

**2017/2018
PLAN YEAR**

Employee Benefits Guide

Administrator/Professional-Technical/Faculty



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

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Your 2017–2018 Benefits

SBCCOE offers a comprehensive benefits package consisting of:

- Medical insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts
- Basic life and AD&D insurance
- Voluntary group life and AD&D insurance
- Supplemental AD&D insurance
- Disability insurance
- Business travel accident insurance
- Voluntary supplemental retirement plans

Employee Benefits Overview

Benefits are an integral part of the overall compensation package provided by the State Board for Community Colleges and Occupational Education (SBCCOE). Within this Employee Benefits Guide you will find important information on the benefits available to you for the 2017–2018 plan year (July 1, 2017–June 30, 2018). Please take a moment to review the benefits SBCCOE offers to determine which plans are best for you and your family.

Benefits Eligibility

You are eligible for benefits as long as:

- You are and continue to be actively employed.
NOTE: Actively employed means that you work or teach the required number of hours per week. The weekly hour requirements are defined as working an average of 30 hours per week or the equivalent faculty course load.
- You are not receiving a PERA retirement benefit.

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

- Your legal spouse (unless you are legally separated or divorced), common-law spouse, domestic partner, or civil union partner. Requires documentation of relationship (affidavit, license, etc.) with appropriate signatures.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, your domestic partner's child, your common-law spouse's child, a legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian). Requires birth certificate and/or court documentation.
- Any dependent who is required by state insurance law to be covered or offered coverage under any insurance contract issued to the Trust for the SBCCOE benefit plans.
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Electing Benefits

You can sign up for benefits or change your benefit elections at the following times:

- Within 31 days of your hire date (as a newly-hired employee), however benefits must begin on your date of hire.
- During the annual benefits open enrollment period (most elections take effect July 1).
- Within 31 days of experiencing a qualifying life event, however benefits must begin on the date of the qualifying life event.

The choices you make at this time will remain the same through June 30, 2018. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

Benefits Coverage Effective Dates

- **Employee:** Benefits coverage becomes effective on July 1 or on the day you officially begin active employment (except as noted elsewhere in this Benefits Guide). If you are not actively at work on the date coverage would normally begin, then coverage is not effective until you complete one full day of active employment.
- **Dependents:** If you elect dependent coverage, dependents will be covered on your effective date. Eligible dependents can be enrolled during open enrollment each year. If a dependent is enrolled due to a qualifying life event, their coverage will begin on the date of the life event. Newborns are covered from date of birth as long as you enroll them within 31 days of birth.
- **Transfers:** Your elections will stay the same if you transfer to another SBCCOE plan agency/college. However, if your current medical insurance plan is not available at your new SBCCOE plan agency/college, you may select a different medical plan.



Before-Tax versus After-Tax Benefit Deductions

The amount you pay for medical, dental, vision, and basic term life insurance (up to \$50,000 death benefit) can be paid on a before-tax or after-tax basis. When you pay the premiums with before-tax dollars, you may reduce the cost of the coverage by 25% or more. This savings is the result of reduced PERA contributions and Medicare, federal, and state withholding taxes. Premiums paid with before-tax dollars are not allowed as deductions on your tax return.

Medical, dental, and vision plan deductibles, copayments, and non-covered expenses can be budgeted and paid tax-free through your health care flexible spending account. Dependent care expenses necessary so that you can work can be paid tax-free through the dependent care flexible spending account (see page 14 for details on the flexible spending accounts).

If you are planning to retire within the next four years, it might benefit you to elect an after-tax premium payment and waive participation in the flexible spending accounts to ensure your highest possible PERA retirement benefit. PERA retirement benefits are based on a percentage of your highest paid three years of employment. See “Your PERA Benefits” booklet for additional details.

NOTE: You can elect whether to pay your share of the benefit plan costs on a before-tax or after-tax basis when you initially elect coverage or during any subsequent open enrollment period. Mid-year changes are not allowed.

Changing Your Benefits During the Year

If you elect to pay your share of the benefit plan costs on an after-tax basis, you may drop coverage at any time. If you elect to pay your share of the benefit plan costs on a before-tax basis, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

To request a benefits change, complete and submit an enrollment/change form along with the appropriate documentation for the change (e.g., marriage or birth certificate) to your Human Resources office within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. Please note that benefits elections will retroactively begin on the date of the qualifying life event.

Qualifying life events include:

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

Termination of Coverage

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

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

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

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

Leave of Absence

You can continue insurance coverage while on an approved leave of absence, including but not limited to:

- Short-term disability and long-term disability.
- Family and medical leave under the Family and Medical Leave Act (FMLA).
- Military leave under the Uniformed Services Employment & Reemployment Rights Act (USERRA).

During leave, you will continue to pay your share of the benefit plan premiums, and your agency will continue to pay its appropriate share. Contact your Human Resources office for details as some exceptions may apply.

Assignment and Payment of Benefits

No benefit payable under the SBCCOE benefit plans can be assigned, transferred, or subject to any lien, garnishment, pledge, or bankruptcy. However, a participant may assign benefits payable under this plan to a provider or hospital pursuant to the terms of the certificate. Ultimately, it is the participant's responsibility to pay any hospital or provider. If the benefit payment is made directly to a participant, for whatever reason, such payment shall completely discharge all liability of the SBCCOE benefit plans, the SBCCOE, and the colleges/agencies.

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

Right to Information and Fraudulent Claims

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

Third Party Reimbursement and Subrogation

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

In making a claim for benefits from the SBCCOE benefit plan(s), you and your covered dependents agree that the SBCCOE will be subrogated to any recovery, or right of recovery, you or your dependent has against any third party, and that the SBCCOE will be reimbursed and will recover 100% of any amount paid by the SBCCOE benefit plan(s) or amounts which the SBCCOE benefit plan(s) is otherwise obligated to pay. You also agree that you will not take any action that would prejudice the SBCCOE benefit plan(s)'s subrogation rights and will cooperate in doing what is reasonably necessary to assist the SBCCOE benefit plan(s) in any recovery. The SBCCOE has a right to pursue all legal and equitable remedies to recover, without deduction for attorney's fees and costs or other expenses you incur, and without regard to whether you or a covered dependent is fully compensated by the recovery or made whole. The SBCCOE benefit plan(s)'s right of recovery and reimbursement is a first priority and first lien against any settlement, judgment, award or other payment obtained by you or your dependents, for recovery of amounts paid by the SBCCOE benefit plan(s).

Medical Insurance Plans

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



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

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

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

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

The **Anthem BCBS POS** plan provides in- and out-of-network benefits. However, BCBS POS plan members will pay less out of their pocket by choosing an HMO network provider. In order to receive in-network benefits, all BCBS POS plan members must select a PCP. However, a member may self-refer to any specialist. With the BCBS POS plan, there are no in-network deductibles. BCBS POS plan members pay a copay when receiving in-network services. For out-of-network coverage, deductibles and coinsurance apply. If a BCBS POS plan member becomes ill or injured while traveling outside of the service areas, they are covered for emergency and urgent care.

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



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

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

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

Members may select a PCP or specialist from affiliated and Permanente personal physicians located in their appropriate service area or any Kaiser Permanente medical office in Colorado. Physicians are listed in the designated Provider Directory and on the website, kp.org.

The tables on page 8 and 9 summarize the key features of the medical plans. Please refer to the official plan documents for additional information on coverage and exclusions.

Health Reform Law Individual Mandate

You and your family members are required to have health insurance or pay a penalty to the government. If you don't have coverage in 2017, you'll have to pay a penalty of \$695 per adult and \$347.50 per child, or 2.5% of your income (whichever is higher). The fee increases every year. Some people may qualify for an exemption to this fee. As long as you have coverage by July 1, 2017 you won't have to pay the fee for any month in 2017 before your coverage began.

The SBCCOE medical plans meet all of the health reform law requirements to satisfy your individual mandate.

You do not have to enroll in an SBCCOE medical plan to fulfill the individual mandate. If you are covered by any of the following in 2017, you will meet the individual mandate requirements: your parent's or spouse's employer plan, an individual policy, a government plan such as Medicare, Medicaid, CHIP, TRICARE, or veterans coverage, student health coverage, state high-risk pool coverage, or coverage for non-U.S. citizens provided by another country.

Medical Plan Options: A Side-By-Side Comparison

The coinsurance amounts listed reflect the amount the member pays.

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

(1) Does not apply to Tier 1 prescriptions. (2) Kaiser Southern Colorado members have certain restrictions for maintenance medications. The first time a maintenance medication prescription is filled, it may be filled at any pharmacy. All subsequent fills must be obtained at a Kaiser Permanente pharmacy or by mail order.

Medical Plan Options: A Side-By-Side Comparison

The coinsurance amounts listed reflect the amount the member pays.

| Summary of Covered Benefits | Anthem POS HMO In Network | Anthem POS HMO Out of Network | Anthem PPO In Network | Anthem PPO Out of Network |
|---|---|--|---|--|
| Available Networks | HMO Colorado Managed Care Network | Any provider | Anthem BCBS PPO Provider Network | Any Provider |
| Plan Year Deductible | None | Employee \$500 Family \$1,000 | Employee \$2,000 Family \$6,000 | Employee \$4,000 Family \$12,000 |
| Out-of-Pocket Max Included deductibles, coinsurance, copays, and RX | Employee \$4,500 Family \$9,000 | Employee \$6,000 Family \$12,000 | Employee \$6,000 Family \$12,700 | Employee \$13,000 Family \$30,000 |
| Lifetime Benefit Max | Unlimited | Unlimited | Unlimited | Unlimited |
| Preventive Care Visit | Plan pays 100% | Primary \$50 copay Specialist \$100 copay | Plan pays 100% | Primary \$70 copay Specialist \$100 copay |
| Primary Care Physician Office Visit | \$35 copay | 30% after deductible | \$40 copay | 50% after deductible |
| Specialist Office Visit | \$60 copay | 30% after deductible | \$70 copay | 50% after deductible |
| Urgent Care Visit | \$60 copay | 30% after deductible | \$70 copay | 50% after deductible |
| Tele-health Visit | \$25 copay | Not applicable | \$30 copay | Not applicable |
| Diagnostic Lab/Xray (Doc's office or freestanding facility) | Plan pays 100% | 30% after deductible | Plan pays 100% | 50% after deductible |
| High-Tech Services (MRI, CT, PET) | \$100 copay (at free- standing facility) | 30% after deductible | \$150 copay (at free- standing facility) | 50% after deductible |
| Outpatient Therapy Physical, Speech, Occup (20 visits per therapy, per year) | Primary \$35 copay Specialist \$60 copay | 30% after deductible | 25% after deductible | 50% after deductible |
| Hospital Services- Inpatient Stay | \$700 copay per day (up to \$2,100 per admission max) | 30% after deductible | 25% after deductible | 50% after deductible |
| Hospital Services- Outpatient Surgery (free standing facility) | \$375 copay | 30% after deductible | \$250 copay | 50% after deductible |
| Hospital Services- Outpatient Surgery (hospital based facility) | \$700 copay | 30% after deductible | 25% after deductible | 50% after deductible |
| Emergency Room | \$300 copay | \$300 copay | 25% after in-network deductible | 25% after in-network deductible |
| Ambulance Service | \$50 copay per trip | \$50 copay per trip | 25% after in-network deductible | 25% after in-network deductible |
| Prescription Drugs Tier 1 (up to 30 days) | \$15 copay | No coverage | \$15 copay | No coverage |
| Prescription Drugs Tier 2 (up to 30 days) | \$50 copay | No coverage | \$50 copay | No coverage |
| Prescription Drugs Tier 3 (up to 30 days) | \$80 copay | No coverage | \$80 copay | No coverage |
| Prescription Drugs Tier 4 (up to 30 days) | 30% up to \$100 max | No coverage | 30% up to \$100 max | No coverage |
| Prescription Drugs Mail Order (up to 90 day supply) | Tier 1: \$15 copay Tier 2 & 3: 2x copay Tier 4: 30% up to \$200 | No coverage | Tier 1: \$15 copay Tier 2 & 3: 2x copay Tier 4: 30% up to \$200 | No coverage |

Anthem BlueCross BlueShield Online Tools and Resources

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

The tools and information at [Anthem.com](https://www.anthem.com) are both practical and personalized so you can get the most out of your benefits. Register today to start managing your health care coverage and make more informed decisions about medical treatments and overall wellness.

My Anthem.com Home

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

My Benefits

- Find valuable account information and learn about benefits.

My Claims

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

My Health & Wellness

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

My Resources

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

LiveHealth Online

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



Kaiser Permanente Online Tools and Resources

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

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

My Message Center

- Email your doctor with routine questions.
- Contact Member Services.
- Email a pharmacist regarding medications.

E- Visits

- Speak with a Kaiser Permanente Advice Call Center Registered Nurse 24/7 about non-urgent medical conditions.
- The nurse will help you determine what kind of care you need for conditions such as: nausea/vomiting, pink eye, female UTI, sinus, constipation, diarrhea, and more.
- E-visits are available at no cost.

Video Visits

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

Pharmacy Center

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

Appointment Center

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

MyHealth

- View test results and immunizations.
- Chat with a doctor, live - no charge.
- See personalized health reminders.
- Act for a family member.

My Coverage and Costs

- Get the facts about your plan and benefits.
- Track claims and expenses.

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

Key Benefit Terms for Anthem and Kaiser

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

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

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

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

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

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

Dental Insurance Plans



SBCCOE offers two dental insurance plan options through Delta Dental of Colorado. With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed dentist but will receive the greatest out-of-pocket savings if you see a Delta Dental PPO dentist.

Participating dentists (both PPO and Premier) file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (listed in the chart below), as well as any charges for non-covered services up to Delta Dental's approved amount.

If you choose to see a non-participating dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing). When you see a Delta Dental or Premier dentist, you are protected from balance-billing.

Locate a Delta Dental network provider at www.deltadentalco.com.



The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount the member pays. Please refer to the official plan documents for additional information on coverage and exclusions.

| Delta Dental Summary of Covered Benefits | Option I PPO Dentist | Option I Premier Dentist | Option I Non-Participating Dentist | Option II PPO Dentist | Option II Premier Dentist | Option II Non-Participating Dentist |
|---|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|-------------------------------------|
| Plan Year Deductible Individual/Family | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Plan Year Benefit Max | \$2,000 | \$2,000 | \$2,000 | \$1,000 | \$1,000 | \$1,000 |
| Preventive Care Oral Evaluation (2 per p/y), Bitewing X-rays (1 set per p/y), Full Mouth X-rays (1 per 36 months), Routine Cleaning (2 per p/y), Fluoride Treatment (1 per p/y to age 16), Space Maintainers (posterior primary teeth to age 14), Sealants (1 per tooth in 36 months to age 15 on unrestored molars) | 0% | 20% | 20% | 50% | 50% | 50% |
| Basic Services Fillings, Endodontics (Root Canal), Periodontics (Gum Disease), Oral Surgery (Extractions) | 20% after deductible | 40% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Major Services Crowns, Dentures, Partial, Bridges | 50% after deductible | 60% after deductible | 60% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Implants | 50% | 50% | 50% | 50% | 50% | 50% |
| Lifetime Benefit Max | \$2,000 per covered member | \$2,000 per covered member | \$2,000 per covered member | \$1,000 per covered member | \$1,000 per covered member | \$1,000 per covered member |
| Orthodontia Services | 50% | 50% | 50% | Not covered | Not covered | Not covered |
| Lifetime Benefit Max | \$2,000 per covered member | \$2,000 per covered member | \$2,000 per covered member | Not covered | Not covered | Not covered |

Vision Insurance Plan

SBCCOE offers a vision insurance plan through VSP. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a VSP network provider. If you choose an out-of-network provider, you may be responsible for paying in full at the time of service and submitting a claim to VSP for reimbursement. Locate a VSP network provider at www.vsp.com or call VSP Member Services at 800-877-7195.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions. If there are discrepancies between this chart and the VSP plan document, the terms of the VSP plan document shall control.

| Choice Network | VSP Doctor | Open Access (out of network) |
|--|---|--|
| WellVision Eye Exam * | \$15 copay | Reimbursed up to \$45 |
| Eyeglasses Single Vision Lenses | Covered in full after \$15 copay** | Reimbursed up to \$30 |
| Eyeglasses Lined Biofocal Lenses | Covered in full after \$15 copay** | Reimbursed up to \$50 |
| Eyeglasses Lined Trifocal Lenses | Covered in full after \$15 copay** | Reimbursed up to \$65 |
| Eyeglasses Lenticular Lenses | Covered in full after \$15 copay** | Reimbursed u to \$100 |
| Photochromics and Tints | Covered in full | No discounts |
| Additional Lens Options | 20% - 25% discount on non-covered lens options | No discounts |
| Frames | Covered up to \$180 after copay (\$100 at Costco); \$200 on featured frame brands. 20% off any amount over your frame allowance | Reimbursed up to \$70 |
| Contact Lenses (in lieu of lenses and /or frames) | \$160 allowance for elective and necessary contact lenses. 15% discount on contact lens exam. Contact lens exam copay not to exceed \$60. | Elective contact lenses are reimbursed up to \$105. Necessary contact lenses are reimbursed up to \$210. |

*Diabetic Eyecare Plus Program-\$20 copayment for follow-up exam relating to Type 1 and Type 2 diabetes.

**One materials copay per service year.

Note: Exams and hardware are available only once in a 12-month period, starting with the first date of service/purchase.



Flexible Spending Accounts

SBCCOE offers two flexible spending account (FSA) options—the health care FSA and the dependent care FSA—which are administered by 24HourFlex. You can access your FSA accounts anytime at www.24HourFlex.com.

Health Care FSA

Contribute pre-tax dollars to your health care FSA to pay for qualified medical, dental, and vision expenses. Eligible expenses include deductibles, copays, coinsurance, eye glasses, contact lenses, and other health-related expenses that are not paid by your insurance plans. You must get a prescription from your physician in order to be reimbursed for over-the-counter medications.

You may contribute up to \$2,600 to your health care FSA for the 2017–2018 plan year (minimum election: \$25 per month).

Dependent Care FSA

Contribute pre-tax dollars to your dependent care FSA to pay for qualified day care expenses to allow you and your spouse, if applicable, to work or attend school full time. Eligible dependents are children under the age of 13, or a child over 13, spouse, or elderly parent residing in your home who is physically or mentally unable to care for themselves.

You may contribute up to \$5,000 to your dependent care FSA for the 2017–2018 plan year if you are married and file a joint return, or if you file a single or head of household return. If you are married and file separate returns, you and your spouse can each contribute up to \$2,500 for 2017–2018 plan year (minimum election: \$25 per month).

Important Note Regarding PERA Contributions

PERA contributions are not made on dollars elected for before-tax insurance premiums or FSA elections.

If you are planning to retire within the next four years, or if you are in one of your highest three years of earnings under PERA, you may want to decline participation in the FSAs. This will help ensure your highest possible PERA

How Does an FSA Work?

You decide how much to contribute to your health care FSA and/or dependent care FSA on a plan year basis up to the maximum allowable amount. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card that can be used to pay for eligible health care expenses at the point of service. When you have dependent care and non-debit health care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider/merchant to 24HourFlex. Keep all receipts in case you are required to verify the eligibility of a purchase. Eligible expenses must be incurred within the plan year.

Important Considerations:

- **For the health care FSA, at the end of the plan year, you can roll over \$500 from your health care FSA to use in future years. Any amount in excess of \$500 will be forfeited.**
- **Dependent care FSA dollars are use it or lose it (no roll over allowed). However, you have an additional 90 days after the end of the plan year to submit expenses for reimbursement.**
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot change your FSA contribution(s) during the year unless you experience a qualifying life event.

24HourFlex Tools and Resources

Visit www.24HourFlex.com to:

- View your account balance(s).
- Calculate tax savings.
- File online claims.
- View transaction history.
- View a list of eligible expenses.
- Shop for eligible supplies.
- Download the mobile app.
- Order an extra debit card.
- And much more.

Basic Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security.

As a part of this benefit offering, the Standard offers a travel assistance program to help you cope with emergencies while traveling. Please see your Benefit Administrator for detailed information.

Employee

Coverage Amounts

You may elect basic life and AD&D coverage equal to one, two, or three times your annual salary rounded up to the next highest \$1,000 (to a maximum of \$300,000; minimum coverage amount is \$50,000). Benefits will reduce at age 65.

Guaranteed Issue

If you elect coverage when first eligible, you may elect up to the guaranteed issue amount without answering medical questions (evidence of insurability). During open enrollment, if you elect to increase your coverage amount by more than one level, you will be required to complete evidence of insurability.

AD&D Benefit

Your AD&D benefit is equal to your life benefit. If you die as a result of an accident, your beneficiary will receive both the life benefit and the AD&D benefit. In cases where an accident results in the loss of limb or eyesight rather than death, you will receive a portion of the AD&D benefit depending on the type of loss.

Coverage for Dependents

Dependent life insurance is available to all dependents of benefits-eligible active employees who elect basic life and AD&D insurance for themselves. Dependents must be under age 26.

Coverage Amounts

There are two levels of dependent life insurance benefit amounts available for your spouse/domestic partner and child(ren). Each level provides coverage for all dependents at one low cost.

Level 1

- Spouse/domestic partner: \$5,000
- Child(ren): \$5,000

Level 2

- Spouse/domestic partner: \$10,000
- Child(ren): \$10,000

Guaranteed Issue

When dependents first become eligible and are enrolled in the standard basic dependent life insurance plan within 31 days of their initial eligibility, you may elect Level 1 or Level 2 of dependent coverage without evidence of insurability. You may elect to add dependent coverage or change from level 1 to level 2 during open enrollment without evidence of insurability.

Benefit Payment

The benefit amount is always paid to the employee or retiree who elected the coverage for the dependent(s). The benefit payment is made in a lump sum.



Please be sure to keep your beneficiary designations up to date.

Voluntary Life and AD&D Insurance

If you are an active PERA member you have the option to purchase additional group life insurance through Unum/Colorado PERA. If you elect this coverage, your spouse and dependent children will automatically be covered as well. Spouse, wherever used, includes your civil union partner as recognized under Colorado law, but does not include domestic partners. However, child(ren) of domestic partners and civil union partners are covered as long as they are living with you (the PERA member) in a regular parent/child(ren) relationship and are dependent on you (the member) for their main support. Retired and inactive PERA members who purchased this group life insurance prior to termination/retirement, and maintain their PERA account, may continue coverage in this plan. You may enroll in PERA life and AD&D insurance within 31 days of becoming eligible or during open enrollment for this plan, which occurs annually from April 1 through May 31.

Coverage Amounts

If you are a new employee and are enrolled in PERA you may purchase up to four units of life/AD&D benefits for yourself, your spouse, and your dependent child(ren) during your initial enrollment period. The voluntary group life benefit is purchased in units of life/AD&D insurance and the coverage amounts are based on age. No more than four units of life/AD&D can be purchased.

Guaranteed Issue

If you elect coverage when first eligible, you may elect up to four units of life/AD&D without answering medical questions (evidence of insurability). If you elect to purchase coverage after your initial eligibility period, or if you wish to increase your coverage amount, you may be required to complete evidence of insurability.

Premium Rate Changes

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

Effective Dates

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

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

Terminal Illness Accelerated Benefits

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

Portability and Conversion Options

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

Supplemental AD&D Insurance

Supplemental accidental death and dismemberment (AD&D) insurance through Mutual of Omaha is available to all benefits-eligible employees and their families. AD&D insurance provides benefits for loss of life, limbs, or sight resulting from an accident occurring on or off the job. Payments are made regardless of any other insurance.

As a new employee, you can enroll immediately, and coverage will begin the first day of employment, provided you are actively at work. You may enroll in this plan throughout the year, and you may increase or decrease your insurance amounts at any time throughout the year.

Coverage Amounts

You may select any amount of insurance from a minimum of \$10,000 to a maximum of \$500,000 (in increments of \$10,000). An amount of insurance elected that is greater than \$250,000 may not exceed 10 times your annual earnings.

You may enroll yourself and your family. However, you must elect coverage for yourself in order to elect coverage for your family. Under a full family plan, your spouse's/domestic partner's/civil union partner's principal sum is 50% of yours and each child's principal sum is 20% of yours. If there are no child(ren) covered, your spouse's/domestic partner's/civil union partner's benefit increases to 60% of yours. If there is no spouse/domestic partner/civil union partner covered, each child's benefit increases to 25% of yours.

A newborn child(ren) is not covered before the first of the month following the child(ren)'s birth. Eligible child(ren) include your child(ren), stepchild(ren), foster child(ren), child(ren) of your domestic partner/civil union partner and legally adopted child(ren).

Benefit Payment

Benefit payments are made to you, or in the event of your death, they are paid to the beneficiary named by you. If no beneficiary is named, or in the event the designated beneficiary predeceases the insured, payment for loss of life will be paid to the first of the following surviving beneficiaries of the insured's: a) lawful spouse/domestic partner/civil union partner; b) child or children, jointly; c) parents, jointly if both are living; d) brothers and sisters, jointly; e) estate. Benefit amounts are paid on the amount of insurance in effect at the time of the accident.

Disability Insurance

SBCCOE provides disability insurance to benefits-eligible employees at no cost. There are two components of the disability coverage: long-term disability insurance and the PERA disability program.

Long-Term Disability Insurance (LTD)

SBCCOE provides benefits-eligible employees with long-term disability insurance through The Standard at no cost to the employee. Coverage is effective on your date of hire.

Elimination period: 60 days totally disabled or at the end of your accumulated sick leave, whichever is greater.

Benefit amount: The lesser of 60% of your monthly earnings or 70% of your monthly earnings less other sources of income to a maximum benefit of \$15,000 per month.

Earnings are based on the last day worked prior to the disability. Hourly employee wages are based on the hourly rate of pay with a minimum of 20 hours per week (Aims employees must work a minimum of 35 hours per week). Overtime pay, commissions, bonuses, or other extra compensation are not included in your monthly earnings. However, contributions to FSAs and voluntary retirement plans are included in your compensation. The minimum monthly payment is the greater of \$50 or 10% of the gross monthly benefit. Other income sources may be considered during a disability period as income and can affect disability benefit payments. Read your policy for specific details.

Benefit duration: To age 65 (if the disability began prior to age 60); the latter of age 65 or 36 consecutive months of total disability if the date of disability began on or after age 60, but prior to age 65; or the earlier of age 70 or 24 consecutive months of total disability if the date of disability began on or after age 65.

Definition of disability: You are disabled when The Standard determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to your sickness, pregnancy or injury.
- You have a 20% or more loss in your indexed monthly earnings when working in your own occupation.

After 36 months of payments, you are disabled when The Standard determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience. If it is determined you are eligible, you must participate in a mandatory Rehabilitation and Return to Work Assistance Program to continue to be eligible to receive disability benefits.

General exclusions: This policy does not cover any disability due to:

- War, declared or undeclared, or any act of war.
- Intentionally self-inflicted injuries.
- Active participation in a riot.

Pre-existing condition exclusion: This policy will not cover any disability caused by, contributed to, or resulting from a pre-existing condition unless it begins after the first 12 months that the insured was covered under this policy.

A “pre-existing condition” means a sickness or injury for which the insured received medical treatment, consultation, care or services including diagnostic measures, or had taken prescribed drugs or medicines in the three months prior to the insured’s effective date.

Limitation of benefits: Limitations of benefits apply if the disability is caused by a mental disorder. Disability benefits are limited to 24 months if you are not in a hospital or an institution licensed to provide treatment and care for the condition causing your disability. The monthly benefit will continue to be paid if you are confined in a hospital or institution past 24 months.

Filing a Claim: If you have a claim, notify your employer immediately. You must submit written proof of your disability. Claim forms are provided through The Standard. You have 60 days after the beginning of the disability to file a claim. We recommend you file a claim no later than 45 days prior to the end of the elimination period. The maximum acceptance period for a claim is one year from the end of your elimination period. The Standard has the right to order an examination by a doctor of its choice.

Survivor Benefits: In the event of your death, after being on disability benefits a minimum of 180 consecutive days, a lump sum benefit equal to three times your gross monthly benefit will be paid to your spouse/domestic partner (if living), to your unmarried child or children up to age 26, or to your estate, if there are no eligible survivors.

PERA Disability Program

Colorado Public Employee's Retirement Association (PERA) provides members enrolled in the defined benefit plan with five or more years of earned PERA service credit with a two-tier disability program. One tier is a short-term disability plan provided by Unum Life Insurance. The second tier is a PERA disability retirement benefit. Since the disability program is part of the PERA benefit structure, members are not charged a premium for this program.

Short-Term Disability (STD)—Unum

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

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

Elimination period: 60 days

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

Benefit duration: Up to 22 months

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

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

Disability Retirement

The PERA disability retirement benefit is based on your highest average salary and earned, purchased, and in some circumstances, projected service credit. The monthly benefit continues as long as you continue to be totally and permanently incapacitated from regular and substantial gainful employment.

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

For disability retirement, the requirements include the following:

- You are totally and permanently incapacitated and are not reasonably expected to recover from your disabling medical condition;
- Your medical condition prevents you from engaging in any regular and substantial gainful employment; and
- You are medically unable to earn 75% of your pre-disability earnings from PERA-covered employment from any job for which you are or could be educated or trained.
- You are not PERA retirement eligible.

Disability Insurance: A Side-by-Side Comparison

| Terms | The Standard – Long-Term Disability | Colorado PERA – Short Term Disability | Colorado PERA – Disability Retirement |
|---|--|--|---|
| Who is eligible? | Employees who are Benefits-eligible based on BP3-60. Employee must be actively at work at least 20 hours per week (Aims employees must be actively at work 35 hours per week) | Must be enrolled in the Defined Benefit Plan and have earned 5 years of PERA defined benefit service credit | Must be enrolled in the Defined Benefit Plan and have earned 5 years of PERA defined benefit service credit |
| Does Employer Pay? | Yes | Yes, pre-funded though monthly employer contributions to PERA | Yes, pre-funded though monthly employer contributions to PERA |
| When does coverage begin? | First day of active employment | When employee has earned 5 yrs of PERA service credit | When employee has earned 5 yrs of PERA service credit |
| When should I submit a claim? | Within 31 days of your absence | When your condition prevents regular work duties, and you have met PERA service requirements | When your condition prevents regular work duties, and you have met PERA service requirements |
| How do I submit a claim? | Contact your HR office | Contact your HR office or PERA's customer service center | Contact your HR office or PERA's customer service center |
| What is the waiting period? | 60 calendar days or exhaustion of sick leave, whichever is later | 60 calendar days or exhaustion of sick leave, whichever is later | None |
| What is the maximum benefit period? | <ul style="list-style-type: none"> Age at Disability: <60 – Max Benefit Period: To age 65 Age at Disability: 60-64 – Max Benefit Period: The latter of age 65 or 36 months Age at Disability: 65+ – Max Benefit Period: The earlier of age 70 or 24 months | 22 months after the 60 calendar day waiting period | Lifetime, if disability continues |
| How is the disability benefit calculated? | The lesser of 60% of basic monthly earnings or 70% of basic monthly earnings less other income benefits, or the maximum monthly benefit | 60% of average 12 months salary on which PERA contributions were made immediately preceding your last full day on the job prior to the 60-day waiting period | Usually, 50% of highest average salary, but it may vary depending on age and service credit |
| What are the maximum/minimum benefit payments? | Maximum: \$15,000 per month Minimum: The greater of \$50 or 10% of the monthly benefit before deductions for other income benefits | None | None |

Business Travel Accident Insurance

SBCCOE provides business travel accident insurance for all benefits-eligible, active employees when traveling for business. Benefits apply in the event of your accidental death, dismemberment or paralysis while you are traveling for work. An authorized trip begins from the time you leave your residence or office, whichever occurs later, to the time you return to your residence or office, whichever occurs first. Travel to and from work, vacations, and leaves of absence are not considered authorized travel.

In addition, to the business travel benefits, additional accidental death, dismemberment or paralysis benefits will apply in the event of a felonious assault that occurs while performing your duties of your regular occupation while on our premises.

Benefit Amount

The maximum benefit is \$100,000 (subject to the aggregate limit per accident), which is the principal sum. In the event of a covered loss (Loss of Hand, Loss of Foot, Loss of Speech, Loss of Hearing, Uniplegia etc.), a reduced benefit will be paid. The maximum aggregate benefit amount payable on behalf of all covered persons who die or suffer losses as a result of the same aircraft or felonious assault accident is \$1,500,000. The maximum benefit amount would be divided proportionally among the Insured persons or their beneficiaries based on each applicable benefit amount.

Filing a Claim

Written notice of a claim must be given within 20 days after a covered loss occurs or as soon as reasonably possible. Proper forms will then be forwarded to you for completion. In the event of a continuing loss with recurrent payments, special rules apply. Claims should be filed and handled directly with Human Resources.

Travel and Medical Assistance

Employees covered by the business travel accident policy have access to the following services:

- Medical provider search and referrals to help find hospitals and doctors in a given locale
- Medical monitoring of treatment
- Facilitation of medical payment
- Coordination of medication
- Emergency medical evacuations and medically necessary repatriation
- Coordinate transportation to join a hospitalized family member
- Dependent children/traveling companion assistance

For travel and medical assistance call 888-987-5920 within the US or 1-240-330-1571 (collect international) or visit www.chubb.com/travelhelp/eb. Group ID: N2CHUEB, activation code: 20130503.

Supplemental Retirement Plans

As an employee, you have the opportunity to direct dollars from your gross wages into your own voluntary retirement account.

When choosing this option, you can defer taxes on these dollars until they are withdrawn or you can choose to make after-tax retirement contributions into a Roth 403(b) plan. A penalty tax of 10% (plus normal income tax payments) will apply for early withdrawal unless one of the following conditions applies: death, disability, separation from service during or after the year you reach age 55, reaching age 59½ and hardship. In some cases, a rollover to another tax-deferred qualified plan is allowed by the IRS. Under the voluntary plan in 2017, you can direct up to 100% of your annual salary or \$18,000, whichever is less, per year toward your retirement. In some cases, these limits may be higher. A catch-up provision allows anyone over the age of 50 to contribute an additional \$6,000. PERA DB service time may be purchased with dollars from any of the following voluntary retirement plans.

Colorado PERA 401(k) Plan

Colorado PERA offers a 401(k) tax deferred plan that includes: 17 no load PERAChoice diversified funds in which you may invest, allows loans against your account, separate contribution limits in addition to 457 limits, a stable value fund that provides a fixed interest rate, the PERAChoice Capitol Preservation fund, managed account service offered through Voya, a self-directed brokerage option with TD Ameritrade and account rollovers from outside retirement plans such as 401(k), 403(b), 401(a), 457. Funds may be used to purchase service credit with PERA.

Colorado PERA 457 Deferred Compensation Plan

The Colorado PERA 457 Plan benefits include the following: no 10% early withdrawal penalty, separate contribution limits in addition to 403 (b), 401(k) and IRA limits, 17 no load PERAChoice diversified funds in which you may invest, allows loans against your account, a stable value fund that provides a fixed interest rate, the PERAChoice Capital Preservation fund, managed account service, offered through Voya, a self-directed brokerage option with TD Ameritrade and account rollovers from outside retirement plans such as 401(k), 403(b), 401(a), 457. Funds may be used to purchase service credit with PERA.

For more information on the PERA plans, please call 800-759-7372, select Option 1 or visit the website at www.copera.org.

SBCCOE 403(b) Plans

SBCCOE provides three separate 403(b) supplemental retirement plans. Each 403(b) plan provider offers a variety of investment options that comply with our plan. In order to participate, contact the plan provider of your choice and enroll. Then contact your Human Resources department to set up the payroll deductions. All 403(b) plans include provisions for loans, hardship withdrawals, eligible rollover contributions, eligible rollover distributions, ROTH contributions, and the ability to use funds to purchase service credit with PERA.

403(b) plan providers include:

- **MetLife**—visit MetLife.com or call 866-807-8054
- **TIAA-CREF**—visit TIAA-CREF.org or call 800-842-2252
- **VALIC Financial Advisors Inc.**—visit Valic.com or call 800-426-3753

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

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

| Tax-deferred Savings Plans | Colorado PERA 457 Plan | Colorado PERA 401(k) Plan | Annuity Programs 403(b) Plans |
|--|---|---|--|
| Who can participate? | Employees of the State | Employees of the State | Employees of higher education institutions |
| Employee Contributions | Via payroll deductions | Via payroll deductions | Via payroll deductions |
| Minimum | None | None | Based on option selected |
| Maximum | \$18,000 in 2017 (in addition to any amount contributed to 401(k) and/or 403(b)) | \$18,000 in 2017 401(k) and 403(b) contributions combined cannot exceed calendar year maximum | \$18,000 in 2017 401(k) and 403(b) contributions combined cannot exceed calendar year maximum |
| Loans to Participants | Up to two loans at a time | Up to two loans at a time | One per product type |
| Withdrawals while working permitted only for: | <ul style="list-style-type: none"> • Extreme unforeseeable financial hardships as determined by IRS guidelines (10% penalty does not apply) • To purchase PERA service credit • Age 70 ½ and older | <ul style="list-style-type: none"> • Employees age 59 ½ and older • Financial hardship • To purchase PERA service credit (10% penalty does not apply to all above) | <ul style="list-style-type: none"> • Employees age 59 ½ and older • Financial hardship • To purchase PERA service credit (10% penalty does not apply to all above) • Termination |
| Catch-Up Provisions | <p>Participants 50 and older may make additional contributions of \$6,000 in each calendar year</p> <p>Some 457 participants may be eligible for additional amounts. See your plan representative.</p> | Participants 50 and older may make additional contributions of \$6,000 in each calendar year | Participants 50 and older may make additional contributions of \$6,000 in each calendar year |
| When Paid Out | Retirement, termination, hardship – no 10% tax penalty regardless of age, hardship, death (paid to beneficiary) | Retirement, termination, hardship, death (paid to beneficiary) | Retirement, termination, hardship, death (paid to beneficiary) |

Human Resources/ Benefits Office Contacts

AIMS COMMUNITY COLLEGE

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

ARAPAHOE COMMUNITY COLLEGE

5900 S. Santa Fe Drive
Littleton, CO 80160
Phone: 303-797-5720
Fax: 303-797-5938

COLLEGE ASSIST

1560 Broadway, Suite 1700
Denver, CO 80202
Phone: 303-264-8575
Fax: 303-292-1606

COLLEGEINVEST

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

COLORADO COMMUNITY COLLEGE SYSTEM

9101 E. Lowry Blvd
Denver, CO 80230
Phone: 720-858-2390
Fax: 303-620-4030

COLORADO NORTHWESTERN COMMUNITY COLLEGE

500 Kennedy Drive
Rangely, CO 81648
Phone: 970-675-3335
Fax: 970-675-3383

COMMUNITY COLLEGE OF AURORA

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

COMMUNITY COLLEGE OF DENVER

1201 5th Street, Suite 310
Campus Box 240, P.O. Box 173363
Denver, CO 80204
Phone: 303-352-3004
Fax: 303-352-3029

DEPARTMENT OF HIGHER EDUCATION

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

FRONT RANGE COMMUNITY COLLEGE-BOULDER COUNTY

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

FRONT RANGE COMMUNITY COLLEGE-LARIMER

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

FRONT RANGE COMMUNITY COLLEGE-WESTMINSTER

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

LAMAR COMMUNITY COLLEGE

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

MORGAN COMMUNITY COLLEGE

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

NORTHEASTERN JUNIOR COLLEGE

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

OTERO JUNIOR COLLEGE

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

PIKES PEAK COMMUNITY COLLEGE

5675 S. Academy Blvd., Box C-4
Colorado Springs, CO 80906
Phone: 719-502-2006
Fax: 719-502-2601

PUEBLO COMMUNITY COLLEGE

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

RED ROCKS COMMUNITY COLLEGE

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

TRINIDAD STATE JUNIOR COLLEGE

600 Prospect St.
Trinidad, CO 81082
Phone: 719-846-5534
Fax: 719-846-5064

Carrier Contact Information

HEALTH INSURANCE

Anthem BlueCross BlueShield (All Plans)

| | |
|---|--|
| Anthem Alliance Behavioral Health | 800-424-4014 |
| ConditionCare Program..... | 877-236-7486 |
| Evicore | 800-638-4557 |
| Future Moms Program..... | 800-828-5891 |
| LiveHealth Online | www.livehealthonline.com |
| Mail Order Pharmacy | 866-297-1011 |
| Statewide | 800-542-9402 |
| Website | www.anthem.com |
| 24/7 NurseLine | 800-337-4770 |

Kaiser Permanente HMO

| | |
|--|--|
| Ambulance Service | 303-636-3345 |
| Claims | 303-338-3600 |
| Customer Service | 303-338-3800 |
| Denver Metro | 303-338-4545 |
| E-Visits | www.kp.org |
| Family Practice | 303-338-4545 |
| Internal Medicine | 303-338-4545 |
| New Member Service Northern Colorado | 844-201-5824 |
| New Member Service Southern Colorado..... | 888-681-7878 |
| OB/GYN | 303-338-4545 |
| Pediatrics | 303-338-4545 |
| Statewide | 800-218-1059 |
| Video Visits | Contact your provider |
| Website | www.kp.org |

DENTAL INSURANCE

Delta Dental of Colorado

| | |
|-----------------|--|
| Statewide | 800-610-0201 |
| Website | www.deltadentalco.com |

VISION INSURANCE

Vision Service Plan (VSP)

| | |
|------------------|--|
| Nationwide | 800-877-7195 |
| Website | www.vsp.com |

BASIC LIFE AND AD&D INSURANCE

Standard Insurance Company

| | |
|----------------|--|
| Statewide..... | 800-628-8600 |
| Website | www.standard.com |

VOLUNTARY LIFE INSURANCE

Unum

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

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Mutual of Omaha

| | |
|-----------------|--|
| Statewide | 800-524-2324 |
| Website | www.mutualofomaha.com |

BUSINESS TRAVEL ACCIDENT INSURANCE

Chubb Travel and Medical Assistance

| | |
|------------------------------|--|
| International (collect)..... | 1-240-330-1571 |
| Statewide | 888-987-5920 |
| Website | www.chubb.com/travelhelp/eb |

FLEXIBLE BENEFIT PLAN

24HourFlex

| | |
|-------------------------------|--|
| Claims Fax | 800-837-4817 |
| Denver Metro..... | 303-369-7886 |
| Denver Metro Claims Fax | 303-369-0003 |
| Statewide | 800-651-4855 |
| Website | www.24HourFlex.com |

COBRA

24HourFlex

| | |
|-------------------------------|--|
| Claims Fax | 800-837-4817 |
| Denver Metro Claims Fax | 303-369-0003 |
| Statewide | 800-651-4855 |
| Website | www.24HourFlex.com |

DISABILITY INSURANCE

Short-Term/Retirement Disability Program—PERA

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

Long-Term Disability Insurance—Standard Insurance Company

| | |
|----------------|--|
| Statewide..... | 800-368-1135 |
| Website | www.standard.com |

VOLUNTARY SUPPLEMENTAL RETIREMENT PLANS

Colorado PERA 401(k) / 457

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

MetLife 403(b) (Centennial/Mass Mutual)

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

TIAA-CREF 403(b)

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

VALIC Financial Advisors, Inc. 403(b)

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

PERA RETIREMENT PLANS

Colorado PERA

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

EMPLOYEE ASSISTANCE PLAN

Colorado State Employee Assistance Plan (C-SEAP)

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

Group Insurance Plan Numbers

HEALTH INSURANCE

Anthem BlueCross BlueShield (All Plans)

| | |
|---|--------|
| Aims Community College | C12055 |
| Arapahoe Community College | C12056 |
| COBRA | C12071 |
| College Assist | C12058 |
| CollegInvest | C12059 |
| Colorado Community College System | C12054 |
| Colorado Commission on Higher Education | C12057 |
| Colorado Northwestern Community College | C12072 |
| Community College of Aurora | C12060 |
| Community College of Denver | C12061 |
| Front Range Community College | C12062 |
| Lamar Community College | C12063 |
| Morgan Community College | C12064 |
| Northeastern Junior College | C12065 |
| Otero Junior College | C12066 |
| Pikes Peak Community College | C12067 |
| Pueblo Community College | C12068 |
| Red Rocks Community College | C12069 |
| Trinidad State Junior College | C12070 |
| Prescription Drugs (all locations) | 610575 |

Kaiser Permanente HMO*

| | |
|--|------------|
| Aims Community College..... | 489-002-18 |
| Arapahoe Community College..... | 489-001-03 |
| College Assist | 489-001-13 |
| CollegInvest | 489-001-12 |
| Community College of Aurora | 489-001-08 |
| Colorado Community College System..... | 489-001-01 |
| Community College of Denver..... | 489-001-06 |
| Department of Higher Education | 489-001-04 |
| Front Range Community College—Longmont (Metro)..... | 489-001-02 |
| Front Range Community College—Ft. Collins (Northern) | 489-002-02 |
| Front Range Community College—Westminster (Metro) | 489-001-02 |
| Lamar Community College | 489-004-19 |
| Morgan Community College | 489-002-07 |
| Northeastern Junior College..... | 489-002-16 |
| Otero Junior College | 489-004-20 |
| Pikes Peak Community College | 489-003-10 |
| Pueblo Community College | 489-004-21 |
| Red Rocks Community College | 489-001-05 |
| Trinidad State Junior College | 489-004-17 |

BASIC LIFE AND AD&D INSURANCE

| | |
|---|--------|
| Standard Insurance Company | 647519 |
|---|--------|

VOLUNTARY EMPLOYEE & DEPENDENT TERM LIFE

| | |
|-------------------|--------|
| Unum | 595121 |
|-------------------|--------|

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

| | |
|------------------------------|---------------|
| Mutual of Omaha | T66BA-P-51585 |
|------------------------------|---------------|

DENTAL INSURANCE

Delta Dental of Colorado

| | Option I | Option II |
|--|------------|------------|
| Aims Community College | 9581-1001 | 9581-2001 |
| Arapahoe Community College..... | 9581-1002 | 9581-2002 |
| COBRA | 9581-91001 | 9581-92001 |
| College Assist | 9581-1004 | 9581-2004 |
| CollegInvest | 9581-1005 | 9581-2005 |
| Colorado Community College System | 9581-1007 | 9581-2007 |
| Colorado Commission on Higher Education .. | 9581-1003 | 9581-2003 |
| Colorado Northwestern Community College .. | 9581-1018 | 9581-2018 |
| Community College of Aurora | 9581-1006 | 9581-2006 |
| Community College of Denver | 9581-1008 | 9581-2008 |
| Front Range Community College | 9581-1009 | 9581-2009 |
| Lamar Community College..... | 9581-1010 | 9581-2010 |
| Morgan Community College..... | 9581-1011 | 9581-2011 |
| Northeastern Junior College | 9581-1012 | 9581-2012 |
| Otero Junior College | 9581-1013 | 9581-2013 |
| Pikes Peak Community College | 9581-1014 | 9581-2014 |
| Pueblo Community College | 9581-1015 | 9581-2015 |
| Red Rocks Community College..... | 9581-1016 | 9581-2016 |
| Trinidad State Junior College..... | 9581-1017 | 9581-2017 |

VISION INSURANCE

Vision Service Plan (VSP)

| | |
|---|-----------------|
| Aims Community College | 12066182 - 0100 |
| Arapahoe Community College | 12066182 - 0102 |
| COBRA..... | 12066182 - 0117 |
| College Assist | 12066182 - 0016 |
| CollegInvest | 12066182 - 0118 |
| Colorado Community College System | 12066182 - 0114 |
| Colorado Commission on Higher Education | 12066182 - 0103 |
| Colorado Northwestern Community College | 12066182 - 0104 |
| Community College of Aurora | 12066182 - 0105 |
| Community College of Denver | 12066182 - 0106 |
| Front Range Community College | 12066182 - 0107 |
| Lamar Community College..... | 12066182 - 0119 |
| Morgan Community College..... | 12066182 - 0108 |
| Northeastern Junior College | 12066182 - 0109 |
| Otero Junior College | 12066182 - 0110 |
| Pikes Peak Community College | 12066182 - 0111 |
| Pueblo Community College | 12066182 - 0112 |
| Red Rocks Community College..... | 12066182 - 0113 |
| Trinidad State Junior College..... | 12066182 - 0115 |

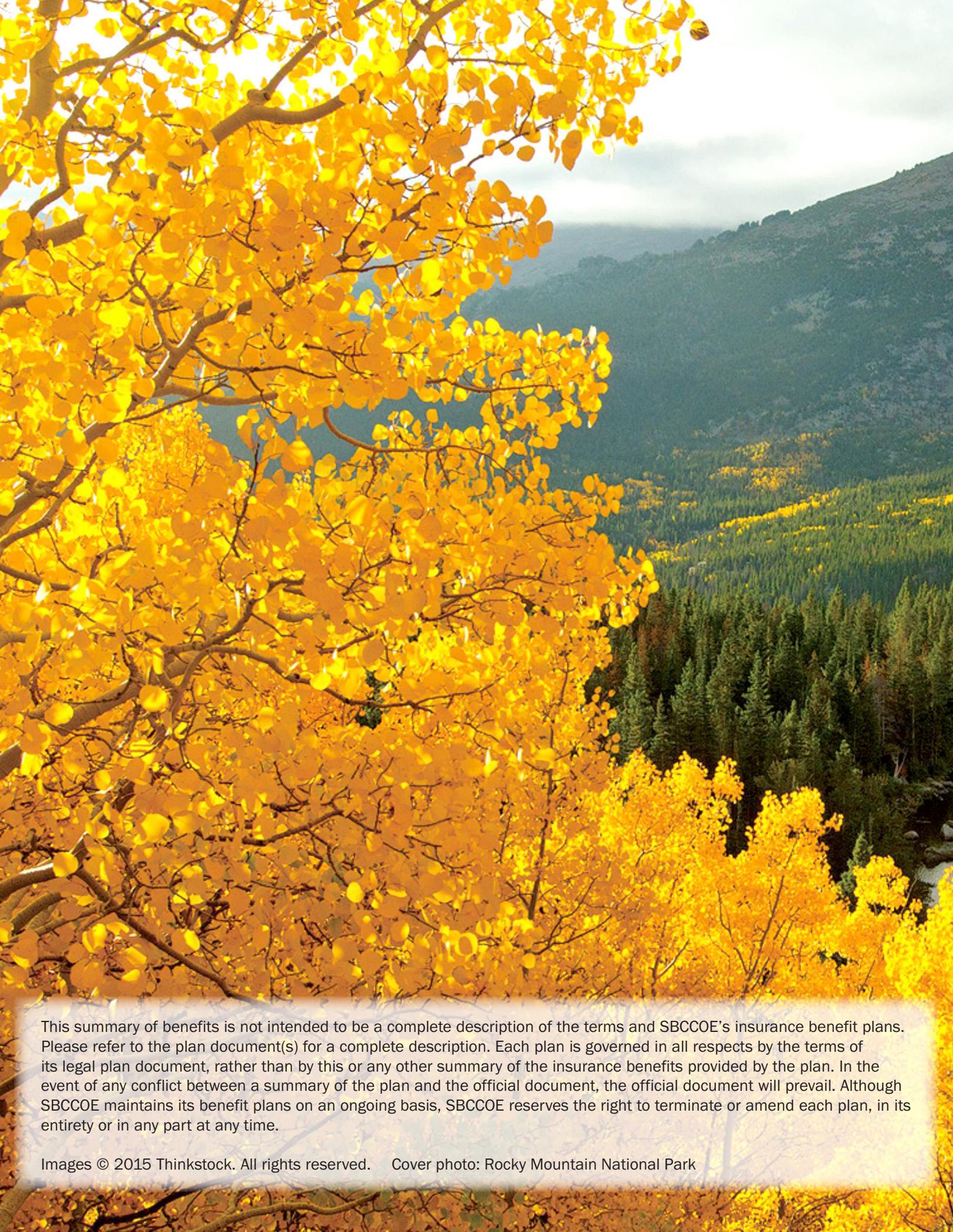
BUSINESS TRAVEL ACCIDENT INSURANCE

| | |
|---|----------|
| Chubb Group of Insurance Companies | 99077139 |
|---|----------|

DISABILITY PROGRAMS

| | |
|--|--------|
| Standard Long Term Disability | 647519 |
| PERA Short Term Disability | 633387 |

*Subgroup is typically determined based upon residential zip code, however if you have questions regarding your subgroup please contact Human Resources.



This summary of benefits is not intended to be a complete description of the terms and SBCCOE's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although SBCCOE maintains its benefit plans on an ongoing basis, SBCCOE reserves the right to terminate or amend each plan, in its entirety or in any part at any time.