Benefits under the CHEIBA Trust Plans are available to Eligible Employees and Dependents of the State colleges, universities and institutions of higher education who participate in the CHEIBA Trust.

**Employee**

“Employee” definition will be defined by each of the State colleges, universities and institutions who participate in the CHEIBA Trust. Please see the Eligibility document for your campus/institution. Eligible Employees on an authorized leave of absence not to exceed a 24-consecutive month period, including Employees on sabbatical and summer break, may be included as Eligible Employees until the Employer notifies the insurance company of termination of eligibility.

**Dependent**

A. "Dependent" means an Employee's (a) legal spouse; (b) partner in a civil union pursuant to CRS §14-15-101, et seq.; and (c) an Employee’s married or unmarried child or children until the end of the month of their 26th birthday. Dependents must also satisfy the requirements of the Internal Revenue Code to qualify as tax dependents of the Employee for life insurance purposes and satisfy the eligibility requirements for coverage under a Benefit Plan. A Dependent shall also include any dependent which is required by State insurance law to be covered or offered coverage under any insurance contract issued to the Trust for a Benefit Plan.

B. For the purposes of paragraphs A above, the term “child” or “children” shall include a natural or biological child, child of a partner in a civil union, step-child, legally adopted child, child under legal guardianship, child or children of any age who are medically certified by a physician as disabled, and a child for whom the Employee is required to provide health benefits pursuant to a court order or qualified medical child support order, provided however, the term “child” or “children” shall not include the grandchild or grandchildren of the Employee.

C. For the purposes of an Anthem certificate of insurance evidencing medical, dental and voluntary life coverage, any reference to the term "spouse" shall also include a partner in a civil union.

**Civil Union Benefits**

Pursuant to the Colorado Civil Union Act, CRS §14-15-101, et seq., the CHEIBA Trust modified the definition of "Dependent" to include partners in a civil union of covered Employees effective as of January 1, 2014. A Civil Union is a relationship established by two eligible persons pursuant to CRS §14-15-103(1) that entitles them to receive the benefits and protections and be subject to the responsibilities of spouses. This means that Civil Union Partners are eligible for group medical, dental, voluntary vision, voluntary life and voluntary accidental death and dismemberment benefits offered by the CHEIBA Trust Members.

- **Eligibility for Coverage**
  Civil Union Partners and their eligible dependents will be eligible for medical, dental, term life, voluntary vision, voluntary life and voluntary accidental death and dismemberment insurance in the same manner as for an Employee’s spouse and other dependent children.

- **Enrollment Procedure**
  Enrolling a Civil Union Partner is subject to the same limitations that apply to a spouse or child. Enrollment is limited to:
  - within 31 days of being hired into a benefits eligible appointed position, or
  - during an annual Open Enrollment period for benefits effective the following January 1st, or
  - within 31 days of all qualified IRS-defined change of status (e.g., birth/adoption of a child or loss of a partner’s coverage through his or her employer), or
  - within 31 days of the issuance of a valid civil union certificate.

To enroll, the Employee must present the civil union certificate to your Human Resources/Benefits Office.
- Dissolution, Legal Separation and Invalidity of Civil Unions
  In accordance with CRS §14-15-115(2), the dissolution, legal separation and invalidity of civil unions shall follow the same procedures as the dissolution, legal separation and invalidity of marriages.

- Flex Plans
  If the Civil Union Partner and his/her children are the Employee’s tax dependents for medical and dental plan purposes, and the Employee has completed a Certification of Tax-Qualified Dependents, then the Employee may receive reimbursements of their expenses from the Employee’s flexible spending account. However, if the Civil Union Partner and his/her children are not the Employee’s tax dependents, their expenses are not eligible for reimbursement from the Employee's flexible spending account.

Benefits relating to the Civil Union Partner and his/her children under dependent care spending accounts will depend on how the Civil Union Partner and/or his or her children fit within the guidelines established by the tax code for these benefits.

- COBRA
  While continuation of medical, dental and voluntary vision coverage is not required under federal COBRA laws, such coverage is allowed under the same terms that would apply to an Employee's spouse and children. A Civil Union Partner and/or children of the Civil Union Partner enrolled in medical, dental and voluntary vision plans have 60 days from the date that eligibility for coverage ends to enroll in COBRA coverage.

- Tax Effect
  IRS regulations require the employer to tax the Employee for the excess of the fair market value of coverage provided to the Civil Union Partner and his/her children over the amount the Employee pays, if any, for the coverage. In general, an Employee’s premiums for coverage of a Civil Union Partner or dependent of a Civil Union Partner are paid on an after-tax basis. There is an exception to this rule if the Civil Union Partner and his/her children are tax dependents for medical, dental and term life plan purposes. Please review the document titled, "Important Tax Information for Partners in a Civil Union – Medical, Dental and Term Life Benefits", and complete the Certification of Tax-Qualified Dependents, if appropriate.

### Required Dependent Eligibility Documentation

<table>
<thead>
<tr>
<th>Category</th>
<th>Documentation Details</th>
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</table>
| Legal Spouse      | • Registered copy of marriage certificate  
                   AND  
                   • A document dated within the last 60 days showing current relationship status, such as a monthly or quarterly household bill or statement of account. The document must list your spouse’s name, the date and your mailing address OR the first page and signature page of your most recent federal tax return. |
| Common-Law Spouse | • Common-law marriage affidavit  
                   AND  
                   • A document dated within the last 60 days showing current relationship status, such as a monthly or quarterly household bill or statement of account. The document must list your spouse’s name, the date and your mailing address. |
| Civil Union       | • Registered copy of civil union certificate.  
                   AND  
                   • A document dated within the last 60 days showing current relationship status, such as a monthly or quarterly household bill or statement of account. The document must list your partner’s name, the date and your mailing address. |
| Children          | • The child’s birth or adoption certificate, naming you or your spouse as the child’s parent, or appropriate custody or allocation of parental responsibility documents naming you or your spouse as the responsible party to provide insurance for the child.  
                   • Newborns – The registered birth certificate must be provided within 31 days of birth. Social Security number must be provided within 90 days of birth. |
The eligibility documentation must be provided within the following timeframes:

- Within 31 days of benefits eligibility, or
- During the annual Open Enrollment period as scheduled by the member institutions for benefit changes effective the following January 1st, or
- Within 31 days of all changes related to IRS-defined change of status

The employee must provide a certified and notarized translation of any documents presented which are in a foreign language.

**Participant**

“Participant” means an Eligible Employee, Dependent or Beneficiary who satisfies the requirements for participating in any Benefit Plan offered under the Trust, and includes any former Employee, former Dependent, qualified Beneficiary whose coverage under any Benefits Plan is continued or extended in accordance with the provisions of the Benefit Plan and Trust.

**Enrollment**

Eligible Employees must complete and file an enrollment application within 31 days of their first day of employment and authorize payroll deductions for the coverage elected. For eligibility, please contact your Human Resources/Benefits Office. Eligible Employees may waive medical and dental coverage if they submit evidence of coverage under another group health plan and submit a signed waiver form during initial or annual enrollment. If coverage under the Medical and Dental Benefits Plans is waived, Dependent coverage must also be waived. If coverage is waived, Eligible Employees and their Dependents may enroll in coverage under a Benefits Plan only during the next annual open enrollment or within 31 days of a qualifying event under IRC section 9801. Individual or family coverage through the Health Insurance Marketplace is not group health insurance and does not qualify for a waiver of medical and dental coverage.

**Premium Payments**

To assist in reducing your insurance premium costs, your share of medical, dental and vision insurance premiums may be paid with pre-tax dollars under the CHEIBA Section 125 Plan. For Premium Payments involving Civil Union Partners and the children of Civil Union Partners, please review the document titled, “Important Tax Information for Partners in a Civil Union – Medical, Dental and Term Life Benefits”.

**PERA Participants**

If you are a Participant in PERA and are within three years of retirement, you may want to elect to pay your premiums with after-tax dollars to ensure your highest possible PERA benefit in retirement. PERA retirement benefits are based on your highest average salary. Please contact your Human Resources/Benefits Office for additional information.

**Default Medical and Dental Coverage**

If an Eligible Employee does not complete and file an enrollment application or waiver form within 31 days of the first day of employment, the Employee will automatically be enrolled in the medical benefits Blue Priority (PPO) Plan option and Anthem Blue Dental PPO Plus plan. Contributions will be deducted from the Employee’s payroll on an after-tax basis as a condition of employment if the Employer requires Employee contributions. Changes to default coverage are only permitted during the annual open enrollment and within 31 days of a qualifying status change.

**Annual Open Enrollment**

Each fall the CHEIBA Trust and the CHEIBA Trust Members announce an annual open enrollment period, during which time Eligible Employees may make certain coverage changes. During open enrollment, Employees may add or delete Eligible Dependents from coverage under the Plan. Employees and qualified beneficiaries may add dependents only during open enrollment or during “special enrollment and qualifying status changes” described later in this summary.
CHANGING ELECTIONS DURING THE PLAN YEAR

After your institution’s annual open enrollment period is closed, you may change your benefits election during the Plan Year only after a qualifying status change. Within 31 days of a qualifying status change, you must submit a written request to your Human Resources/Benefits Office specifying the change you are seeking. Upon approval of the change by your Human Resources/Benefits Office, the election change is then completed by you on a new Employee Election Form. This approved election change will continue until another eligible event occurs or until you change your election during the next annual open enrollment period.

Eligible Events that May Allow Election Changes

All changes requested after open enrollment must be approved by the Human Resources/Benefits Office. Requested changes must be on account of and corresponding with a qualifying status change that affects eligibility for coverage under an employer’s plan. Employee’s transferring from one CHEIBA Trust institution to another may or may not be eligible for a plan change. See your Human Resources/Benefits Office for more details if you believe this applies to you.

Election changes must be requested within 31 days of the qualifying status change event. Changes allowed under federal regulations must fit within one of these categories: HIPAA, FMLA, COBRA or Qualifying Status Change (see the following definitions).

- Health Insurance Portability and Accountability Act (HIPAA)
  Special enrollment provisions may allow you to enroll or add Dependents during the Plan Year. This option applies only to insurance coverage changes. Special enrollment is only permitted if you properly waive coverage because you have other coverage and your other coverage involuntarily terminates. Special enrollment is also permitted when an Employee who was previously not enrolled marries or has a new child. You must request special enrollment in writing within 31 days of the event.  
  
  NOTE: A newborn child born to the Subscriber or Subscriber’s Spouse is covered under the Subscriber’s coverage for the first 31 days after birth. To continue the newborn child’s participation in the coverage beyond the 31-day period after the newborn child’s birth, the Subscriber must complete and submit an Enrollment Application and Change Form within 31 days after the birth of the child to add the newborn child as a Dependent child to the Subscriber’s policy.

- Terminating Coverage
  When you or a covered Dependent terminates coverage under the medical plan, you may request that the medical plan send you a certificate of coverage that identifies the length of coverage under the plan. The HIPAA Certificate of Coverage may be needed for you to enroll in another medical plan. If you are eligible for Medicare and did not enroll in the Medicare drug card program, Medicare Part D, during the initial open enrollment in October 2016, you are also entitled to a notice of creditable prescription drug coverage. You will need this notice to later enroll in Medicare Part D without penalty.

- Protected Health Information
  The CHEIBA Trust will not use or further disclose Protected Health Information (PHI) in a manner that would violate the requirements of state or federal law or regulation. The CHEIBA Trust and the CHEIBA Trust Members will use PHI to the extent of and in accordance with the uses and disclosures permitted by HIPAA.
**Benefit Eligibility Changes**

- **Qualifying Status Changes**
  You are only allowed to change your election during a Plan Year, if certain life changes occur. Any approved election change must be *on account of and corresponding with* a qualifying change in status that affects eligibility for coverage under an employer’s plan.

<table>
<thead>
<tr>
<th>Eligible changes listed under IRS regulations include the following status changes:</th>
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<tbody>
<tr>
<td>✓ change in Employee’s marital status; marriage, divorce, annulment, legal separation or death of a spouse;</td>
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<tr>
<td>✓ change in number of tax-eligible Dependents; birth, adoption, placement for adoption, court ordered change in legal custody status or Qualified Medical Child Support Order (QMCSO) or death of a Dependent;</td>
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<tr>
<td>✓ change in employment status: transition from full-time to part-time, part-time to full-time, strike or lockout, affecting an Employee, Employee’s spouse or Eligible Dependent;</td>
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<tr>
<td>✓ commencement of/or return from an unpaid leave of absence Family Medical Leave Act (FMLA) or other approved unpaid leave of absence by an Employee, Employee’s spouse or Eligible Dependent;</td>
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<tr>
<td>✓ commencement or termination of employment by an Employee, Employee’s spouse or Eligible Dependent;</td>
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<tr>
<td>✓ attainment or loss of Dependent eligibility as defined by the Plan, i.e., exceeding the Plan’s established age limitations or eligibility for coverage under another health plan would all qualify as an eligible change in status events;</td>
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<td>✓ entitlement to/or loss of Medicaid or Medicare coverage by an Employee, Employee’s spouse or Eligible Dependent;</td>
</tr>
<tr>
<td>✓ residence and/or worksite change: a required change in place of residence and/or work site of an Employee, Employee’s spouse or Eligible Dependent, i.e., a move outside a health plan’s service area would qualify as a change in status event;</td>
</tr>
<tr>
<td>✓ an Employee may revoke his/her election or make a prospective election change during the Plan Year if the change corresponds with an open enrollment period change made by the Employee’s spouse or Eligible Dependent, provided that the election change is consistent with the changes under the group plan; or</td>
</tr>
<tr>
<td>✓ significant change in available benefits and/or their costs, i.e., if a fully insured health plan imposed a change in benefit coverage levels or increases premiums substantially, this would qualify as a change in status event. <em>NOTE:</em> This does not allow election changes in the Health Care Spending Account.</td>
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<tr>
<td>✓ Other eligible changes include the establishment of a civil union and the termination or dissolution of the civil union.</td>
</tr>
</tbody>
</table>

**NOTE:** See your Human Resources/Benefits Office to request a change during the Plan Year and to help you determine if an election change is allowed based on your individual situation.
**TERMINATION OF ELIGIBILITY**

Eligibility to participate in the Benefit Plans under the Trust shall terminate on the earliest of the following dates:

- The last day of the month in which an Employee terminates employment for any reason including death and retirement or the last day of the month following the month in which an Employee terminates employment for any reason including death and retirement,
- The last day of the month in which an Employee ceases to satisfy the definition of an Eligible Employee either because of a change in status or a reduction in the scheduled work hours per week falls below the minimum number of hours required for coverage under the Trust,
- The last day of the month for which contributions are paid in a timely manner,
- The date the Trust or any Benefit Plan under the Trust is terminated or amended to terminate benefits for any class of Participants,
- The effective date an Employee elects to waive coverage under any Benefit Plan,
- The date a Participant enters the armed forces of any country on active full-time duty,
- The date any certificate of insurance coverage issued under any Benefit Plan is terminated or amended to terminate coverage for any Participant, or
- The date a Participant falsifies or misuses documents or information relating to coverage or services under any Benefit Plan or any certificate.

Dependent coverage terminates 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 a Dependent under the Trust, any Benefit Plan under the Trust or any certificate of insurance coverage,
- The last day of the month a Dependent child turns age 26.

**Leaves of Absence**

Coverage under the Plan may continue for certain Employees on an Approved Leave of Absence, including but not limited to:

- Short Term Disability/Long Term Disability
- Workers Compensation Leave
- Family and Medical Leave Act
- Sabbatical
- Military Leave under the “Uniformed Services Employment and Reemployment Rights Act”