

Denver Police Department

Retiree Benefits Guide



Effective
January 1, 2017 - December 31, 2017

Department of Public Safety | Denver Police Department

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2017 Retiree Benefits Guide

Retiree Benefits Overview

This benefits guide provides a comprehensive overview of eligibility, the election period and costs. In addition, this guide offers descriptions and detailed explanations of each medical, dental and vision plan.

We encourage you to carefully consider all aspects of these plans, including their premiums, accessibility to health care services, flexibility and restrictions. Ultimately, it is up to you to determine the benefits that best suit the needs of you and your family.

2017 Benefits Changes

Below is a list of key changes for 2017:

- Premiums for medical plans have increased
- The City will replace the current vision plan with Humana Vision Care

2016 Open Enrollment Information

Retiree Open Enrollment is from **Saturday, October 1 to Friday, November 4, 2016**

- **All changes to your elections must be submitted via an enrollment form to the Department of Public Safety Human Resources Division (Safety HRD), (1331 Cherokee Street #408, Denver, CO 80204) by Friday, November 4, 2016. No changes can be made to your enrollment status after this date unless you have a qualifying change in family status**
- Any changes or new enrollments will be effective **Sunday, January 1, 2017 - Sunday, December 31, 2017**

What You Need to Do

- **Read** this benefits guide carefully
- **Attend** the Annual Open Enrollment Benefits Fair, if you wish, to obtain important information about your benefits.
- **Submit** your completed enrollment form(s) to the Safety HRD within 30 days of retirement, or by **Friday, November 4, 2016**
- If you are newly enrolled in UHC Navigate, you must choose a Primary Care Physician (PCP). In order to see the doctor of your choice, email ccdnavigate@uhc.com with your PCP's 11 digit Provider ID. You can find the Provider ID by going to <https://www.myuhc.com/member/prewelcome.do>, clicking "Find Physician, Laboratory or Facility" and then selecting the "UnitedHealthcare Navigate/Navigate Balanced" plan and searching for your PCP

Available Resources

The following resources are available to assist you in the enrollment process:

1. Provider websites and Toll Free Numbers – each carrier website contains valuable information regarding the benefit plan and an up-to-date list of participating providers. Refer to Page 21 for additional information.
2. If you have questions regarding a Fire and Police Pension Association (FPPA) sponsored plan, please contact the FPPA at 1-800-332-3772 or 303-770-3772 or www.fppaco.org.
3. For general enrollment questions, please contact the Safety HRD at 720-913-6741.

Your Benefit Choices

The Denver Police Department offers the following benefits to Retired Police Officers:

- Medical Plans –
 - Under 65: Denver Health Medical Plan (DHMP), Kaiser Permanente (Kaiser) and UnitedHealthcare will continue to offer a deductible HMO/Choice Co-Pay plan and a high deductible health plan (HDHP)
 - Over 65: Kaiser Senior Advantage, UHC Medicare Advantage and UHC Senior Supplement
- Dental Plan – Delta Dental
- Vision Plan – Humana Vision Care

Eligible Dependents

Eligible dependents include the following:

- Your spouse, if not legally separated (including those defined as common law, and same-sex legally married)
- Your Colorado state civil union spouse
- Your same gender spousal equivalent (pre-tax or after-tax depending on marriage status)
- Children under the age of 26, yours or your spouse's
- Dependent children of any age who are handicapped and totally disabled (verification form required)
- Children under your legal guardianship

Dependent documentation is required for newly enrolled dependents. Supporting documentation must also be provided as proof of any life event change.

Choosing a Coverage Level

You may elect different coverage levels under the medical, dental, and/or vision plan(s). For example, you may elect Retiree only coverage under the medical plan and family coverage under the dental plan. This flexibility allows you to best meet your needs. The coverage levels are as follows:

- Retiree only
- Retiree + Spouse
- Retiree + Children
- Retiree + Family or
- Waive (cannot re-enroll without a qualified status change)

Examples of qualifying Change in Family Status events

- Marriage
- Legal separation or divorce
- Death
- Birth or adoption
- Change in your spouse's employment or health benefits
- New Common Law/Domestic Partner Relationship

If you experience a Change in Family Status

1. You must notify the Safety HRD within 30 days of the status change in order to add or delete a dependent or make other changes.
2. Supporting documentation is required.
3. **If you miss the 30 day window, you cannot make changes until the next Annual Enrollment period.**

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, you'll have to pay a penalty of \$695 per adult and \$347.50 per child, or 2.5% of your income (whichever is greater). Beginning in 2017, the penalties will increase by the cost-of-living adjustment. Some people may qualify for an exemption to this fee.

The Denver Police Department medical plans meet all the health reform law requirements to satisfy the individual mandate. If you are covered by any of the following in 2017, you will meet the individual mandate requirements: a Denver Police Department medical plan, 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. Learn more about the health reform law requirements at www.healthcare.gov.

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Basic Benefit Definitions

Coinsurance

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible. When your annual deductible is met, the provider then shares the cost of your service with you. For example, if your coinsurance is 20% for a procedure, you will pay 20% of the full cost for that service and the provider pays the remaining 80% of the full cost, after you have met your annual deductible. **All your coinsurance payments count towards your out-of-pocket maximum.**

Co-pays

Co-payments or co-pays, as they are commonly called, are a preset dollar amount you are expected to pay for office visits, medical procedures or prescription drugs under your insurance plan. **All co-pays count towards your out-of-pocket maximum. Co-pays do not count towards your deductible.**

Deductible

A deductible is the amount you pay out of pocket before your insurance pays. The deductible is within a calendar year and once you have met that dollar amount, you have met the requirement for the year. For example, if you have a deductible of \$500, you are required to pay that amount before the insurance begins to pay their percentage of the costs. **All deductibles count towards your out-of-pocket maximum.**

Health Savings Account (HSA)

A HSA is a personal health care savings account that an employee can use to pay out-of-pocket health care expenses with pre-tax dollars. Their contributions are tax free, and the money remains in the account for the employee spend on eligible expenses no matter where they work or how long it stays in the account.

High Deductible Health Plan (HDHP)

HDHP plans have no copays for service (with the exception of pharmacy services); instead members are responsible for paying for all non-preventive costs to a preset deductible. Preventive care is always covered at 100%. Once the deductible is met, members pay a percentage of the remaining costs, called coinsurance. After you meet your deductible, you pay coinsurance until you meet your out-of-pocket maximum (OPM). You will not have copays at the time of service (with the exception of pharmacy services); however, you will receive an explanation of benefits (EOB) from the provider within a couple of months for services rendered. You are responsible for paying the member amount owed.

Out-of-pocket Maximum (OPM)

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including co-pays, deductibles and coinsurance) throughout the plan year. These annual caps are set for a single person and for a family. **Once the out-of-pocket maximum is met, the insurance will cover at 100% and you are no longer required to pay for any medical expenses.**

Per Occurrence Deductible

A per occurrence deductible is a fee charged by Denver Health for each individual inpatient or outpatient hospital service. (Denver Health DHMO plan only) **All per occurrence deductibles count towards your out-of-pocket maximum.**

Explanation of Benefits (EOB)

A tracking document for each date of service outlining deductible status and out-of-pocket tracking per covered member.

Under 65 Medical Plans Overview

You can select medical coverage from three different providers: Denver Health Medical Plan (DHMP), Kaiser Permanente (Kaiser) and UnitedHealthcare (UHC). Each of the providers offers two distinct types of medical plans:

- HDHP – Deductible/Coinsurance/Out-of-Pocket Maximum plans
- DHMO – Copay/Deductible/Coinsurance plans

The main difference between an HDHP and DHMO is how and when you pay for your health care.

High Deductible Health Plan (HDHP)

With an high-deductible health plan HDHP, your monthly contribution from your check will be lower, but you will have deductibles (the amount you pay before the medical plan pays for services) and coinsurance (the portion of medical services that you share with the insurance company).

If you enroll in one of the HDHP plans, you are eligible to open and fund a health savings account (HSA). A HSA is a savings account to help you pay for your medical expenses.

Deductible HMO (DHMO)

DHMO plans include copays, deductibles and coinsurance for some services. Depending on the service received, you may have to meet your deductible and pay coinsurance costs after the service.

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Under 65 Medical Plans

Denver Health Medical Plans (DHMP)

Denver Health has contracted with University of Colorado Hospital and Children's Hospital Colorado. Services received at these facilities (or by a contracted provider) will be covered at the same level as other in-network services.

Denver Health has also contracted with Cofinity, a nationwide provider network. Services received by a Cofinity provider or at a Cofinity facility are covered under the Cofinity tier (see table above for Cofinity tier benefit details).

Services provided by a non-contracted provider or at a non-contracted facility are not covered (except in the case of a medical emergency).

Summary of Covered Benefits	DHMP HDHP		DHMP DHMO	
	In-Network	Cofinity Network	In-Network	Cofinity Network
Plan Year Deductible Individual/Family	\$1350/\$2700	\$1350/\$2700	\$500/\$1500	\$750/\$1750
Out-of-Pocket Max Includes deductible, coinsurance and copays Individual/Family	\$2700/\$5400	\$2700/\$5400	\$3000/\$6000	\$3000/\$6000
Lifetime Maximum	None	None	None	None
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prescription Drugs Generic/ Formulary/ Non-formulary	See plan summary for details, costs vary by pharmacy location and Rx tier. (Prescriptions must be written by a Denver Health provider in order to be filled by a Denver Health Pharmacy.)			

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Summary of Covered Benefits	DHMP HDHP		DHMP DHMO	
	In-Network	Cofinity Network	In-Network	Cofinity Network
Physician Services				
Primary Care	Plan pays 90% after deductible	Plan pays 80% after deductible	\$25 copay	\$30 copay
Specialist	Plan pays 90% after deductible	Plan pays 80% after deductible	\$50 copay Additional services will require co-payment or deductible and coinsurance	\$50 copay Additional services will require co-payment or deductible and coinsurance
Urgent Care	Plan pays 90% after deductible	Plan pays 90% after deductible	\$75 copay (Deductible and coinsurance do not apply)	\$75 copay (Deductible and coinsurance do not apply)
Mental Health Care				
Outpatient	Plan pays 90% after deductible	Plan pays 80% after deductible	\$50 copay	\$50 copay
Inpatient	Plan pays 90% after deductible*	Plan pays 80% after deductible*	Plan pays 80% after per occurrence deductible of \$150 and annual deductible have been met*	Plan pays 70% after per occurrence deductible of \$150 and annual deductible have been met*
Hospital Services				
Inpatient/Outpatient	Plan pays 90% after deductible*	Plan pays 80% after deductible*	Plan pays 80% after per occurrence copay of \$150 and annual deductible are met*	Plan pays 70% after per occurrence copay of \$150 and annual deductible are met*
Lab/X-ray				
Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible for labs, X-ray and CT, \$150 copay per visit for MRI and PET scans	Plan pays 70% after deductible for labs, X-ray and CT, \$200 copay per visit for MRI and PET scans
Emergency Room	Plan pays 90% after deductible	Plan pays 90% after deductible	\$300 copay (Deductible and coinsurance do not apply)	\$300 copay (Deductible and coinsurance do not apply)

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Summary of Covered Benefits	DHMP HDHP		DHMP DHMO	
	In-Network	Cofinity Network	In-Network	Cofinity Network
Prenatal and Postnatal Care	Plan pays 90% after deductible	Plan pays 80% after deductible	No charge	No charge
Delivery and all Inpatient Services	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after per occurrence deductible of \$150 and annual deductible have been met	Plan pays 70% after per occurrence deductible of \$150 and annual deductible have been met
Skilled Nursing Facility	Plan pays 90% after deductible; Maximum benefit is 100 days per calendar year*	Plan pays 80% after deductible; Maximum benefit is 100 days per calendar year*	Plan pays 80% after deductible; Maximum benefit is 60 days per calendar year*	Plan pays 70% after deductible; Maximum benefit is 60 days per calendar year*
Hospice Care	Plan pays 90% after deductible*	Plan pays 80% after deductible*	Plan pays 80% after deductible*	Plan pays 70% after deductible*
Home Health Care	Plan pays 90% after deductible for prescribed medically necessary skilled home health services*	Plan pays 80% after deductible*	Plan pays 80% after deductible; Maximum benefit is 60 days per calendar year*	Plan pays 70% after deductible; Maximum benefit is 60 days per calendar year*
Durable Medical Equipment	Plan pays 90% after deductible; Maximum benefit is \$2000 per calendar year*	Plan pays 80% after deductible; Maximum benefit is \$2000 per calendar year*	Plan pays 80% after deductible; Maximum benefit is \$2500 per calendar year	Plan pays 70% after deductible; Maximum benefit is \$2500 per calendar year
Chiropractic Care	Plan pays 90% after deductible; Maximum 20 visits per calendar year; Services must be provided by Columbine Chiropractic	Plan pays 90% after deductible; Maximum 20 visits per calendar year; Services must be provided by Columbine Chiropractic	\$50 copay; Maximum 20 visits per calendar year; Services must be provided by Columbine Chiropractic	\$50 copay; Maximum 20 visits per calendar year; Services must be provided by Columbine Chiropractic
Vision Care	Not Covered	Not Covered	\$25 copay; 1 Exam every 24 months	\$35 copay; 1 Exam every 24 months

*Prior authorization required

After Hours Care Options

Options for when you are sick and need care today:

- Call NurseLine Advice 303.739.1211
- DispatchHealth will come to you. DispatchHealth is our on-demand health care provider that can treat a range of injuries and illnesses in the comfort of your home. Download the free app or call 303.500.1518.
- Visit a Walgreens Healthcare Clinic or a King Soopers Little Clinic. These clinics are a good option if you have a sore throat, sinus infection or the flu.
- Visit an Urgent Care center that is convenient for you. You are covered anywhere in the U.S.
- Emergency Room. If you need emergency care, go to the nearest hospital or call 9-1-1. You are covered at any Emergency Room for emergency care at any time.

To learn more about DHMP, visit www.denverhealthmedicalplan.org or call Member Services at 303-602-2100.

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Kaiser Permanente Plans (Kaiser)

Choose the Right Doctor For You

If you enroll in the Kaiser Permanente HDHP or DHMO, you must select a primary care physician who is responsible for overseeing your health care. Kaiser Permanente medical offices are located across the Denver/Boulder area, making it easy to find a doctor who is close to your home or workplace. Most Kaiser medical offices house primary care, laboratory, X-ray and pharmacy services under one roof, which means you can visit your physician and manage many of your other needs in a single trip.

The Kaiser plans provide in-network coverage only (except in the case of a medical emergency).

Call the Appointment and Advice Line

If you have an illness or injury and you're not sure what kind of care you need, Kaiser advice nurses can help. They can assess your situation and direct you to the appropriate facility, or even help you handle the problem at home until your next appointment. For advice, call 303.338.4545 24 hours a day, seven days a week. For appointment services, call Monday through Friday from 7:00 a.m. - 6:00 p.m.

Summary of Covered Benefits	KAISER HDHP		KAISER DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1350/\$2700	Not Covered	\$500/\$1500	Not Covered
Out-of-Pocket Max Includes deductible, coinsurance and copays Individual/Family	\$2700/\$5400	Not Covered	\$3000/\$6000	Not Covered
Lifetime Maximum	None	N/A	None	N/A
Preventive Care	Plan pays 100%	Not Covered	Plan Pays 100%	Not Covered
Prescription Drugs				
Generic	\$10 copay after deductible	Not Covered	\$20 copay	Not Covered
Formulary	\$35 copay after deductible	Not Covered	\$40 copay	Not Covered
Non-formulary	\$60 copay after deductible	Not Covered	\$60 copay	Not Covered

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Summary of Covered Benefits	KAISER HDHP		KAISER DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Services				
Primary Care	Plan pays 80% after deductible	Not Covered	\$30 copay**	Not Covered
Specialist	Plan pays 80% after deductible	Not Covered	\$50 copay**	Not Covered
Urgent Care	Plan pays 80% after deductible	Urgent Services only when authorized	\$75 copay**	Urgent Services only when authorized
Mental Health Care				
Outpatient	Plan pays 80% after deductible	Not Covered	\$30 copay	Not Covered
Inpatient	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Hospital Services				
Inpatient/Outpatient	Plan pays 80% after deductible	Urgent/Emergency Services only when authorized	Plan pays 80% after deductible	Urgent/Emergency Services only when authorized
Lab/X-ray				
Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 80% after deductible	Not Covered	Labs are no charge. Plan pays 80% after deductible for X-ray and MRI, CT/PET scans	Not Covered
Emergency Room	Plan pays 80% after deductible	Emergency Services only when authorized	\$200 copay	Emergency Services only when authorized
Prenatal and Postnatal Care	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Delivery and all Inpatient Services	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Skilled Nursing Facility	Plan pays 80% after deductible for a maximum of 100 calendar days	Not Covered	Plan pays 80% after deductible for a maximum of 100 calendar days per year	Not Covered
Hospice Care	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered

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Summary of Covered Benefits	KAISER HDHP		KAISER DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care	Plan pays 80% after deductible; coverage is limited to less than 8 hours per day and 28 hours per week	Not Covered	Plan pays 80% after deductible; coverage is limited to less than 8 hours per day and 28 hours per week	Not Covered
Durable Medical Equipment	Plan pays 80% after deductible; coverage is limited to items on our DME formulary; prosthetic arms and legs not to exceed 20% coinsurance	Not Covered	Plan pays 80% after deductible coverage is limited to items on our DME formulary; prosthetic arms and legs not to exceed 20% coinsurance	Not Covered
Chiropractic Care	Plan pays 80% after deductible; Maximum 20 visits per calendar year	Not Covered	\$30 copay; Limit 20 visits per calendar year	Not Covered
Vision Care	Plan pays 80% after deductible; hardware is not covered	Not Covered	\$30 copay; hardware is not covered	Not Covered

*Prior authorization required

** (20% coinsurance after deductible for covered services received during a visit)

E-Visits Now Available

Manage your health online with the new e-visit secure feature of My Health Manager.

E-Visits – new online medical consultations

If you have a non-urgent medical condition at any time 24/7 and you're not sure what kind of care you need, an e-visit may be a good option for you. An e-visit is an online medical consultation with a Kaiser Permanente Advice Call Center Registered Nurse that's available at no cost for select medical conditions like nausea/vomiting, pink eye, female UTI, sinus, constipation, diarrhea, and more.

Complete an E-Visit

- Log on to kp.org. Then, go to My Health Manager and then the Appointment Center
- From there, choose the appropriate medical condition that best describes your symptoms
- Complete and submit the series of questions
 - An Advice Call Center Registered Nurse will respond within four hours of receiving your questionnaire. For your safety, some answers during your e-visit may prompt you to call the Appointment and Advice Call Center directly in order to expedite your care. If this happens, call the Appointment and Advice Call Center for medical advice immediately, at 303-338-4545 or 1.800.218.1059 (TTY for the deaf, hard of hearing, or speech impaired: 711)
 - Not registered for kp.org yet?
 - Go to kp.org/registernow and follow the prompts. Once registered you'll be able to e-mail your doctor's office, complete an e-visit, pay medical bills, view lab results, and more!

To learn more about Kaiser and their facilities, go to <http://my.kp.org/denvergov> or call 303-338-3800.

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UnitedHealthcare Plans (UHC)

High Deductible Health Plan (HDHP)

The UnitedHealthcare HDHP provides in- and out-of-network coverage, allowing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a UnitedHealthcare network provider.

Navigate

If you enroll in the UnitedHealthcare Navigate DHMO, you must select a primary care physician (PCP) who will provide and manage most of your care.

You must receive an electronic referral before seeing another network PCP or specialist. During enrollment, select your PCP from UnitedHealthcare's Navigate network. You must email your PCP's UHC ID number to ccdnavigate@uhc.com. If you do not select a PCP, UnitedHealthcare will assign one.

The UnitedHealthcare Navigate plan provides in-network coverage only (except in the case of a medical emergency).

Summary of Covered Benefits	UHC HDHP		UHC DHMO Navigate	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1350/\$2700	\$3000/\$6000	\$500/\$1500	Not Covered
Out-of-Pocket Max Includes deductible, coinsurance and copays Individual/Family	\$2700/\$5400	\$6000/\$12000	\$3000/\$6000	Not Covered
Lifetime Maximum	None	None	None	None
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Not Covered
Prescription Drugs	Deductible, then:	Deductible, then:		Deductible, then:
Tier 1	\$10 copay	\$10 copay	\$15 copay	Not Covered
Tier 2	\$35 copay	\$35 copay	\$45 copay	Not Covered
Tier 3	\$60 copay	\$60 copay	\$60 copay	Not Covered

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Summary of Covered Benefits	UHC HDHP		UHC DHMO Navigate	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Services				
Primary Care	Plan pays 80% after deductible	Plan pays 50% after deductible	\$25 copay	Not Covered
Specialist	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 copay	Not Covered
Urgent Care	Plan pays 80% after deductible	Plan pays 50% after deductible	\$75 copay	Not Covered
Mental Health Care				
Outpatient	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 copay	Not Covered
Inpatient*	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Hospital Services				
Inpatient/Outpatient	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible; \$150 inpatient stay per occurrence deductible applies prior to the annual deductible; \$75 outpatient surgery per occurrence deductible applies prior to the annual deductible	Not Covered
Lab/X-ray				
Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible for labs and X-ray \$150 copay per visit for MRI and CT/PET scans	Not Covered
Emergency Room	Plan pays 80% after deductible	Plan pays 50% after deductible	\$300 copay	\$300 copay
Prenatal and Postnatal Care	No Charge	Plan pays 50% after deductible	No Charge	Not Covered
Delivery and all Inpatient Services	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered

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Summary of Covered Benefits	UHC HDHP		UHC DHMO Navigate	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Skilled Nursing Facility	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Hospice Care	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Home Health Care	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Chiropractic Care	Not Covered	Not Covered	\$50 copay; Limit 20 visits per year	Not Covered
Vision Care	Plan pays 80% after deductible; hardware is not covered	Not Covered	\$25 copay; hardware is not covered	Not Covered

*Prior authorization required

Virtual Visits

Members log on to myuhc.com where they can:

- Learn more about virtual visits (e.g., how to use it, a covered benefit, etc.)
- View virtual visit provider group choices
- Members can access virtual visit provider groups through myuhc.com or from their mobile device, computer or telephone

To find out more about UHC, visit www.myuhc.com or call 1-800-842-5520.

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Health Savings Account

A HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with tax free dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses.

2017 HSA Guidelines as established by the IRS

The IRS limits how much you can put into your HSA each year. The 2017 limits are:

- Individual coverage \$3400
- All other tiers \$6750
- Catch-up contribution (if age 55+) \$1000

HSA Eligibility

You are eligible to open and fund a HSA if:

- You are enrolled in one of our three HDHP plans
- You are not covered by a non-high-deductible health plan, health care FSA, or health reimbursement arrangement
- You are not eligible to be claimed as a dependent on someone else's tax return
- **You are not enrolled in Medicare or TRICARE for Life**
- You have not received Veterans Administration Benefits in the last three months

Use Your HSA to Pay for Qualified Medical Expenses

- You can use your HSA money to pay for eligible expenses now or in the future
- Funds from a HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by a HDHP
- Eligible medical expenses including deductibles, doctor's office visits, dental expenses, vision expenses, prescription expenses, and LASIK eye surgery
- A complete list of eligible expenses can be found at www.irs.gov/pub/irs-pdf/p502.pdf.

A HSA is an individually owned account

- You own and administer your HSA
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses
- You can change your contribution at any time during the plan year without a qualifying event
- Like a bank account, you must have a balance in order to pay for eligible health care expenses
- You should keep all receipts for tax documentation
- A HSA allows you to save and "roll over" money from year to year
- The money in the account is always yours
- The money in a HSA (including interest and investment earnings) grows tax free

Opening Your HSA

You can open your HSA at any financial institution that offers health savings accounts. There may be a monthly service fee associated with your account. **Rocky Mountain Law Enforcement Federal Credit Union** has agreed to administer HSAs for credit union members at no charge. To open your account with the credit union, you need to visit one of their locations listed below. If you have questions, please contact the credit union.

Denver (Main Office)

700 W 39th Ave
Denver, CO 80216
Phone: 303-458-6660
Toll Free: 800-371-7716
Fax: (303) 561-0534

Aurora

992 N Potomac Cir
Aurora, CO 80011
Call Center: 303-458-6660
Toll Free: 800-371-7716
Fax: 720-855-4170

Lone Tree

10025 Park Meadows Dr
Lone Tree, CO 80124
Call Center: 303-458-6660
Toll Free: 800-371-7716
Fax: 720-855-4186

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Over 65 Medical Plans

To enroll in either the Kaiser Senior Advantage plan or UHC Medicare Advantage you **must**:

- be entitled to Medicare Part A and enrolled in Part B
- be age 65 or older or disabled
- reside in the Kaiser Service Area of Denver, Boulder, Colorado Springs and Pueblo
- reside in the UHC Medicare Advantage Service Area

To enroll in UHC Senior Supplement plan you **must**:

- be entitled to Medicare Part A and enrolled in Part B
- be age 65 or older or disabled

Please contact your medical provider for a zip code and county listing of the Service Area.

Benefit Summary	Kaiser Senior Advantage Group #00068	UHC Medicare Advantage with Part D Group #092094	UHC Senior Supplement Group #02629 with Part D (prescription) Group #01377
Out of Pocket Maximum	\$2500	\$2000	Unlimited
Office Visits			
Primary Care	\$20	\$10	\$20
Specialty Care	\$30	\$20	\$20
Preventive Care			
Routine Physical Exam	\$0	\$0	\$0
Preventive Services	\$0	\$0	\$0
Hearing Exam	\$20	\$0	\$10
Medicare covered Vision Exam	\$20	\$20	\$10
Hospital Services			
Inpatient Care	\$250 per day (\$500 max)	\$200	\$0 up to 365 days
Outpatient Surgery	\$200 for Medicare covered	\$100	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$30	\$35 (in network)	\$0
Ambulance Services	20% up to \$195 per trip	\$50	\$0
Lab & X-ray			
Lab tests, diagnostics	\$0	\$0	\$0
MRI, PET, CT scans	\$100 per procedure	\$25 per procedure	\$0
Prescriptions	(30-day supply)	(30-day supply)	(30-day supply)
Generic/Tier 1	\$15	\$10	\$10
Preferred Brand/Tier 2	\$25	\$40	\$20
Non-Preferred/Tier3	\$25	\$75	\$35
	Enrolled in Medicare Part D	Enrolled in Medicare Part D	Enrolled in Medicare Part D
Mail Order	2x retail co-pay (90-Day Supply)	2x retail co-pay (90-Day Supply)	2x retail co-pay (90-Day Supply)
Lifetime Max Benefit	Unlimited	Unlimited	Unlimited

(continued on next page)

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Benefit Summary	Kaiser Senior Advantage Group #00068	UHC Medicare Advantage with Part D Group #092094	UHC Senior Supplement Group #02629 with Part D (prescription) Group #01377
Skilled Nursing Facility	\$0 up to 100 days	\$0 per day; days 1-20; \$50 per additional day up to 100 days	\$0 per day; days 1-100
Durable Medical	20% coinsurance ⁽¹⁾	20% coinsurance	\$0
Oxygen	\$0	20% coinsurance	\$0
Vision Hardware	Charges over \$100 benefit, every 2 years	\$70 frame allowance, \$0 lenses, every 24 months \$105 contact lens allowance, every 24 months	Not covered
Hearing Aids	Not Covered	\$500 (every 36 months)	\$250
Silver Sneakers® Fitness	\$0	\$0	\$0

I. Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy and supplies.

2017 Retiree Benefits Guide

Over and Under 65 Dental Plans

Three dental plans are available to retirees of the Denver Police Department and their eligible dependents through Delta Dental - the Low, Medium and High Plans.

When you choose to visit an in-network (PPO) dentist you maximize your benefit plan with lower out-of-pocket expenses. In-network dentists have agreed to accept Delta Dental reimbursement as full payment for services rendered. If an out of network provider is used, expenses are reimbursed based on reasonable and customary (R&C) charges, and any charges over the R&C are your responsibility.

Delta Dental Low Plan—Group #7952	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$100 per person
Preventive Care	70% after deductible
Basic Services	50% after deductible
Major Services (12-24 month waiting period ⁽²⁾)	30% after deductible
Annual Max Benefit	\$1000 per member

Delta Dental Medium Plan—Group #7953	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$75 per person
Preventive Care	80% after deductible
Basic Services	60% after deductible
Major Services (12-24 month waiting period ⁽²⁾)	40% after deductible
Annual Max Benefit	\$1000 per member

Delta Dental High Plan—Group #7954	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$75 per person
Preventive Care	100% after deductible
Basic Services	80% after deductible
Major Services (12-24 month waiting period ⁽²⁾)	50% after deductible
Annual Max Benefit	\$1500 per member

- Reimbursement is based on the PPO allowable fee located in the PPO Discounted Fee Schedule and is contractually agreed upon between the PPO dentist and Delta Dental to accept for treating eligible persons under this plan.
- Length of waiting period based on services provided. Waiting period waived for Retirees that enroll within 60 days of retirement.
 - Plan Design: Delta Dental PPO-Voluntary MAC (Maximum Allowable Charge) includes **PREVENTION FIRST RIDER**
 - Who can be covered:** Retiree as defined by the employer; spouse and dependent children to age 26
 - When does coverage expire:** Coverage will only be terminated at the request of the member or upon non-payment of premium. If the retiree dies, the spouse can continue coverage as long as the spouse was covered in the retiree dental plan before the death of the retiree and continues to pay the premium

To find out more about Delta Dental, visit www.deltadentalco.com or call 303-741-9305.

Department of Public Safety | Denver Police Department

Over and Under 65 Vision Plan

The Denver Police Department offers you and your eligible dependents a vision insurance plan through Humana. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a Humana network provider at www.humanavisioncare.com

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Humana Vision Plan		
Benefit Summary	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10	Up to \$30 allowance
Lenses (every 12 months,) Single		
Bifocal	\$15	Up to \$25 allowance
Trifocal	\$15	Up to \$40 allowance
Lenticular	\$15	Up to \$60 allowance
	\$15	Up to \$100 allowance
Frames (every 24 months)	Up to \$130 Allowance, 20% off balance over \$130	Up to \$65 retail allowance
Contact Lenses* (every 12 months)		
Medically Necessary	co-pay waived	Up to \$200 allowance
Conventional	Up to \$130 allowance, 15% off balance over \$130	Up to \$104 allowance
Disposable	Up to \$130 allowance	Up to \$104 allowance

* Applies to materials only

Lifestyle Discount Program

This free discount program is available to all Denver Police Department Retirees regardless of them being on a Humana plan or not. In summary, the program provides discounts around the following health & wellness procedures:

- Acupuncture and Massage Therapy - up to 30% savings
- Prescription Drug Savings – average savings of 37%
- Weight Loss – 12% discount
- Lasik – 15% off standard procedures, 5% off promotional prices
- Teeth Whitening – up to 70% savings
- Identity Monitoring and Protection Services – 3 available packages with discounts available

To find out more about Humana, visit www.humanavisioncare.com or call 1-866-537-0229.

2017 Retiree Benefits Guide

Rates

Medical Under 65 Retiree Monthly Rates

Benefit Summary	DHMP HDHP	DHMP DHMO	Kaiser HDHP Group #68-51	Kaiser DHMO Group #68-32	UHC HDHP Group #0717340	UHC Navigate Group #0717340
Retiree	\$463.65	\$588.23	\$379.67	\$393.05	\$466.54	\$488.54
Retiree/ Spouse	\$1020.03	\$1294.12	\$831.74	\$864.74	\$1026.40	\$1074.80
Retiree/ Children	\$927.30	\$1176.47	\$756.00	\$786.09	\$933.10	\$977.10
Retiree/Family	\$1483.69	\$1882.35	\$1207.62	\$1257.74	\$1492.92	\$1563.32

Medical Over 65 Retiree Monthly Rates

Benefit Summary	Kaiser Senior Advantage Group #00068 (in area)	UHC Medicare Advantage Group #092094	UHC Senior Supplement Group #02629 with Part D (prescription) Group #01377
Retiree Only - One Medicare	\$252.61	\$380.66	\$476.47
Retiree + Spouse - Two Medicare	\$505.21	\$761.32	\$952.94
Retiree Only with Medicare Part B Only	\$604.21	N/A	N/A
Retiree + Spouse (Child) - One Medicare one HDHP	\$632.28	\$847.20	\$943.01
Retiree + Family - One Medicare HDHP	\$980.89	\$1407.04	\$1502.85
Retiree + Family - Two Medicare HDHP	\$884.88	\$1227.84	\$1419.46
Retiree + Spouse (Child) - One Medicare one DHMO or Navigate	\$645.66	\$869.20	\$965.01
Retiree + Family - One Medicare (DHMO) or Navigate	\$1009.74	\$1455.44	\$1551.25
Retiree + Family - Two Medicare (DHMO) or Navigate	\$898.26	\$1249.84	\$1441.26

Dental Plans Retiree Monthly Rates

Benefit Summary	Delta Dental Low Group #7952	Delta Dental Medium Group #7953	Delta Dental High Group #7954
Retiree Only	\$18.22	\$25.02	\$32.90
Retiree + 1 Dependent	\$34.61	\$47.53	\$62.51
Retiree and 2 or more Dependents	\$50.78	\$68.62	\$92.49

Vision Plan Retiree Monthly Rates

Benefit Summary	Humana Vision Plan
Retiree Only	\$6.97
Retiree + 1 Dependent	\$13.97
Retiree + Family	\$18.72

Department of Public Safety | Denver Police Department

Contact Information

Provider/Plan	Contact Number	Website
Medical Plan - DHMP	303-602-2100 or 1-800-700-8140	www.denverhealthmedicalplan.org
Medical Plan - Kaiser	303-338-3800 or 1-800-632-9700	www.kp.org
Medical Plan - UHC	1-800-842-5520 or 1-855-828-7715	www.uhc.com
Dental Plan - Delta Dental	303-741-9305 or 1-800-610-0201	www.deltadentalco.com
Vision Plan - Humana	866-537-0229	www.humanavisioncare.com
Fire and Police Pension Association - (FPPA)	303-770-3772 or 1-800-332-3772	www.fppaco.org
Colonial Life Insurance	303-791-7771 or 303-688-5922	www.coloniallife.com
Police and Fireman's Insurance	303-619-6112 or 1-800-221-7342	www.pfia1913.org
PPA	303-433-8247	www.dppa.com
TIAA (Deferred Compensation 457 Plan)	1-855-259-4648	www.tiaa.org/denver
Safety HRD	720-913-6741	safetyhr@denvergov.org

Disclosure About the Benefit Enrollment Communications

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.

Please note that this is a summary of benefits and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.



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