

2024 CHEIBA TRUST



# Your CHEIBA Trust Benefits



An annual Open Enrollment period is announced each fall, in which eligible employees can make certain coverage changes. The enrollment window start and end dates vary by institution. The information in this booklet provides an overview of your 2024 benefits package to help you in making the choices that best meet your individual and family's needs – but it is up to you to take action.

In the end, it's your coverage. You have the power – take your health into your own hands through the selections available to you.

# Contents



If you require this information in a different format, or have specific requirements under ADA accessibility, contact your institution's Human Resources/Benefits Office.





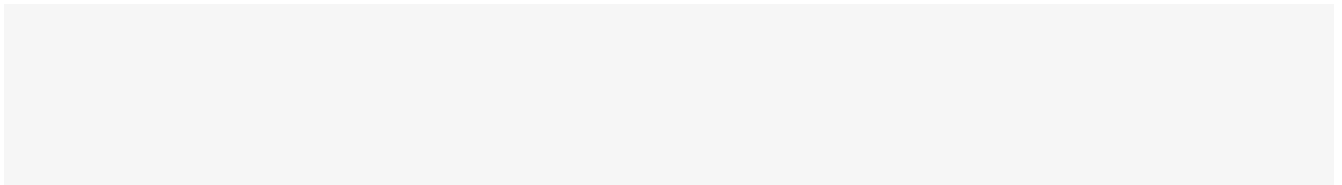


# Key Information

Investment  
Insurance  
Policy



+ Medical Insurance and



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- + If employees elect medical coverage, they will automatically be enrolled in dental coverage. However, if employees waive medical coverage, they are still able to enroll in dental and vision coverage.
- + If medical and dental coverage is waived, dependent coverage must also be waived.
- + If coverage is waived, eligible employees and their dependents may only enroll in coverage during the next open enrollment, or



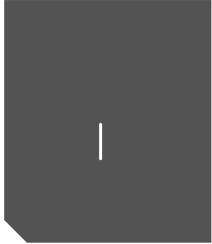
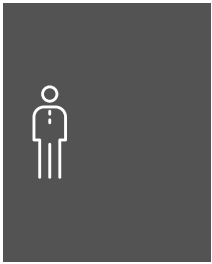




# Medical Insurance



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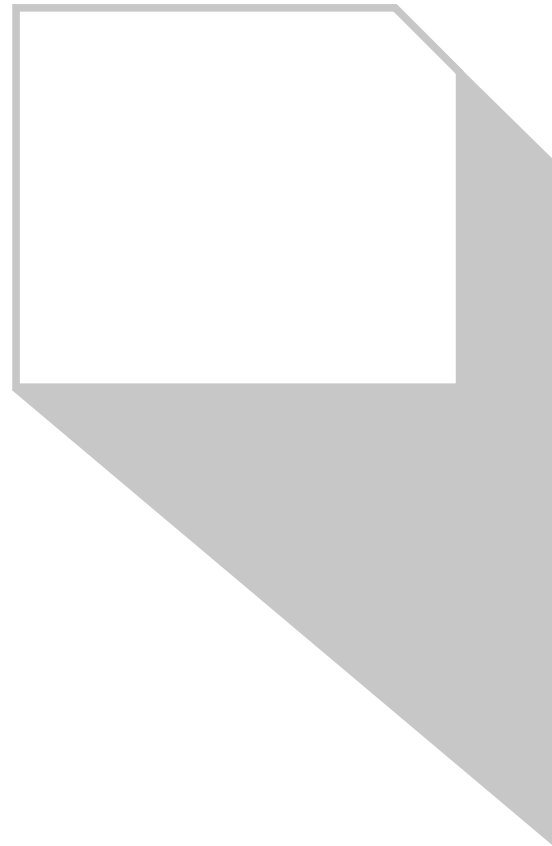




# Dental Insurance



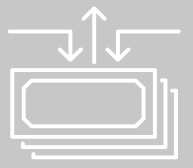






# Remote Health Options









# Health Savings Account

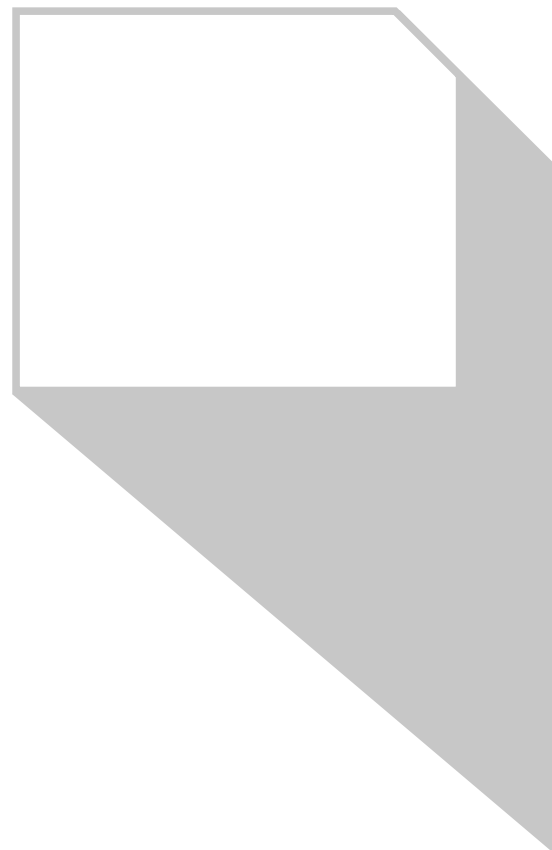


An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.



Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.

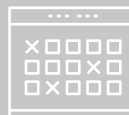












# Long-Term Disability Insurance



If you're sick or hurt and can't work, you are covered with Long-Term Disability (LTD) Insurance. You are eligible to receive two-thirds of your salary, up to \$7,000 a month, after you have been disabled for 90 days, so even during one of the hardest times of your life, you'll be able to support those you love.



LTD Benefit is the lesser of the following:

- + 66.66% of your pre-disability earnings to a maximum benefit of \$7,000 per month; or
- + 70% of your pre-disability earnings, reduced by deductible income (i.e., Social Security or PERA disability).

The benefit waiting period is 90 days. The minimum monthly payment is \$100. Cost-of-living adjustment (COLA) is included.

Some limitations may apply.



Contact Sun Life Financial Customer Service.

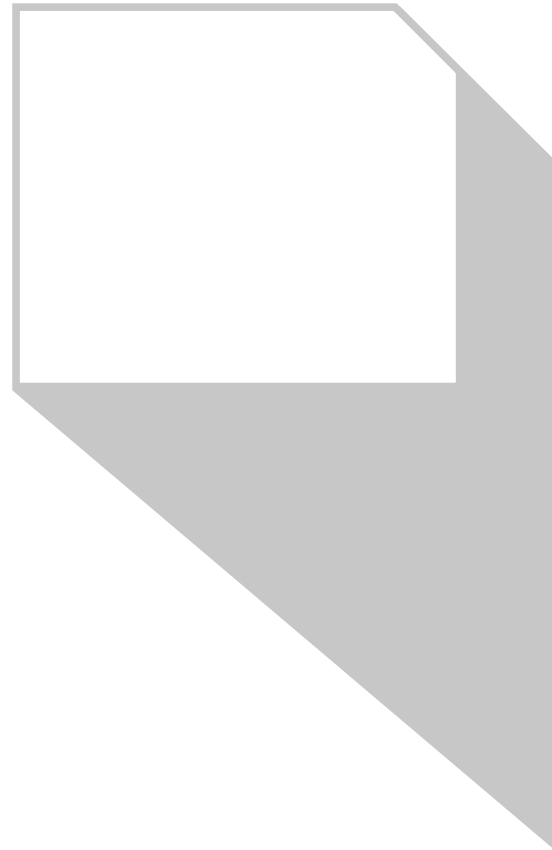






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# FAQs





What is the CHEIBA Trust?

The Colorado Higher Education Insurance Benefits Alliance Trust is a benefit purchasing consortium and trust. Each participating college shall designate one of its Employees to serve as a Trustee and member of the Trust Committee.

What is a copayment?

A copayment is a charge that must be paid at the time of service e.g. a visit to your doctor's office.

What is a coinsurance?

The portion of covered health care costs for which the covered person has a financial responsibility (usually a fixed percentage). Often coinsurance applies after first meeting a deductible requirement.

What is a deductible?

The amount of eligible expenses a covered person must pay each





### Patient Protections Disclosure

The CHEIBA Trust Medical Plans generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Anthem Blue Cross and Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Anthem Blue Cross and Blue Shield at [anthem.com/find-doctor](http://anthem.com/find-doctor).

### Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Human Resources Department.

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### Newborn's and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.healthcare.gov](http://www.healthcare.gov)

Alabama – Medicaid  
Website:<http://myalhipp.com/>  
Phone: 1-855-692-5447

Alaska – Medicaid  
The AK Health Insurance Premium  
Payment Program

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [bsa.opr@dol.gov](mailto:bsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

CHEIBA Trust is committed to the privacy of your health information. The administrators of the CHEIBA Trust (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources department.

## HIPAA Special Enrollment Rights

### Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the CHEIBA Trust (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



## Wellness Program Disclosures

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program







Your Rights and Protections Against Surprise  
Medical Bills

			
	Human Resources/ Benefits Office	208 Edgemont Blvd. Alamosa, CO 81101	719-587-7990
	Human Resources/ Benefits Office	Campus Box C, PO Box 173361 1201 5th Street, #370 Denver, CO 80217-3361	303-556-3384
	Human Resources/ Benefits Office	1500 Illinois Street Golden, CO 80401	303-273-3052
	Human Resources/ Benefits Office	2200 Bonforte Boulevard Pueblo, CO 81001	719-549-2441
	Human Resources/ Benefits Office	1000 Rim Drive Durango, CO 81301-3999	970-247-7428
	Human Resources/ Benefits Office	Campus Box 47, PO Box 173362 Student Success Building 890 Auraria Parkway, Suite 310 Denver, CO 80217-3362	303-615-0999
	Human Resources/ Benefits Office	Carter Hall, Rm. 2002 Campus Box 54 Greeley, CO 80639	970-351-2718
	Human Resources/ Benefits Office	600 N. Adams Street Taylor Hall, Room 321 Gunnison, CO 81231	970-943-3140