

**2016/2017
PLAN YEAR**

Employee Benefits Guide

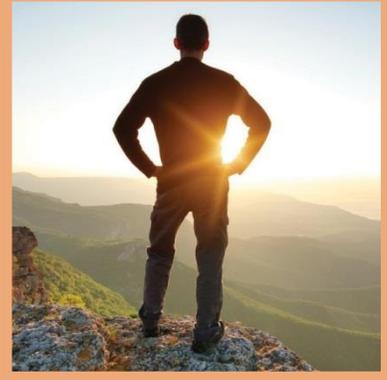
Adjunct and Other Variable Hour Employees



Alms Community College
Arapahoe Community College
College Assist
CollegInvest
Colorado Community College System
Colorado Northwestern Community College
Community College of Aurora
Community College of Denver
Department of Higher Education

Front Range Community College
Lamar Community College
Morgan Community College
Northeastern Junlor College
Otero Junlor College
Pikes Peak Community College
Pueblo Community College
Red Rocks Community College
Trinidad State Junlor College

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Employee Benefits Overview

2016–2017 Benefits

SBCCOE offers our variable hour employees benefits plans consisting of:

- Medical insurance
- Disability insurance
- Voluntary supplemental retirement plans

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 2016–2017 plan year (July 1, 2016–June 30, 2017). 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 met the benefit eligibility requirement during the CCCS defined measurement period.
- You are and continue to be actively employed.
- You are not receiving a PERA retirement benefit.

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

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

Electing Benefits

If you meet the eligibility requirements you may sign up for benefits or change your benefit elections at the following times:

- During your administrative period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain the same through June 30, 2017. If you do not sign up for benefits during your initial administrative period you will not be able to elect coverage during this plan year unless you experience a qualifying life event.



Benefits Coverage Effective Dates

- **Employee:** If you qualify for coverage and decide to enroll, it will be effective the 1st of the month following your administrative period.
 - If you qualify for coverage and decide to elect coverage you will qualify for coverage for one year starting the 1st of the month after your administrative period ends. This one year period is referred to as a stability period. As long as you remain a CCCS employee, you will qualify to keep your coverage throughout this one year stability period regardless of the hours worked per week during the stability period.
 - Coverage may be terminated if you fail to make the timely premium payments.
- **Dependents:** If you elect dependent coverage, dependents will be covered on your effective date. Eligible dependents can be enrolled during open enrollment each year, as long as you remain eligible for coverage. If a dependent is enrolled due to a qualifying life event, their coverage will begin on the date of the life event. Newborns are covered from date of birth as long as you enroll them within 31 days of birth.
- **Transfers:** Your elections will stay the same if you transfer to another SBCCOE 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.

Changing Your Benefits During the Year

You can drop your insurance coverage at any time during the plan year, should you choose to do so. However, if you do drop health insurance coverage, you will not be eligible to enroll in the plan again until the next administrative period for which you are eligible, or until you have a qualifying life event.

Qualifying life events include:

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

Termination of Coverage

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

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

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

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

Leave of Absence

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

- PERA Short-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 only:

- 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—Westminster Campus only
- 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. 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 2016, you'll have to pay a penalty of \$325 per adult and \$162.50 per child, or 2% 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, 2016, you won't have to pay the fee for any month in 2016 before your coverage began.

The SBCCOE medical plans meet all of the health reform law requirements to satisfy your individual mandate. SBCCOE contributes a substantial amount toward the cost of your coverage.

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 2016, 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	None	Employee \$150 Family \$300	None
Prescription Drugs - Tier 1 up to 30-day supply (Deductible does not apply)	Generic \$15 copay	\$15 copay	\$15 copay
Prescription Drugs - Tier 2 up to 30-day supply	Preferred Brand \$30 copay	\$40 copay after deductible	\$50 copay
Prescription Drugs - Tier 3 up to 30-day supply	Specialty 20% to \$100 max	\$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

Note: 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.



Kaiser Permanente Online Tools and Resources

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

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

My Message Center

- Email your doctor's office with routine questions.
- Contact Member Services.

My Coverage and Costs

- Get the facts about your plan and benefits.
- Download forms.
- Pay medical bills.

Pharmacy Center

- Manage your prescriptions.
- Learn about specific medications.

Appointment Center

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

My Health

- View test results.
- View immunization records.
- See personalized health reminders.
- Act for a family member.

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.

PERA Disability Plans

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.

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 2016, 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 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 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 Resources**—visit MetLife.com or call 800-758-3231
- **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 Contribution	\$25 monthly	None	Based on option selected
Maximum Contribution	\$18,000 in 2016 (in addition to any amount contributed to 401(k) and/or 403(b))	\$18,000 in 2016 401(k) and 403(b) contributions combined cannot exceed calendar year maximum	\$18,000 in 2016 401(k) and 403(b) contributions combined cannot exceed calendar year maximum
Loans to Participants	One loan per account	Up to two loans	One loan per account
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: 303-264-8575
Fax: 303-292-1606

COLORADO COMMUNITY COLLEGE SYSTEM

9101 E. Lowry Blvd
Denver, CO 80230
Phone: 303-595-1589
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 80217-3363
Phone: 303-352-3004
Fax: 303-352-3029

DEPARTMENT OF HIGHER EDUCATION

1560 Broadway, Suite 1600
Denver, CO 80202
Phone: 303-264-8575
Fax: 303-292-1606

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 80526
Phone: 970-204-8106
Fax: 970-204-8303

FRONT RANGE COMMUNITY COLLEGE-WESTMINSTER

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

LAMAR COMMUNITY COLLEGE

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

MORGAN COMMUNITY COLLEGE

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

NORTHEASTERN JUNIOR COLLEGE

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

OTERO JUNIOR COLLEGE

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

PIKES PEAK COMMUNITY COLLEGE

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

PUEBLO COMMUNITY COLLEGE

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

RED ROCKS COMMUNITY COLLEGE

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

TRINIDAD STATE JUNIOR COLLEGE

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

Carrier Contact Information

HEALTH INSURANCE

Anthem BlueCross BlueShield (All Plans)

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

Kaiser Permanente HMO

Customer Service	303-338-3800
Ambulance Service	303-861-3434
Appointment & Advice 24-hours/day	
Denver Metro	303-338-4545
Statewide	800-218-1059
Family Practice	303-338-4545
Internal Medicine	303-338-4545
Pediatrics	303-388-4545
OB/GYN	303-338-4545
Claims	303-338-3600
Website	www.kp.org

VOLUNTARY SUPPLEMENTAL RETIREMENT PLANS

Colorado PERA 401(k) / 457

Denver Metro.....	303-832-9550	Select Option 1
Statewide	800-759-7372	Select Option 1
Website	www.copera.org	

MetLife Resources 403(b)

Main Office	303-758-7800	
Statewide	800-758-3231	
Website	www.AV.metlife.com	
General Website.....	or 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

COBRA

24HourFlex – COBRA Division

Statewide	800-651-4855
Claims Fax	800-837-4817
Denver Metro Claims Fax	303-369-0003
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

Group Insurance Plan Numbers

HEALTH INSURANCE

Anthem BlueCross BlueShield (All Plans)

Aims Community College	C12055
Arapahoe Community College	C12056
COBRA	C12071
College Assist	C12058
CollegelInvest	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
CollegelInvest	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.....	489-001-02
Front Range Community College – Ft. Collins	489-002-02
Front Range Community College - Westminster.....	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

LONG-TERM DISABILITY

PERA Disability Program	633387
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Notes





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.