have access to the additional benefits below. Visit dhr.colorado.gov/medical-benefits to review the Cigna medical plan summaries.



Marathon Health (formerly Everside Health) offers an excellent, cost-effective primary care solution for Cigna members.

- Common prescriptions are stocked on location, saving you a trip to the pharmacy.
- Standard appointment windows are an hour.
- Preventive care, virtual care, and care for chronic conditions are available at no cost.

Visit dhr.colorado.gov/everside-health to learn more.



Use Healthcare Bluebook to find the most trusted providers near you, save money on common medical procedures, and get cash back when you select a fair price facility. Healthcare Bluebook offers:

- **Healthcare Pricing Tool:** Reduce your healthcare costs by shopping around your local area.
- **Research & Compare:** Learn the fair price for care in your area and compare providers on cost and quality.
- **Healthcare Bluebook App:** Shop and compare pricing while you're on the go (download for free with Apple or Android).

Visit dhr.colorado.gov/healthcare-bluebook to learn more.



Included Health offers no-cost expert medical opinions from leading doctors, treatment advice, and concierge referrals to high quality doctors.

Visit dhr.colorado.gov/included-health to learn more.

MDLIVE

MDLIVE offers virtual care by phone or video, whenever it's convenient for you. MDLIVE board-certified doctors, dermatologists, psychiatrists, and licensed therapists provide personalized care for many health needs in the privacy of your home.

Active&Fit Gym Discounts

Become an Active&Fit Direct Member for as little as \$28/month, enjoying benefit's that include:

- Access to over 12,000 gyms nationwide
- A library of over 9,000 digital workout videos
- Membership options for your spouse

Cigna Healthy Pregnancies, Healthy Babies

Enrolling in the Cigna Healthy Pregnancies, Healthy Babies program is an important first step toward a healthy future for you and your baby. A maternity nurse will help guide you through your maternity benefits and prenatal care through postpartum care. You can earn up to \$150 for completion of the program.



Meet virtually with a dietician for meal plans and get daily support with the Foodsmart App where you can save money on groceries. Most nutritional counseling is billed as preventive, and you get unlimited visits covered.

Health Information Line

Once your health coverage begins, you can call the Health Information Line, available 24 hours a day, seven days a week. Speak with a personal nurse advocate via chat or phone. They're here to confidentially answer your health questions.



Cigna Medical Plan Comparison

Cigna offers a High Deductible Health Plan (HDHP), Copay Basic plan, and Copay Plus plan. The chart below shows a comparison of in-network Cigna plan features. To find an in-network provider, go to mycigna.com. For out-of-network coverage details, visit dhr.colorado.gov/state-employees/benefits.

Plan Features	HDHP (HSA Qualified)	Copay Basic	Copay Plus
	In-Network	In-Network	In-Network
Annual Deductible Individual/Family	\$1,750 ¹ / \$3,500 ¹	\$1,250 ² / \$2,500 ²	\$750 ² / \$2,000 ²
Annual Out-of-Pocket Maximum ³ Individual/Family	\$5,000 / \$8,000 (individual within family) / \$10,000	\$4,500 / \$9,000	\$3,500 / \$7,000
Annual State HSA Contribution Individual/Family	Up to \$720	None	None
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	25% after deductible	\$20 copay	\$20 copay
Marathon Health Primary Care Visit	\$40 copay (\$0 for preventive care/virtual visits)	Covered in full	Covered in full
Specialist Visit	25% after deductible	\$40 copay	\$40 copay
Urgent Care	25% after deductible	\$75 copay	\$75 copay
Emergency Room	25% after deductible	20% after deductible	\$1,000 copay (waived if admitted)
Outpatient & Inpatient Hospital Services	25% after deductible	20% after deductible	20% after deductible
Prescription Drugs (Administered by MedImpact): Retail (up to a 30-day supply)			
Generic	\$10 copay after deductible	\$7 copay	\$10 copay
Brand Formulary	\$40 copay after deductible	\$30 copay	\$30 copay
Non-Formulary	\$60 copay after deductible	\$60 copay	\$60 copay
Specialty	25% after deductible up to \$120 copay	20% up to \$120 copay	20% up to \$120 copay
Prescription Drugs (Administered by MedImpact): Mail Order (up to a 90-day supply)			
Generic	\$20 copay after deductible	\$14 copay	\$20 copay
Brand Formulary	\$80 copay after deductible	\$60 copay	\$60 copay
Non-Formulary	\$120 copay after deductible	\$120 copay	\$120 copay

¹Aggregate deductible ²Embedded deductible ³Embedded out-of-pocket maximum



MedImpact Pharmacy Benefit

As a Cigna member, your pharmacy benefit is administered through MedImpact. Visit dhr.colorado.gov/cigna-medical for more information.



Kaiser Permanente (KP)

KP COPilot | 888-413-0591 | my.kp.org/stateofcolorado

Kaiser Permanente is a nonprofit provider of healthcare and coverage together, offering high-quality, integrated care that's easy to navigate. Visit dhr.colorado.gov/medical-benefits to review the KP medical plan summary.

Facilities

This patient experience is unique because KP employs its own doctors, nurses, pharmacists, and owns its pharmacies and lab facilities. Their providers are usually in the same place, so you can see a doctor, fill a prescription, and get x-rays and labs—all in one location.

In addition to their medical offices, KP contracts with thousands of affiliated providers across the front range, and many leading area hospitals are considered in-network. Urgent and emergency care are covered anywhere in the world.

Take advantage of convenient pharmacy services, such as mail-order and prescription delivery. When you need to pick up prescriptions the same day, visit any Kaiser Permanente pharmacy or an affiliated pharmacy, such as select Walgreens and King Soopers locations.

For a full list of providers, locations, and pharmacies near you, visit kp.org/locations.

KP COPilot

KP COPilot is a dedicated concierge team for State of Colorado employees. Call COPilot at **888-413-0591** for help with:

- Choosing a plan
- Understanding benefits, deductibles, and out-of-pocket costs
- Getting cost estimates for services
- Questions about bills and claims
- Getting care

Electronic Health Record

Another unique feature of KP is their Electronic Health Record (EHR). When you see a KP provider, they'll have your medical history at their fingertips, and you won't have to repeat it at every appointment.

Digital Resources

Manage your health with the KP mobile app or at kp.org where you can:

- Get care
- Choose or change KP doctors
- Pay your KP medical bills
- Schedule or cancel appointments with KP providers
- Fill or refill most prescriptions
- View your medical history, including immunizations, most lab results, and more
- Get reminders about screenings, prescription refills, and more

KP also offers:

- Calm, myStrength, and Headspace Care (at no cost)
- Access to more than 4,000+ online, on-demand fitness classes and discounts on in-person classes at top gyms and fitness studios through ClassPass
- A suite of virtual care options, like 24/7 on-demand video visits and online chat with a clinician or mental health specialist



Kaiser Permanente Medical Plan Comparison

Kaiser offers a High Deductible Health Plan (HDHP), Copay Basic plan, and Copay Plus plan. The chart shows a comparison of KP plan features. To find an in-network provider, go to kp.org/locations.

Urgent and emergency care are covered anywhere in the world. Members traveling outside of KP states can now access the Cigna PPO network for urgent and emergency care, and just pay their standard cost share (no need to file a claim). The Cigna PPO network refers to the healthcare providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for shared administration.

Plan Features	HDHP (HSA Qualified)	Copay Basic	Copay Plus
	In-Network Only	In-Network Only	In-Network Only
Annual Deductible Individual/Family	\$1,750 ¹ / \$3,500 ¹	\$1,250 ² / \$2,500 ²	\$750 ² / \$2,000 ²
Annual Out-of-Pocket Maximum Individual/Family	\$5,000 ³ / \$8,000 ³ (individual within family) / \$10,000 ³	\$4,500 ⁴ / \$9,000 ⁴	\$3,500 ⁴ / \$7,000 ⁴
Annual State HSA Contribution Individual/Family	Up to \$720	None	None
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	25% after deductible	\$20 copay	\$20 copay
Specialist Visit	25% after deductible	\$40 copay	\$40 copay
Urgent Care	25% after deductible	\$75 copay	\$75 copay
Emergency Room	25% after deductible	20% after deductible	\$1,000 copay (waived if admitted)
Outpatient & Inpatient Hospital Services	25% after deductible	20% after deductible	20% after deductible
Prescription Drugs: Retail (up to a 30-day supply)			
Preventive	Covered in full if prescribed by a doctor		
Generic	\$10 copay after deductible	\$7 copay	\$10 copay
Brand Formulary	\$40 copay after deductible	\$30 copay	\$30 copay
Non-Formulary	\$60 copay after deductible	\$60 copay	\$60 copay
Specialty	25% after deductible, up to \$120 copay	20% up to \$120 copay	20% up to \$120 copay
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	\$20 copay after deductible	\$14 copay	\$20 copay
Brand Formulary	\$80 copay after deductible	\$60 copay	\$60 copay
Non-Formulary	\$120 copay after deductible	\$120 copay	\$120 copay

¹Aggregate deductible ²Embedded deductible ³Aggregate out-of-pocket maximum ⁴Embedded out-of-pocket maximum



Preventive Medications

Visit dhr.colorado.gov/kp-medical for a list of no-cost preventive medications.



Health Savings Account (HSA)

WEX | New members: 844-561-1337 | Current members: 866-451-3399 | benefitslogin.wexhealth.com

If you enroll in a Cigna or Kaiser Permanente HDHP, you may be eligible to open an HSA through WEX. This savings account can help pay for eligible healthcare expenses not covered under your medical, dental, or vision plan and save for future care needs in retirement. HSAs are triple tax-advantaged because your contributions are made with pre-tax dollars, distributions for qualified expenses are tax-free, and you do not pay taxes for any investment gains your HSA might achieve.

HSA Contributions

You can contribute pre-tax or post-tax* dollars from your paycheck up to the annual IRS maximums, shown below. To be eligible for the State’s HSA contribution of \$60 per month, you must complete the following three steps in [benefitsolver](#):

- 1. Enroll in either the Cigna HDHP or the KP HDHP
- 2. Elect the HSA option
- 3. Agree to the terms and conditions

Once all steps are completed and the State receives your account information from WEX, the State’s HSA contributions will begin.

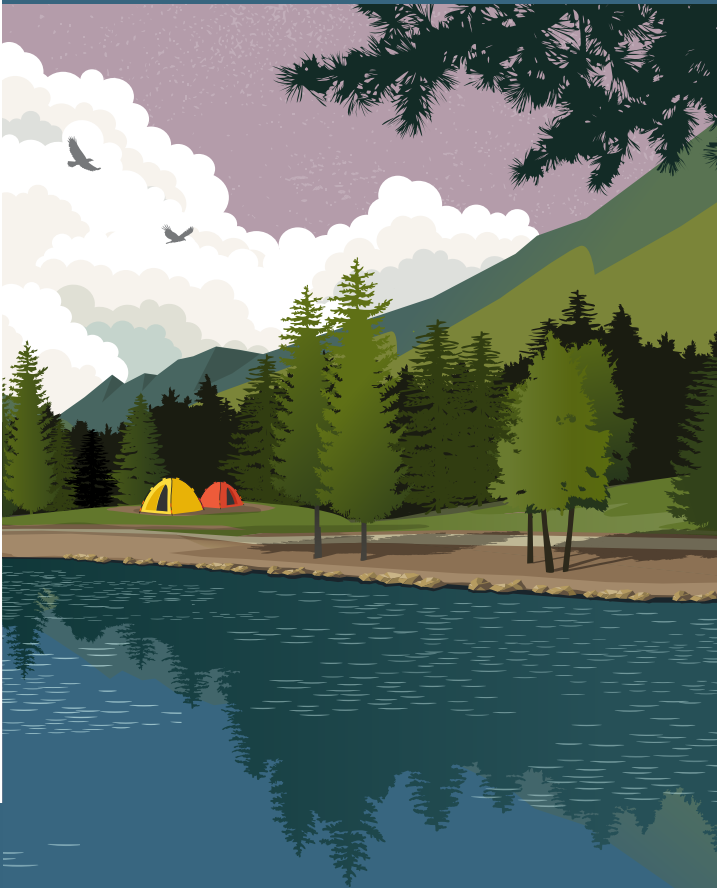
Coverage Type	2024 Employer HSA Contribution	2024 Employee Maximum Contribution	2024 IRS Contribution Limit	Age 55+ Catch-up Contribution
Individual Coverage	Up to \$720	\$3,430	\$4,150	Additional \$1,000
Family Coverage	Up to \$720	\$7,580	\$8,300	

*Pre-tax elections are made within [benefitsolver](#); post-tax elections are handled through your payroll office.

BenefitHub Discount Marketplace

BenefitHub is a marketplace where State employees can take advantage of thousands of amazing discounts and cashback offers.

Visit stateofcolorado.benefithub.com to start saving today.



For Current HSA Participants Using Optum Bank

You will receive specific correspondence from WEX on transitioning to your new HSA and creating an account through WEX.



Dental Insurance

Delta Dental of Colorado | 800-610-0201 | deltadentalco.com

Choose between the Delta Dental Basic or Basic Plus dental plans. Our dental plans help you maintain a healthy smile through regular preventive dental care and offer coverage to fix problems early. To find an in-network dental provider, visit deltadentalco.com or download the Delta Dental mobile app.

Visit dhr.colorado.gov/dental-insurance for helpful information and important resources.

Plan Features	Delta Dental of Colorado (DDCO)	
	Basic Dental Plan	Basic Plus Dental Plan
	You pay in-network:	You pay in-network:
Calendar Year Deductible (waived for Preventive Services) Individual/Family	\$50 / \$150	\$50 / \$150
Calendar Year Benefit Maximum	\$1,500/person	\$3,000/person
Diagnostic & Preventive Services (x-rays, cleanings, exams)	Covered in full	Covered in full
Basic & Restorative Services (fillings, extractions, root canals)	30%	20%
Major Services (dentures, crowns, bridges)	50%	50%
Orthodontia	Not covered	50%
Orthodontia Lifetime Maximum	Not covered	\$3,000/person

Get to Know Your Provider Options

- **Preferred Provider Organization (PPO) & Premier Providers:** Members receive the greatest level of savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members.
- **Non-Participating Providers:** You may be billed for the difference between the cost and Delta Dental of Colorado's (DDCO's) reimbursement level since these providers are not affiliated with DDCO.

Right Start 4 Kids (RS4K)

The Right Start 4 Kids Program, through DDCO, provides 100% coverage for enrolled children up to their 13th birthday when receiving dental care in-network. Orthodontia services are not eligible.

Don't forget: Dental coverage is FREE for enrolled children under age five. When your eldest or only enrolled child turns five, you will see an increase in your premium deduction.

Vision Insurance

EyeMed | 888-485-5174 | eyemed.com

Choose between either the EyeMed Basic plan, available at no cost, or purchase the Enhanced Vision plan for additional coverage. Keep your vision clear with regular eye exams. Our vision plans offer an extensive network of optometrists and vision care specialists.

Visit dhr.colorado.gov/vision for coverage rates, helpful information, and important resources.

Plan Features	EyeMed	
	Basic Vision Plan	Enhanced Vision Plan
	You pay in-network:	You pay in-network:
Exam every 12 months	\$25 copay	\$10 copay
Frames every 12 months	\$130 allowance, plus 20% off balance	\$225 allowance, plus 20% off balance
Lenses every 12 months (single vision, bifocal, trifocal, lenticular)	\$25 copay	\$25 copay
Contact Lenses (in lieu of lenses and frames) every 12 months		
Medically Necessary	Covered in full	Covered in full
Disposable	\$130 allowance	\$225 allowance
Conventional	\$130 allowance, plus 15% off balance	\$225 allowance, plus 15% off balance

Find an In-Network VSP Provider

To find an in-network provider near you, visit eyemed.com, click ‘Find an eye doctor,’ and select ‘insight network.’

KP Vision Coverage

Vision coverage is already provided to KP members, but you can still elect EyeMed coverage. Review the KP plan summaries on their [webpage](#) for more information on vision coverage.



Flexible Spending Accounts (FSAs)

WEX | 866-451-3399 | wexinc.com/solutions/benefits

FSAs, administered by WEX, offer a smart way to stretch your dollars by setting aside pre-tax funds to pay for eligible healthcare and dependent care expenses. Each plan year (July 1 - June 30), you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which helps reduce your taxable income.

Visit dhr.colorado.gov/flexible-spending-accounts for additional information, including rules and regulations, incurring claims, and more.

Plan Features	General Purpose Health Care FSA	Limited Purpose Health Care FSA	Dependent Care FSA
Eligibility	Eligible employees who are not enrolled in an HSA	HSA participants only	All eligible employees
Annual Contribution Limit	\$3,200	\$3,200	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses*	Healthcare plan deductibles, copays, coinsurance, and prescriptions, including dental and vision hardware and expenses	Dental and vision expenses only	Daycare for children age 12 and under, disabled children, and dependent adults

*Refer to IRS Publication 502 and 503 for a complete list of eligible expenses.



Life and AD&D Insurance

Securian Financial | 833-810-8260 | lifebenefits.com

Life and Accidental Death and Dismemberment (AD&D) insurance, through Securian Financial, provide financial security to you and your family if you pass away or become seriously injured. Visit dhr.colorado.gov/life-insurance for more information.

Basic Life and AD&D

As an eligible employee, you receive Basic Life and AD&D insurance equal to your annual earnings subject to a minimum benefit of \$50,000 and a maximum of \$250,000. Basic Life and AD&D are provided by the State of Colorado at no cost to you.

Optional Life and AD&D

In addition to Basic Life and AD&D, you may buy Optional Life and AD&D coverage (minimum amount of \$10,000) at discounted rates.

Plan Features	Optional Life and AD&D Options		
	Employee	Spouse	Dependent Child(ren)
Coverage Options	\$10,000 increments	\$10,000 increments	\$5,000 increments
Maximum*	\$600,000 (cannot exceed 8x annual base pay)	\$250,000 (cannot exceed 50% of employee coverage)	\$10,000 (cannot exceed 50% of employee coverage)
Guaranteed Issue Amount	\$150,000	\$30,000	
Guaranteed Issue Period	Within 31 days of benefits eligibility or a family status change		

*Evidence of Insurability (EOI) may be required.

From April 9-29, 2024, first-time enrollees and current Optional Life participants will have a special enrollment opportunity to elect up to \$50,000 of coverage (not to exceed the guaranteed issue of maximum of \$150,000) without having to answer health questions (EOI).

Lifestyle Benefits (provided by Securian Financial)

Employees can access several services including:

- Legal, financial, and grief services
- Travel assistance services
- Legacy planning services
- Beneficiary financial coaching services
- Identity Theft Recovery Services (effective July 1, 2024)

Visit dhr.colorado.gov/life-insurance to learn more.

Choosing a Beneficiary

You can choose any person, trust, or nonprofit as the beneficiary (recipient) of your Life/AD&D policies in the event of your death. Review your beneficiaries periodically to ensure it reflects your current wishes. Change your beneficiary anytime in [benefitsolver](#).

Enrollment & EOI

Enrollment and Evidence of Insurability (EOI) is completed in [benefitsolver](#). This is required for the late enrollment of an employee or spouse and for amounts above the guaranteed issue.



Disability Insurance

Unum | 866-679-3054 | unum.com/employees

If you experience an injury or illness that prevents you from working, disability insurance, through Unum, provides partial income replacement to assist you financially. Paid leave may be used to supplement these benefits. Visit dhr.colorado.gov/disability-insurance for more information. **Please note: Disability benefits will be reduced if you are eligible to receive FAMLI benefits. Please apply for both FAMLI and disability benefits within 30 days of your date of injury or illness.**

Short-Term Disability (STD)

Short-Term Disability insurance provides some income replacement if you are unable to work due to an illness or injury. You are automatically enrolled in STD at no cost to you. Coverage is effective the first day of the month following your date of hire.

Short-Term Disability (STD)	
Percent of Earnings	60%
Weekly Maximum	\$3,000
Waiting Period	30 days
Maximum Duration	150 days (12-month period)

Optional Long-Term Disability (LTD)*

Optional Long-Term Disability insurance pays you 60% of your earnings if you cannot work for an extended period due to a disabling illness or injury. Employees regularly scheduled to work 12+ hours/week are eligible to enroll. If you elect LTD during open enrollment, coverage is effective July 1.

Optional Long-Term Disability (LTD)	
Percent of Earnings	60%
Weekly Maximum	\$10,000
Waiting Period	180 calendar days
Maximum Duration	Up to age 65 (longer if disabled after age 60)

*Premiums are determined by salary, age, and PERA Defined Benefit (DB) Retirement Plan vesting status and are deducted from pay post-tax.



Benefit Contacts

Coverage	Contact/Group ID	Phone/Email	Website
Enrollment & Eligibility	Agency Benefits Administrator	Benefits Administrator Contact List	dhr.colorado.gov/state-employees/benefits
Medical	Cigna Group ID: 3343452	800-244-6224	mycigna.com
	Kaiser Permanente Group ID: 00225	KP CPilot: 888-413-0591 stateofcolorado@kp.org	kp.org my.kp.org/stateofcolorado
Pharmacy	MedImpact*	888-783-1774	medimpact.com
Primary Care Services	Marathon Health (formerly Everside)*	866-808-6005	eversidehealth.com/colorado
Healthcare Concierge Services	Included Health*	855-633-8337	includedhealth.com/stateofcolorado
Health Savings Account (HSA)	WEX	New members: 844-561-1337 Current members: 866-451-3399 customerservice@wexhealth.com	Questions: wexinc.com/contact/health Claims processing: benefitslogin.wexhealth.com
Dental	Delta Dental of Colorado Group ID: 7649	800-610-0201	deltadentalco.com
Vision	EyeMed Basic Plan Group ID: 1028431 Enhanced Plan Group ID: 1032240	888-485-5174	eyemed.com
Wellness	State of Colorado	state_wellness@state.co.us	dhr.colorado.gov/employee-wellness-program
Employee Assistance Program	Colorado State Employee Assistance Program (CSEAP)	800-821-8154	cseap.colorado.gov
Flexible Spending Account (FSA)	WEX Group ID: 34624	866-451-3399 customerservice@wexhealth.com	Questions: wexinc.com/contact/health Claims processing: benefitslogin.wexhealth.com
Life and AD&D	Securian Financial Group ID: 33780-G	833-810-8260	lifebenefits.com
Disability	Unum	866-679-3054	unum.com/employees
Retirement	Public Employees' Retirement Association (PERA)	800-759-7372	copera.org peraontheissues.com (public policy blog)

*Cigna members only.

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. A more detailed summary plan description for each plan can be found on the State of Colorado's [Employee Benefits page](#). If there is a conflict between this guide and the official plan documents, the plan documents will govern. The State of Colorado reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact your agency's [Benefits Administrator](#).

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PLEASE NOTE: Reach out to PERA for your retirement options.



Helpful Terms & Definitions

Balance Billing

When a healthcare provider bills a patient for the difference between what the health insurance reimburses and what the provider charges.

Coinsurance

The percentage paid for a covered service, shared by you and the plan.

Copay

A fixed dollar amount you pay the provider at the time of service.

Deductible

The amount you pay each plan year before the plan begins paying benefits.

Deductible (Aggregate)

All family members contribute toward the family deductible. The plan does not pay for any individual until the total family deductible is met.

Deductible (Embedded)

A plan featuring an individual deductible within a family deductible. Any costs you pay toward the individual deductible also count toward the family deductible. If one family member meets the individual deductible, they will receive benefits even if the family deductible is not met.

Emergency Room Care

Care received at a hospital emergency room for life-threatening conditions.

In-Network Care

Care provided by contracted doctors and hospitals within the plan's network of providers.

Out-of-Network Care

Care provided by a doctor or at a facility outside of your plan's network. Costs may be higher and services subject to balance billing.

Out-of-Pocket Maximum

The maximum amount you pay each year before the plan begins paying 100% for covered expenses.

Out-of-Pocket Maximum (Aggregate)

If you have other family members in this plan, the full family out-of-pocket maximum must be met before the plan begins paying 100% for covered expenses.

Out-of-Pocket Maximum (Embedded)

After each family member meets their individual out-of-pocket maximum, the plan will pay 100% of that individual's covered expenses. Once the combined individual out-of-pocket maximums total the full family out-of-pocket maximum, the plan will pay 100% of all family members' covered expenses.

Post-Tax Premium

The cost for benefits paid after taxes are deducted. Post-tax premiums do not reduce your yearly taxable income.

Pre-Tax Premium

The cost for benefits paid before taxes are deducted. Pre-tax premiums lower your yearly taxable income, which reduces your federal and state income tax liability. May impact PERA contributions and retirement benefits.

Preventive Care

Routine healthcare, including annual physicals and screenings, to prevent disease, illness, and other health issues.

Urgent Care

Use for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems. Take special care to ensure the network status of the facility.

