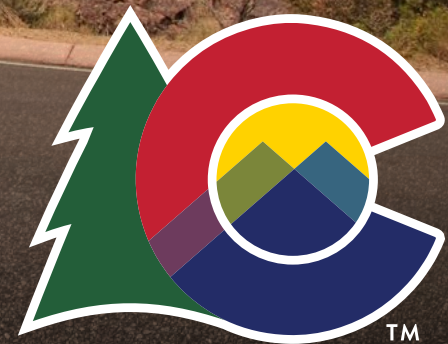


# Open Roads, Endless Possibilities

FY 2025-26

Employee Benefits Guide





# Buckle Up! Your Benefits Start Here



This Guide  
Is Clickable

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# Discover Your State of Colorado Benefits

State employees,

Your service to the State of Colorado is tremendously valuable, contributing directly to the quality of life of your fellow Coloradans. The State is dedicated to providing you with a benefits package that meets the needs of you and your family.

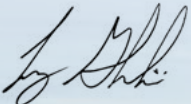
Open enrollment is your annual opportunity to review your current benefit elections and make any necessary changes. This is a passive year, meaning no action is required on your part to keep your current benefit elections, unless you have a Flexible Spending Account (FSA). If you have an FSA, you will need to re-enroll if you wish to continue your FSA for the upcoming plan year. If you are satisfied with your current benefits and have no new dependents to add, take advantage of this period to review your elections for accuracy and update your designated beneficiaries.

Copays, deductibles, and out-of-pocket maximums will remain the same for medical coverage under Kaiser Permanente and Cigna. However, there are a few notable changes to consider as you review this guide and prepare for open enrollment.

There will be a slight increase in plan rates for this upcoming fiscal year and reduced coverage for GLP-1s, which can be found on [page 4](#). When making your benefits selections, consider the available cost-saving programs and services from the State's partnered medical, dental, and vision insurance carriers. These special programs, along with multiple plan options to choose from, allow you to elect the level of coverage that meets the needs of you and your family. The State's Medical Insurance Premium Supplement Program also helps eligible employees with the costs of their medical and dental premiums. More information on this program can be found on [page 17](#).

Situations and preferences change, so we encourage you to read this guide carefully, talk to your agency's benefits administrator, and visit the [Division of Human Resources benefits website](#) to learn more about your options.

Thank you,



**Tony Gherardini**  
*State Personnel Director*



# What's Ahead: Points of Interest



## STATE OF HEALTH Fitness Academy

Our newest STATE OF HEALTH program—personal training!

- Eight 30-minute virtual (or in-person) sessions with a certified personal trainer
- Physical activity goal setting
- Cardiovascular, strength, mobility, and flexibility training
- Accountability and motivation

Enrollment will be prioritized based on participants with the greatest need (i.e., higher risk factors).



## Cigna's Virtual Women's Health Clinic

Visana is a virtual women's health clinic providing comprehensive clinical care, personalized care plans, coordination of in-person services, and ongoing support for the widest range of women's health conditions. From menstruation to menopause, Visana provides medical care to women through all phases of life.



## Kaiser's Total Care for Women's Health

Kaiser Permanente's integrated care model prioritizes women's health by providing care at every stage of their life. This includes treatment for mental health, contraception, gender-affirming care, fertility and family planning, menopause and hormone care, as well as post-menopause treatment and gynecological oncology.



## GLP-1 Anti-Obesity Drugs

The sustainability and affordability of the State's benefits program is, and has always been, a key consideration when making budget decisions. Tough decisions were made to remove GLP-1 drug coverage for obesity conditions starting July 1, 2025, due their high cost. However, employees actively taking GLP-1s for weight loss as of June 30, 2025 will be grandfathered into coverage, and their copay will increase from \$30 to \$120 beginning July 1. Current prescribed members will receive communication from either Cigna or Kaiser with additional information and details around how grandfathering works.

We will continue to support our employees efforts to achieve a healthy weight through our award winning STATE OF HEALTH program, in addition to a myriad of programs and covered services offered by Cigna and Kaiser. These evidence based programs have a proven track record of success.

Additional information around this coverage change is forthcoming. For questions, employees can reach out to [state\\_benefits@state.co.us](mailto:state_benefits@state.co.us).

## STATE OF HEALTH

Your NO-COST health improvement program.

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

Take advantage of this opportunity to make lasting improvements to your health. Your loved ones will thank you. Fill out your application today at [ColoradoStateOfHealth.com](https://ColoradoStateOfHealth.com).





# Eligibility

## Employees

Permanent and term-limited employees, both full-time and part-time, can participate in State of Colorado benefits. Non-permanent temporary and seasonal employees are ineligible for benefits.

## Dependents

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

Eligible dependents include:

- Spouse or common-law spouse
- Civil union partner (subject to imputed income)
- Child(ren) up to age 26, including natural, adopted or foster, stepchildren, or any child for whom you have court-appointed custody or guardianship
- Child(ren) over age 26 who are unmarried and incapable of self-support due to mental or physical disability that existed prior to age 26

For more information, visit the [DHR Benefits website](#).

## What You Need to Know

- Mid-year changes must be made in benefitsolver within 31 days of the qualifying life event. E.g., newborns must be added in benefitsolver within 31 days of their birth to be covered.
- Valid proof of dependent eligibility is required. Documentation is due within 45 days of the event (60 days for Medicare/Medicaid).
- A Social Security Number (SSN) must be provided for all covered dependents. Failure to provide an SSN will result in termination or denial of coverage.
- An individual cannot be covered as both an employee and a dependent, and dependents can only be covered by one employee.

## Transfers Between Agencies

If you transfer employment between agencies within 31 days, your benefit elections will transfer without lapse. New elections will not be permitted.





# When to Enroll

## When You Can Enroll or Change Benefits

The benefit plan year runs from July 1 through June 30.

As a New Hire	At Open Enrollment	During the Year
Benefits are effective on the first of the month following your date of hire.*	Benefits are effective July 1, 2025.	Benefits are effective the first of the month following your life event or the date of completion in benefitsolver, <b>whichever is later.**</b>
<p>You have <b>31 days from your date of hire</b> to enroll in benefits. Your benefit elections are effective on the first of the month following your date of hire, for the remainder of the plan year.</p> <p>If you fail to enroll by your 31-day deadline, you will not have medical, dental, vision, and voluntary coverages.</p>	<p><b>Open enrollment for FY 2025-26 will be April 8-28, 2025.</b> Open enrollment is your annual opportunity to enroll in or make changes to all benefit plans for the upcoming plan year, effective July 1.</p> <p><b>If you do not take action during the open enrollment period,</b> your current elections will roll over except for any FSA elections (Health Care FSA or Dependent Care FSA), which must be re-elected each year due to IRS requirements.</p>	<p>You can enroll or make changes to your benefit elections during the year if you have a qualifying life event (QLE). <b>You must enroll/make changes within 31 days of your event.</b></p> <p>QLEs include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Marriage</li> <li>▪ Divorce or legal separation</li> <li>▪ Birth or adoption of a child</li> <li>▪ Loss or gain of other health coverage</li> <li>▪ Change in Medicaid/Medicare eligibility</li> </ul>

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

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





# How to Enroll

## Enrollment Checklist

### 1 Review Your Options

Use this guide, along with the [Division of Human Resources \(DHR\) site](#), to compare your options, plan costs, and potential savings to help you decide which options work best for you and your family.

If you have any questions or need clarification on anything, you can also reach out to your agency [benefits administrator](#).

### 2 Enroll Online

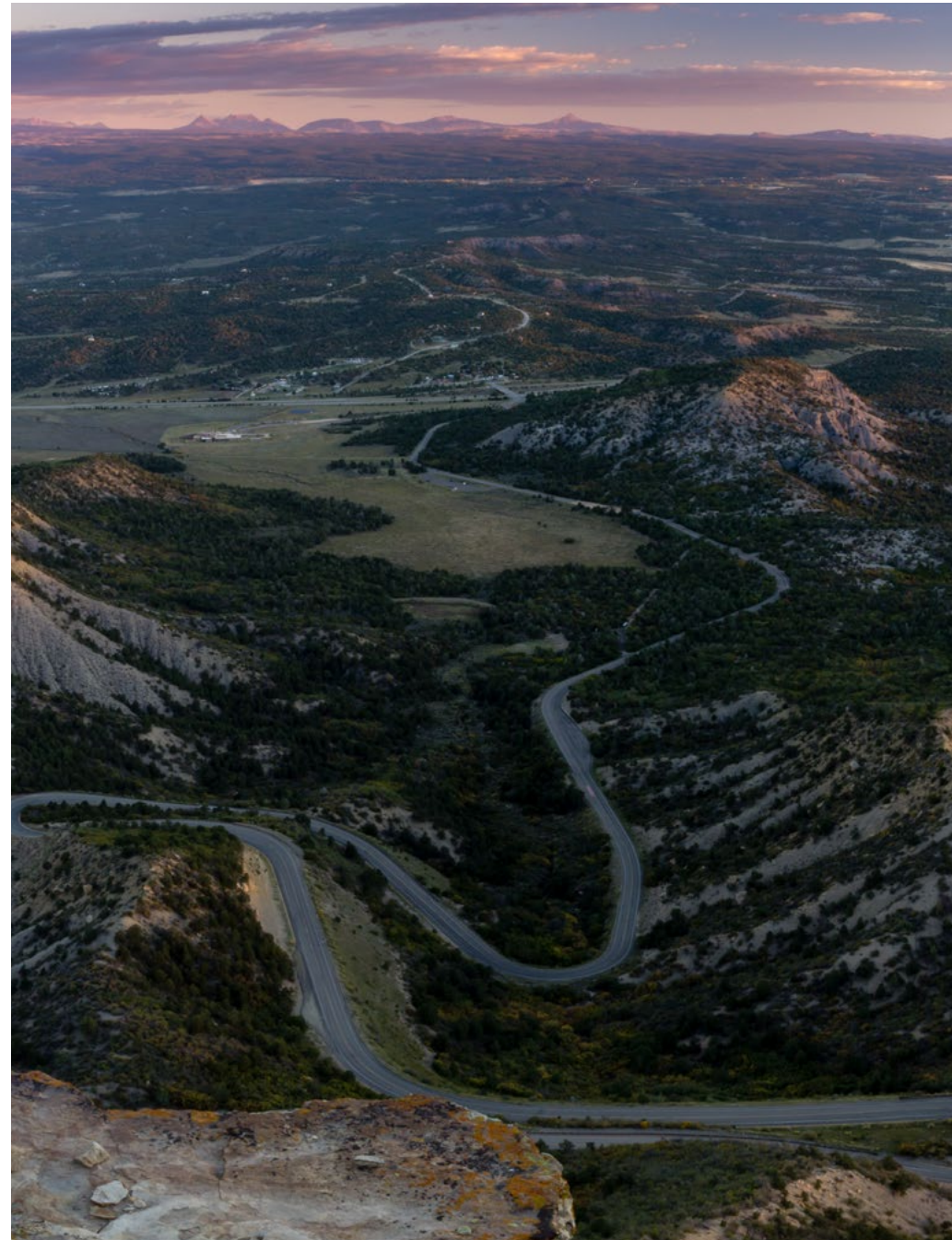
- Go to [benefitsolver](#).
- Enter your username and password.
- First-time user? Click *Register* and enter the company key: soc (case-sensitive).
- Follow the prompts to select or decline (waive) each of your benefit options.
- Submit your elections. You must click *Approve* and *I Agree*.

### 3 Confirm Your Elections

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

**Enroll Now**

[benefitsolver](#)



# Understanding Your Medical Plan Options

The road to great health starts with choosing a plan that fits your needs and budget, and that means understanding a few basics. Review the [Helpful Terms & Definitions](#) to better understand your coverage options.

## Medical Plan Types

The State offers health plans through Cigna and Kaiser Permanente. Cigna offers a large statewide network of independent doctors, hospitals, and pharmacies as well as an out-of-network benefit. Kaiser Permanente is offered only to employees living in the Front Range. Although Kaiser's network of doctors and hospitals is more limited than Cigna's, Kaiser's integrated care model provides a one-stop shop experience for accessing care, lab work, and medications.

The three medical plan options offered through both Cigna and Kaiser have similar deductibles, copays, and covered services. After you select the level of coverage that meets your needs, carefully consider the differences between Cigna and Kaiser's network and care models, and review [plan rates](#) before electing coverage.

You can learn more about the differences between Cigna and Kaiser Permanente on pages [9](#) and [11](#).

High Deductible Health Plan (HDHP)	Copay Basic	Copay Plus
<ul style="list-style-type: none"> <li>Higher deductible and out-of-pocket maximum than both Copay plans</li> <li>Eligible for the Health Savings Account (HSA)</li> <li>\$60 monthly State contribution to your HSA</li> <li>Eligible for the Limited Purpose FSA</li> <li>Preventive care at no cost</li> <li>For all other services, the individual or family deductible must be met before the plan pays anything. HSA funds can offset a portion of those expenses.</li> </ul>	<ul style="list-style-type: none"> <li>Lower deductible and out-of-pocket maximum than the HDHP, but higher than the Copay Plus plan</li> <li>Not eligible for the HSA</li> <li>Copays for most services</li> <li>Preventive care at no cost</li> <li>Eligible for the General Purpose FSA</li> <li>\$0 copay for Marathon Health visit (Cigna members only)</li> </ul>	<ul style="list-style-type: none"> <li>Lowest deductible and out-of-pocket maximum</li> <li>Not eligible for the HSA</li> <li>Copays for most services</li> <li>Preventive care at no cost</li> <li>Eligible for the General Purpose FSA</li> <li>\$0 copay for Marathon Health visit (Cigna members only)</li> </ul>





# Medical: Cigna

Cigna | 800-244-6224 | [mycigna.com](https://mycigna.com)

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



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

- Common prescriptions are stocked on location, saving you a trip to the pharmacy.
- Standard appointment windows are an hour.
- Preventive care, virtual care, and care for chronic conditions are available at no cost.
- \$0 copay applies to Copay Basic and Copay Plus plan members (does not apply to HDHP members).

Visit [dhr.colorado.gov/everside-health](https://dhr.colorado.gov/everside-health) to learn more.

## Active&Fit Gym Discounts

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

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



## Healthcare Bluebook

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

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

Visit [dhr.colorado.gov/healthcare-bluebook](https://dhr.colorado.gov/healthcare-bluebook) to learn more.

## MDLIVE

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

## Cigna Healthy Pregnancies, Healthy Babies

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



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

## Health Information Line

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





## Cigna Medical Plan Comparison

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



### MedImpact Pharmacy Benefit

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

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

<sup>1</sup>Aggregate deductible <sup>2</sup>Embedded deductible <sup>3</sup>Aggregate out-of-pocket maximum <sup>4</sup>Embedded out-of-pocket maximum





# Medical: Kaiser Permanente (KP)

KP COPilot | 888-413-0591 | [my.kp.org/stateofcolorado](https://my.kp.org/stateofcolorado)

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

## Facilities

The patient experience is unique because KP employs its own doctors, nurses, pharmacists, and owns its pharmacies and lab facilities. At many Kaiser Permanente medical offices, you can see a doctor, fill a prescription, and get x-rays and labs done—all under one roof.

Kaiser Permanente contracts with thousands of affiliated providers across the Front Range and many leading area hospitals. Urgent and emergency care are covered anywhere in the world.

## Filling Prescriptions

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

For a full list of providers, locations, and pharmacies near you, visit [kp.org/locations](https://kp.org/locations).

## KP COPilot

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

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

## Electronic Health Record (EHR)

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

## Digital Resources

Manage your health with the KP mobile app or at [kp.org](https://kp.org) where you can:

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

KP also offers:

- Calm and Headspace Care mental wellness apps at no additional cost
- Access to classes and perks, including special deals on fitness programs, gym memberships, and online resources. Learn more at [kp.org/exercise](https://kp.org/exercise)
- A suite of virtual care options, like 24/7 on-demand video visits and online chat with a clinician or mental health specialist





## Kaiser Permanente Medical Plan Comparison

Kaiser offers a High Deductible Health Plan (HDHP), Copay Basic plan, and Copay Plus plan. The chart shows a comparison of KP plan features. To find an in-network provider, go to [kp.org/locations](https://kp.org/locations). Urgent and emergency care are covered anywhere in the world.



### Preventive Medications

Visit [dhr.colorado.gov/kp-medical](https://dhr.colorado.gov/kp-medical) for a list of no-cost preventive medications.

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

<sup>1</sup>Aggregate deductible <sup>2</sup>Embedded deductible <sup>3</sup>Aggregate out-of-pocket maximum <sup>4</sup>Embedded out-of-pocket maximum





# Dental

Delta Dental of Colorado | 800-610-0201 | [deltadentalco.com](https://deltadentalco.com)

Choose between the Delta Dental Basic or Basic Plus dental plans. Our dental plans help you maintain a healthy smile through regular preventive dental care and offer coverage to fix problems early.

Visit [dhr.colorado.gov/dental-insurance](https://dhr.colorado.gov/dental-insurance) for helpful information and important resources.

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

## Get to Know Your Provider Options

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

## Right Start 4 Kids (RS4K)

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

**Remember:** Dental coverage is FREE for enrolled children under age five. When your eldest or only enrolled child turns five, you will see an increase in your premium deduction.

## Find a Delta Dental of Colorado Provider

Visit [deltadentalco.com](https://deltadentalco.com) or download the Delta Dental mobile app.





# Vision

EyeMed | 888-485-5174 | [eyemed.com](https://eyemed.com)

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

Visit [dhr.colorado.gov/vision](https://dhr.colorado.gov/vision) for coverage rates, helpful information, and important resources.

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

## Find an EyeMed Provider

Visit [eyemed.com](https://eyemed.com), click *Find an Eye Doctor*, and select Insight Network.

## KP Vision Coverage

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





# STATE OF HEALTH

## State Wellness Program

State of Colorado | [coloradostateofhealth.com](https://coloradostateofhealth.com)

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

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

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

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

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

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

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

### It's Been a Game Changer!

“

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

”

- STATE OF HEALTH participant





# Colorado State Employee Assistance Program (CSEAP)

CSEAP | 800-821-8154 | [cseap.colorado.gov](https://cseap.colorado.gov)

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

## Get Help Along the Way



### Confidential Mental Health Counseling

Free Sessions: Eight (per rolling year)



### Professional Coaching

Free Sessions: Three (per rolling year)



### Employee Mediation

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



### 24/7 Crisis Support

Free sessions: Unlimited



### Organizational Support

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





# Plan Rates

Monthly and bi-weekly payroll deductions for medical, dental, and vision plans are shown here. For a full list of premiums, including COBRA, Optional LTD, and Optional Life and AD&D, visit [dhr.colorado.gov/benefit-premium-rates](https://dhr.colorado.gov/benefit-premium-rates).

## Monthly Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical</b>				
Cigna HDHP	\$33.00	\$181.46	\$71.74	\$289.00
Cigna Copay Basic	\$47.00	\$223.68	\$84.96	\$315.12
Cigna Copay Plus	\$107.50	\$337.06	\$187.82	\$511.78
Kaiser Permanente HDHP	\$32.82	\$183.38	\$64.48	\$232.80
Kaiser Permanente Copay Basic	\$43.70	\$203.20	\$81.88	\$334.04
Kaiser Permanente Copay Plus	\$65.82	\$285.80	\$139.56	\$455.62
<b>Dental</b>				
Delta Dental Basic	\$4.66	\$17.14	\$16.04	\$29.44
Delta Dental Basic Plus	\$11.20	\$30.48	\$29.92	\$50.20
<b>Vision</b>				
EyeMed Vision Basic	\$0	\$0	\$0	\$0
EyeMed Vision Enhanced	\$4.40	\$8.36	\$8.80	\$12.92

## Bi-Weekly Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical</b>				
Cigna HDHP	\$16.50	\$90.73	\$35.87	\$144.50
Cigna Copay Basic	\$23.50	\$111.84	\$42.48	\$157.56
Cigna Copay Plus	\$53.75	\$168.53	\$93.91	\$255.89
Kaiser Permanente HDHP	\$16.41	\$91.69	\$32.24	\$116.40
Kaiser Permanente Copay Basic	\$21.85	\$101.60	\$40.94	\$167.02
Kaiser Permanente Copay Plus	\$32.91	\$142.90	\$69.78	\$227.81
<b>Dental</b>				
Delta Dental Basic	\$2.33	\$8.57	\$8.02	\$14.72
Delta Dental Basic Plus	\$5.60	\$15.24	\$14.96	\$25.10
<b>Vision</b>				
EyeMed Vision Basic	\$0	\$0	\$0	\$0
EyeMed Vision Enhanced	\$2.20	\$4.18	\$4.40	\$6.46

## Are You Eligible for Reduced Premiums?

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

To receive this subsidy, you must apply during the application period which runs April 8 - May 9, 2025. Visit [dhr.colorado.gov/supplement-program](https://dhr.colorado.gov/supplement-program) to learn more.

## Save \$\$\$ with STATE OF HEALTH

If you participate in the STATE OF HEALTH employee wellness program, you can receive a \$20 per month discount on your medical insurance premiums when you complete simple steps. Visit [coloradostateofhealth.com](https://coloradostateofhealth.com) to learn more.





# Health Savings Account (HSA)

WEX | 866-451-3399 | [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)

To maximize the value of the HDHP through Cigna or Kaiser Permanente, it is highly encouraged to elect the HSA option, if eligible. This savings account, through WEX, can help pay for eligible healthcare expenses not covered under your medical, dental, or vision plan and save for future care needs, even for retirement. HSAs are triple tax-advantaged because your contributions are made with pre-tax dollars, distributions for qualified expenses are tax-free, and you do not pay taxes for any investment gains your HSA might achieve.

## HSA Contributions

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

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

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

Coverage Type	2025 Employer HSA Contribution	2025 Employee Maximum Contribution	2025 IRS Contribution Limit	Age 55+ Catch-up Contribution
Individual Coverage	Up to \$720	\$3,580	\$4,300	Additional \$1,000
Family Coverage	Up to \$720	\$7,830	\$8,550	

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





# Flexible Spending Accounts (FSAs)

WEX | 866-451-3399 | [wexinc.com/products/employee-benefits](https://wexinc.com/products/employee-benefits)

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

Visit [dhr.colorado.gov/flexible-spending-accounts](https://dhr.colorado.gov/flexible-spending-accounts) for additional information, including rules and regulations, incurring claims, and more.

Plan Features	General Purpose Health Care FSA	Limited Purpose Health Care FSA	Dependent Care FSA
Eligibility	Eligible employees who are not enrolled in an HSA	HSA participants only	All eligible employees
Annual Contribution Limit	\$3,300	\$3,300	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses*	Healthcare plan deductibles, copays, coinsurance, and prescriptions, including dental and vision hardware and expenses	Dental and vision expenses only	Daycare for children age 12 and under, disabled children, and dependent adults

\*Refer to IRS Publication [502](#) and [503](#) for a complete list of eligible expenses.



# HSA vs. Health Care FSA: What's the Difference?

To help you stretch your benefit dollars, the State of Colorado offers two tax savings accounts to use for eligible health care expenses: A Health Savings Account (HSA) and a Health Care Flexible Spending Account (FSA). Both options allow you to contribute pre-tax funds to pay for expenses, such as copays and deductibles. However, there are major differences to consider. Before you enroll in benefits, decide which account is right for you.

Account Features	HSA	Health Care FSA
Who owns the account?	Employee	Employer
Who funds the account?	Employee & Employer State contributes \$60/month	Employee
Who is eligible to participate?	Employees enrolled in an HDHP	General Purpose FSA: Employees without an HSA Limited Purpose FSA: HSA participants
Is enrollment in a State medical plan required?	Yes, enrollment in an HDHP is required	No
How much can be added to the account?	2025 contribution limits: \$4,300 Individual \$8,550 Family	2025 contribution limit: \$3,300
When are my funds available?	Once funded	The full contribution amount is available at the beginning of the plan year
Is there a tax advantage?	Yes, your contributions, earned interest, and payment of eligible expenses are tax-free	Yes, your contributions and payment of eligible expenses are tax-free
Can I invest my extra funds?	Yes	No
Do my unused funds roll over?	Yes, all your unused funds roll over each year	You can carry over up to \$660 of unused funds into the FY 2026-27 plan year. Any remaining funds above the carryover limit will be forfeited.
What are common expenses?	Eligible medical, prescription, dental, and vision expenses	Eligible medical, prescription, dental, and vision expenses

## HSA & FSA Rules to Keep in Mind

The IRS only allows HSA participants to contribute to a Limited Purpose FSA which reimburses for dental and vision expenses only. Also, if you are enrolled in Medicare, you are not eligible to contribute to an HSA.





# Life and AD&D

Securian Financial | 833-810-8260 | [securian.com/soc-insurance](https://securian.com/soc-insurance)

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

## Basic Life and AD&D

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

## Optional Life and AD&D

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

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

\*Evidence of Insurability (EOI) may be required.

## Choosing a Beneficiary

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

## Enrollment & EOI

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

## Lifestyle Benefits (provided by Securian Financial)

Employees can access:

- Legal, financial, and grief services
- Travel assistance services
- End-of-life resources
- Identity theft recovery services

Visit [securian.com/soc-insurance](https://securian.com/soc-insurance) to learn more.





# Disability

Unum | 866-679-3054 | [unum.com/employees](https://unum.com/employees)

If you experience an injury or illness that prevents you from working, disability insurance, through Unum, provides partial income replacement to assist you financially. Paid leave may be used to supplement these benefits. Visit [dhr.colorado.gov/disability-insurance](https://dhr.colorado.gov/disability-insurance) for more information.

## Short-Term Disability (STD)

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

STD	
Percent of Earnings	60%
Weekly Maximum	\$3,000
Waiting Period	30 days
Maximum Duration	26 weeks (less the elimination period)

## Optional Long-Term Disability (LTD)\*

Optional LTD insurance pays you 60% of your earnings if you cannot work for an extended period due to a disabling illness or injury. Employees regularly scheduled to work 12+ hours/week are eligible to enroll. Employees who apply for LTD as a new hire are guaranteed to receive this coverage. Coverage is subject to medical approval (Evidence of Insurability) for late enrollees. Employees are strongly encouraged to sign up as new hires. If you elect LTD during open enrollment, coverage is effective July 1.

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

*\*Premiums are determined by salary, age, and PERA Defined Benefit (DB) Retirement Plan vesting status and are deducted from pay post-tax. View premiums at [dhr.colorado.gov/benefit-premium-rates](https://dhr.colorado.gov/benefit-premium-rates).*

### Important

Disability wage replacement benefits will be reduced if you are eligible to receive **Family and Medical Leave Insurance (FMLI)** program benefits. This reduction will occur if you are eligible, regardless if you apply and/or receive benefits. To maximize your wage replacement income, apply for both FMLI and disability benefits within 30 days of your date of injury or illness. If you are not eligible for FMLI benefits, reach out to your **benefits administrator**.





# Your Benefit Contacts

Coverage	Contact	Contact Information	Website
Enrollment & Eligibility	Agency Benefits Administrator	<a href="#">Benefits Administrator Contact List</a>	<a href="https://dhr.colorado.gov/state-employees/benefits">dhr.colorado.gov/state-employees/benefits</a>
Medical	Cigna	800-244-6224	<a href="https://mycigna.com">mycigna.com</a>
	Kaiser Permanente	KP COpilot: 888-413-0591 <a href="mailto:stateofcolorado@kp.org">stateofcolorado@kp.org</a>	<a href="https://kp.org">kp.org</a> <a href="https://my.kp.org/stateofcolorado">my.kp.org/stateofcolorado</a>
Pharmacy	MedImpact*	888-783-1774	<a href="https://medimpact.com">medimpact.com</a>
Primary Care Services	Marathon Health*	866-808-6005	<a href="https://clients.marathon.health/colorado">clients.marathon.health/colorado</a>
Healthcare Quality Rewards	Healthcare Bluebook*	800-341-0504	<a href="https://healthcarebluebook.com">healthcarebluebook.com</a>
Health Savings Account (HSA) & Flexible Spending Account (FSA)	WEX	866-451-3399 <a href="https://customer.wexinc.com/contact/benefits">customer.wexinc.com/contact/benefits</a>	<a href="https://wexinc.com/products/employee-benefits">wexinc.com/products/employee-benefits</a> Claims processing: <a href="https://benefitslogin.wexhealth.com">benefitslogin.wexhealth.com</a>
Dental	Delta Dental of Colorado	800-610-0201	<a href="https://deltadentalco.com">deltadentalco.com</a>
Vision	EyeMed	888-485-5174	<a href="https://eyemed.com">eyemed.com</a>
Wellness	State of Colorado	<a href="mailto:state_wellness@state.co.us">state_wellness@state.co.us</a>	<a href="https://dhr.colorado.gov/employee-wellness-program">dhr.colorado.gov/employee-wellness-program</a>
Employee Assistance Program	Colorado State Employee Assistance Program (CSEAP)	800-821-8154	<a href="https://cseap.colorado.gov">cseap.colorado.gov</a>
Life and AD&D	Securian Financial	833-810-8260	<a href="https://securian.com/soc-insurance">securian.com/soc-insurance</a>
Disability	Unum	866-679-3054	<a href="https://unum.com/employees/benefits/disability-insurance">unum.com/employees/benefits/disability-insurance</a>
Retirement	Public Employees' Retirement Association (PERA)**	800-759-7372	<a href="https://copera.org">copera.org</a>

\*Cigna members only.

\*\*Reach out to PERA for your retirement questions.

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

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# Helpful Terms & Definitions

## Balance Billing

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

## Coinsurance

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

## Copay

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

## Deductible

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

## Deductible (Aggregate)

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

## Deductible (Embedded)

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

## Emergency Room Care

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

## Employee Premium

Your employee premium is your portion of the cost of your plans and is deducted from your paycheck. Plans with lower premiums tend to have a higher deductible, coinsurance, and out-of-pocket maximum.

## In-Network Care

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

## Out-of-Network Care

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

## Out-of-Pocket Maximum

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

## Out-of-Pocket Maximum (Aggregate)

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

## Out-of-Pocket Maximum (Embedded)

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

## Post-Tax Premium

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

## Pre-Tax Premium

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

## Preventive Care

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

## Urgent Care

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

