



DENVER
PUBLIC SAFETY

DENVER POLICE DEPARTMENT

2019

**RETIREE
BENEFITS
GUIDE**

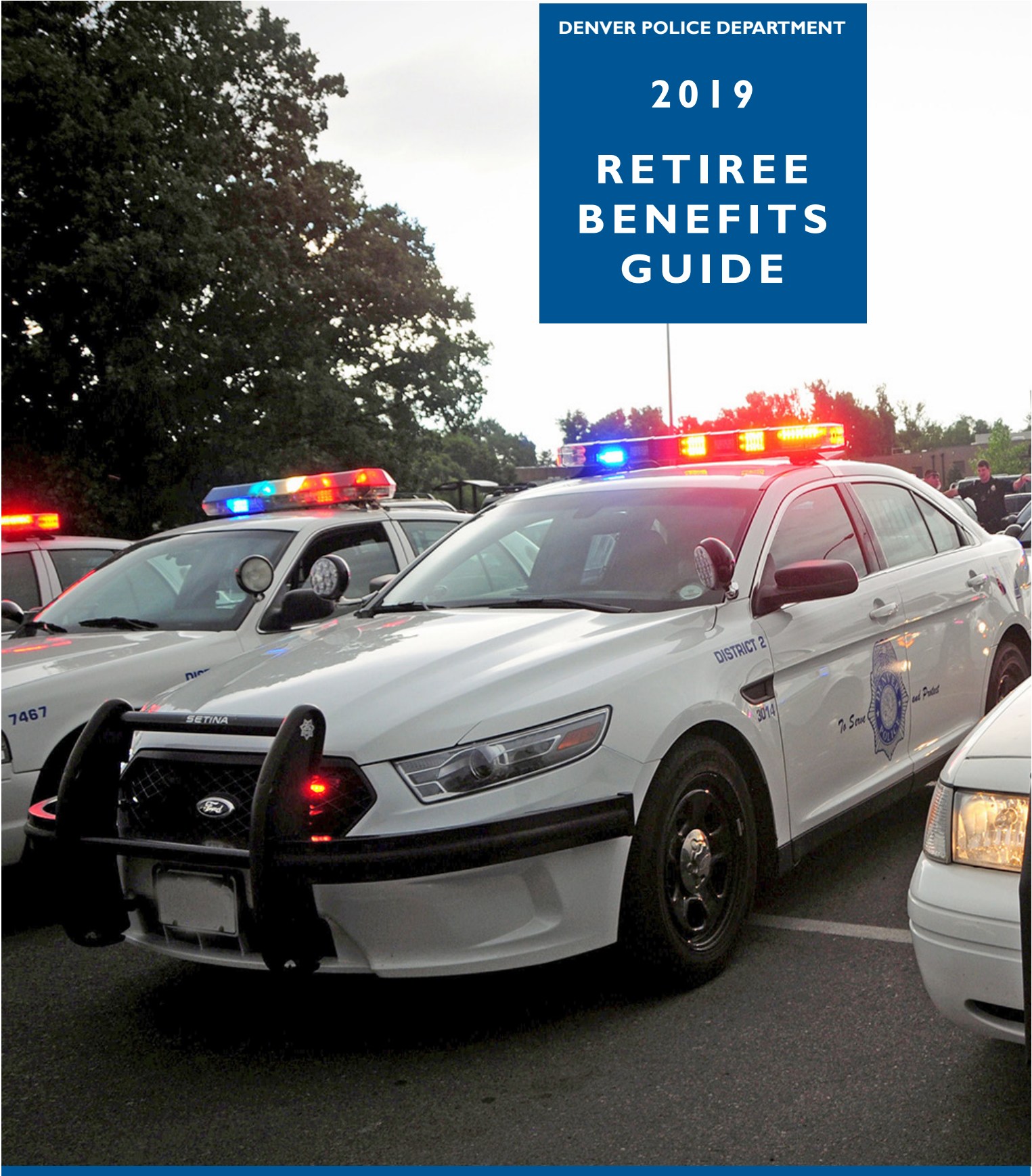


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BENEFITS OVERVIEW

This benefit 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.

This is a summary of benefits drafted in plain language to assist you in understanding what benefits are offered 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.

WHAT DEPENDENTS ARE ELIGIBLE FOR HEALTH CARE COVERAGE?

Eligible dependents include the following:

- » Your spouse (including those defined as common-law and same-sex legally married)
- » Your Colorado State Civil Union spouse
- » Your same-sex spousal equivalent Your children up to age 26, regardless of student, marital or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption or a child for whom you are the legal guardian)
- » Your dependent children of any age who are physically or mentally unable to care for themselves

When adding dependents, supporting documents are required to prove dependency **within 30 days of employment** or **within 30 days of a qualifying life event**. Qualifying Change in Family Status Events include the following:

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

A list of acceptable dependent documents can be found at www.denvergov.org/benefits.

BENEFIT PLAN OPTIONS

- » Health Plan Coverage
 - Medical plans - 3 carriers with 2 options each (non-medicare), 3 plan options (medicare)
 - Dental plans - 3 plan options
 - Vision plan
- » Health Savings Account available

2019 BENEFIT PLAN INFORMATION/CHANGES

- » *Medical plans: no changes to the plan design for Kaiser and UnitedHealthcare. Minor changes with the Denver Health plan*
- » *Vision and Dental premium rates remained the same*
- » **Denver Health Medical Plan**
 - University of Colorado and Children's Hospital facilities have been moved to tier 2 providers
 - RX copays changed
 - HDHP - Tier 2 deductible and out of pocket maximums increased



Benefits Enrollment

When can I enroll or change my benefit elections?

AT OPEN ENROLLMENT

WHEN: During the annual open enrollment period, **Monday, October 1, 2018 to Friday, November 2, 2018.**

Any newly elected benefits or changes made to existing benefits become effective on January 1 of the following year.

HOW: All changes to your elections must be submitted via an enrollment form to the Denver Public Safety Human Resources (Denver Public Safety HR), (101 W. Colfax St., Mailbox #36, 7th Floor, Denver, CO 80202) by Friday, November 2, 2018. No changes can be made to your enrollment status after this date unless you have a qualifying change in family status.

Supporting documentation will be required if adding a dependent.

AS A NEW RETIREE

WHEN: Within 30 days of retirement with the City. Benefit elections are effective the first of the month following your date of retirement.

HOW: Submit your completed enrollment form(s) to Denver Public Safety HR within 30 days of retirement, preferably in advance of your retirement date.

DURING THE YEAR

WHEN: Within 30 days of a qualifying life event such as a birth or adoption of a child, marriage or divorce, or gain or loss of other coverage. Benefit elections are effective the first of the month following the event date. For birth/adoption medical are effective the day of the birth or adoption.

HOW: All changes to your elections must be submitted via an enrollment form to the Denver Public Safety Human Resources (Denver Public Safety HR), (101 W. Colfax St., Mailbox #36, 7th Floor, Denver, CO 80202) by Friday, November 2, 2018. No changes can be made to your enrollment status after this date unless you have a qualifying change in family status.

Supporting documentation must be provided as proof of any qualified life event.

PER IRS REGULATIONS, ANY QUALIFYING LIFE EVENT CHANGE MUST BE MADE WITHIN **30 DAYS OF THE EVENT** WITH SUPPORTING DOCUMENTATION

We are here to help you enroll:
phone: 720.913.6741
email: safetybenefits@denvergov.org

Key Terms

Benefit Basics

What is a premium? The amount you pay out of your paycheck in order to be enrolled in the medical, dental and/or vision insurance plans.

What is a deductible? The amount you must pay each calendar year for covered health services before the insurance plan will begin to pay.

For high-deductible health plan (HDHP) enrollees, the deductible applies to all non-preventative care costs, including prescriptions, before insurance will pay. For individual coverage, the deductible is \$1,350, or \$2,700 for those covering family members. For deductible health maintenance organization (DHMO) enrollees, the deductible applies to any procedure or hospitalization cost. It is not necessary to meet a deductible first when a copay is due. For each individual enrolled, the deductible is \$500, but a family is responsible for up to three \$500 deductibles or \$1,500 annually.

What is a copayment or copay? A fixed dollar amount that you pay for a covered health service.

For HDHP enrollees, copays are due AFTER reaching the annual deductible for prescription costs only. DHMO enrollees will pay for some services in the form of a copay and the full cost of other services until the annual deductible is reached.

What is coinsurance? Your share of service costs after the annual deductible is met, typically a percentage.

For HDHP enrollees, coinsurance starts once your expenses reach your annual deductible (\$1,350/\$2,700 for single/family). You stop paying coinsurance once you reach your out-of-pocket maximum. For DHMO enrollees, coinsurance applies for procedure and hospitalization costs only after you pay your deductible.

What is out-of-pocket maximum? The most you will pay for covered health services during the calendar year. All copay, deductible, and coinsurance payments count toward the out-of-pocket maximum. Once you've met your out-of-pocket maximum, your insurance plan will pay 100% of covered health services.

For HDHP enrollees, out-of-pocket maximum is \$2,700 for individual coverage and \$5,400 for family coverage. For DHMO enrollees, it is \$3,000 for an individual enrolled on the plan; a family is responsible for two \$3,000 deductibles or \$6,000 annually.

What is a health savings account (HSA)? An individual bank account that you can use to pay your HDHP out-of-pocket health care costs.

Medical Plans Non- Medicare Eligible (under 65)

Choose the right plan

The city offers six medical plan options through three carriers: Denver Health Medical Plan, Kaiser Permanente, and UnitedHealthcare. Each carrier offers a high-deductible health plan (HDHP) and a deductible HMO (DHMO) plan.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

- » Lower premium paycheck cost
- » Higher deductible
- » Generally pay the full cost of all care until the annual deductible is reached
- » After the annual deductible is reached, pay coinsurance or copay until the annual out-of-pocket maximum is reached
- » Lower out-of-pocket maximum
- » You can budget for your out-of-pocket expenses by funding a health savings account (HSA)

vs.

DEDUCTIBLE HMO (DHMO) PLAN

- » Higher premium paycheck cost
- » Lower deductible
- » Will pay for some services in the form of a copay and the full cost of other services until the annual deductible is reached
- » After the annual deductible is reached, pay either copay or coinsurance until the annual out-of-pocket maximum is reached
- » Higher out-of-pocket maximum

DEDUCTIBLE

HDHP in-network deductible:

Individual deductible: \$1,350
Family deductible: \$2,700¹

See page 6 for Denver Health Medical Plan network coverage changes

DHMO in-network deductible:

Individual deductible: \$500
Family deductible: \$500 per member up to \$1,500

OUT-OF-POCKET MAXIMUM

HDHP in-network out-of-pocket maximum:

Individual out-of-pocket maximum: \$2,700
Family out-of-pocket maximum: \$5,400¹

See page 6 for Denver Health Medical Plan network coverage changes

DHMO in-network out-of-pocket maximum:

Individual out-of-pocket maximum: \$3,000
Family out-of-pocket maximum: \$3,000 per member up to \$6,000

COINSURANCE

HDHP in-network coinsurance:

Denver Health Medical Plan: 10% (High Point Providers)
Kaiser Permanente: 20%
UnitedHealthcare: 20%

See page 6 for Denver Health Medical Plan network coverage changes

DHMO in-network coinsurance: 20%

CONTRIBUTION LIMITS

HSA contributions limits:

Individual coverage: \$3,500 per year
Family limits: \$7,000 per year
Catch-up contribution (if age 55+): \$1,000

NUMBERS TO KNOW

(1) With an HDHP, when you elect family coverage, the individual deductible does not apply. You must satisfy the full family deductible before the plan begins to pay toward covered services. The same rule applies to the out-of-pocket maximum, you must satisfy the full family out-of-pocket maximum before the plan will cover all expenses for the remainder of the plan year.

2019 Denver Health Medical Plan Comparisons (Non-Medicare)

Summary of Covered Services

	DENVER HEALTH MEDICAL PLAN DHMO		DENVER HEALTH MEDICAL PLAN HDHP			
	In-Network Denver Health Facilities Only	Cofinity Network	In-Network Denver Health Facilities Only		Cofinity Network	
			Single	Family	Single	Family
Deductible	\$500 per individual / \$1,500 family	\$750 per individual / \$1,750 family	\$1,350	\$2,700	\$2,500	\$4,000
Out-of-Pocket Maximum Single/Family	\$3,000 per individual / \$6,000 family	\$3,000 per individual / \$6,000 family	\$2,700	\$5,400	\$5,000	\$8,000
Office Visits Primary Care Physician Specialist	\$25 copay ¹ \$50 copay	\$30 copay ¹ \$50 copay	10% after deductible 10% after deductible		20% after deductible 20% after deductible	
Preventive	\$0	\$0	\$0		\$0	
Prescription Drugs Preferred Generic/Generic/Preferred Brand/Nonpreferred Brand/Specialty	See plan summary for details as costs vary by pharmacy location, Rx tier and length of supply (30-day or 90-day).					
Inpatient Hospital (per admission, including birth)	20% after ded. and \$150 per occurrence ded. ²	30% after ded. and \$150 per occurrence ded. ²	10% after deductible		20% after deductible	
Outpatient Hospital/Ambulatory Surgery	20% after ded. and \$150 per occurrence ded.	30% after ded. and \$150 per occurrence ded.	10% after deductible		20% after deductible	
Lab and X-Ray	20% after deductible	30% after deductible	10% after deductible		20% after deductible	
MRI/CAT/etc.	\$150 copay	\$200 copay	10% after deductible		20% after deductible	
Emergency Care	\$300 copay	\$300 copay	10% after deductible		10% after deductible	
Urgent Care	\$75 copay	\$75 copay	10% after deductible		10% after deductible	
Mental Health Inpatient Outpatient	20% after ded. and \$150 per occurrence ded. ² \$50 copay	30% after ded. and \$150 per occurrence ded. ² \$50 copay	10% after deductible ² 10% after deductible		20% after deductible ² 20% after deductible	
Alcohol/Substance Abuse Inpatient Outpatient	20% after ded. and \$150 per occurrence ded. ² \$50 copay	30% after ded. and \$150 per occurrence ded. ² \$50 copay	10% after deductible ² 10% after deductible		20% after deductible ² 20% after deductible	
Phys/Occ/Speech Therapy	\$25 copay (max 20 visits/year)	\$35 copay (max 20 visits/year)	10% after deductible (max 20 visits/year)		20% after deductible (max 20 visits/year)	
Vision Exam	\$25 copay (one exam every 24 months)	\$35 copay (one exam every 24 months)	Not covered		Not covered	
Chiropractic	\$50 copay ³ (max 20 visits/year)	\$50 copay ³ (max 20 visits/year)	10% after deductible ³ (max 20 visits/year)		10% after deductible ³ (max 20 visits/year)	

(1) The annual deductible and coinsurance apply for procedures performed during a copay office visit.

(2) Prior authorization may be required for some services. Refer to the prior authorization list, found at www.denverhealthmedicalplan.org/prior-authorization-list.

(3) Services must be provided by Columbine Chiropractic in order to be covered.

DENVER HEALTH MEDICAL PLAN

Denver Health Medical Plan also contracts 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).

Denver Health Medical Plan offers services through DispatchHealth. DispatchHealth provides on-demand urgent care in the comfort of your home, work, or place of need. DispatchHealth staff are ER trained and equipped to treat anything an urgent care can, plus more.

To learn more about Denver Health Medical Plan, visit www.denverhealthmedicalplan.org or call 303.602.2100.

2019 Kaiser Permanente Medical Plan Comparisons (Non-Medicare)

Summary of Covered Services	KAISER DHMO	KAISER HDHP	
	In-Network Only (Colorado Only)	In-Network Only (Colorado Only)	
		Single	Family
Deductible	\$500 per individual / \$1,500 family	\$1,350	\$2,700
Out-of-Pocket Max Single/Family	\$3,000 per individual / \$6,000 family	\$2,700	\$5,400
Office Visits Primary Care Physician Specialist	\$30 copay ¹ \$50 copay ¹	20% after deductible 20% after deductible	
Preventive	\$0	\$0	
Prescription Drugs Generic/Formulary/Non-formulary	\$20/\$40/\$60 copay (up to a 30-day supply)	\$10/\$35/\$60 copay after deductible	
Inpatient Hospital (per admission, including birth)	20% after deductible	20% after deductible	
Outpatient Hospital	20% after deductible	20% after deductible	
Lab and X-Ray	\$0 lab/20% after deductible for X-Ray	20% after deductible	
MRI/CAT/etc.	20% after deductible	20% after deductible	
Emergency Care	\$200 copay ¹	20% after deductible	
Urgent Care	\$75 copay ¹ (Kaiser designated facility)	20% after deductible (Kaiser designated facility)	
Mental Health Inpatient Outpatient	20% after deductible \$30 copay/visit ¹	20% after deductible 20% after deductible	
Alcohol/Substance Abuse Inpatient Outpatient	20% after deductible \$30 copay/visit ¹	20% after deductible 20% after deductible	
Phys/Occ/Speech Therapy	\$30 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)	
Vision Exam	\$30 copay	20% after deductible	
Chiropractic	\$30 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)	

(1) The annual deductible and the 20% coinsurance apply for procedures performed during a copay office, urgent care, or emergency room visit.

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. With Kaiser Permanente medical offices across the Denver/Boulder area, it can be easy to find a doctor who is close to your home or workplace. Most Kaiser Permanente 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 Permanente 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 Permanente advice nurses can help. With access to your electronic health record, 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, 7:00 a.m. - 6:00 p.m.

To learn more about Kaiser Permanente, visit www.kp.org or call 303.338.4545.

2019 UnitedHealthcare Medical Plan Comparisons (Non-Medicare)

Summary of Covered Services

	UNITEDHEALTHCARE DHMO	UNITEDHEALTHCARE HDHP			
	In-Network Only (Colorado Only)	In-Network (Nationwide)		Out-of-Network (Nationwide)	
		Single	Family	Single	Family
Deductible	\$500 per individual / \$1,500 family	In and out-of-network ded. and out-of-pocket maximum do not cross apply \$1,350 \$2,700 \$3,000 \$6,000			
Out-of-Pocket Max Single/Family	\$3,000 per individual / \$6,000 family	\$2,700	\$5,400	\$6,000	\$12,000
Office Visits Primary Care Physician Specialist	\$25 copay ¹ \$50 copay ¹	20% after deductible 20% after deductible		50% after deductible 50% after deductible	
Preventive	\$0	\$0		Not covered	
Prescription Drugs Tier 1/Tier 2/Tier 3	\$15/\$45/\$60 copay	\$10/\$35/\$60 copay after deductible		\$10/\$35/\$60 copay after deductible	
Inpatient Hospital (per admission, including birth)	20% after \$150 per occurrence deductible and annual deductible	20% after deductible		50% after deductible ²	
Outpatient Hospital	20% after \$75 per occurrence deductible and annual deductible	20% after deductible		50% after deductible ²	
Lab and X-Ray	20% after deductible	20% after deductible		50% after deductible ²	
MRI/CAT/etc.	\$150 copay	20% after deductible		50% after deductible ²	
Emergency Care	\$300 copay ¹	20% after deductible		20% after deductible	
Urgent Care	\$75 copay ¹	20% after deductible		50% after deductible	
Mental Health Inpatient Outpatient	20% after deductible \$50 copay	20% after deductible 20% after deductible		50% after deductible ² 50% after deductible ²	
Alcohol/Substance Abuse Inpatient Outpatient	20% after deductible \$50 copay	20% after deductible 20% after deductible		50% after deductible ² 50% after deductible ²	
Phys/Occ/Speech Therapy	\$25 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)		50% after deductible ² (max 20 visits/year)	
Vision Exam	\$25 copay (one exam every 24 months)	20% after deductible (one exam every 24 months)		Not covered	
Chiropractic (max 20 visits/year)	\$50 copay	20% after deductible		50% after deductible	

(1) The annual deductible and the 20% coinsurance apply for procedures performed during a copay office, urgent care, or emergency room visit.

(2) Prior authorization required for certain services.

UNITEDHEALTHCARE NAVIGATE DHMO

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. When electing Navigate, select your PCP from UnitedHealthcare's Navigate network, and 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).

To learn more about UnitedHealthcare, visit www.myuhc.com or call 800.842.5520 (HDHP) or 855.828.7715 (Navigate).

UNITEDHEALTHCARE HDHP

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

UnitedHealthcare HDHP offers services through DispatchHealth. DispatchHealth provides on-demand urgent care in the comfort of your home, work, or place of need. Dispatch Health staff are ER trained and equipped to treat anything an urgent care can, plus more.

Budgeting for Your Health Care

Health Savings Account

An HSA is a personal bank account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Money deposited in the account stays with you regardless of employer or health plan, and unused balances roll over from year-to-year.

HSA ELIGIBILITY

You are eligible to open and fund an HSA if:

- » You are enrolled in the city HDHP
- » You have not contributed to a health FSA or health reimbursement arrangement in 2019
- » *Health FSA must be a zero balance as of December 31, 2018*
- » You and/or your dependents are not eligible to be claimed as a dependent on someone else's tax return
- » You are not enrolled in Medicare, Medicaid, TRICARE for Life, or a non-HDHP

YOUR 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
- » There is a \$1 monthly fee if balance drops below \$500
- » Keep all receipts for tax documentation

- » An HSA allows you to save and roll over money from year to year, without any forfeiture of HSA funds
- » The money in the account is always yours, even if you change health plans or employers

OPENING AN HSA ACCOUNT

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

2019 IRS HSA contribution maximums

- » **Individual coverage: \$3,500**
- » **All other tiers: \$7,000**
- » **Catch-up contribution (if age 55+): \$1,000**

USE YOUR HSA TO PAY FOR YOUR QUALIFIED MEDICAL EXPENSES

- » Use your HSA money to pay for eligible expenses now or in the future
- » Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by the city HDHP
- » Eligible expenses include deductibles, doctor's office visits, dental expenses, eye exams, prescription expenses and LASIK eye surgery
- » Refer to IRS Publication 502 at www.irs.gov/pub/irs-pdf/p502.pdf for a complete list of eligible expenses

Important!

You must have qualifying coverage as defined by the IRS in order to contribute to an HSA or risk adverse tax consequences. If you are enrolled in another plan that is not considered qualifying under IRS guidelines, you are not eligible. This includes, but is not limited to, Medicare, Medicaid, TRICARE for Life or any non high-deductible health plan. For additional information, refer to IRS Publication 969 at www.irs.gov/uac/About-Publication-969.

Medical Plans Medicare Eligible (over 65)

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

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

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
- » reside in the UHC Medicare Advantage Service Area

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	\$2,500	\$2,000	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	\$20	\$10 per visit, up to \$80
Medicare covered Vision Exam	\$20	\$20	\$10
Hospital Services			
Inpatient Care	\$250 per day (\$500 max)	\$200 ⁽³⁾	\$0 up to 365 days
Outpatient Surgery	\$200 for Medicare covered	\$100	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted within 24 hours)	\$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/per body part	\$25 per procedure	\$0
Prescriptions	(30-day supply)	(30-day supply)	(30-day supply)

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
Generic/Tier 1	\$15	\$10	\$10
Preferred Brand/Tier 2	\$25	\$40	\$20
Non-Preferred/Tier 3	\$25	\$75	\$35
Specialty/Tier 4	\$75	\$75	\$35
	Enrolled in Medicare Part D ⁽¹⁾	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
Skilled Nursing Facility	\$0 up to 100 days	\$0 per day; days 1-20; \$50 per additional day for days 21-100	\$0 per day; days 1-100 ⁽⁴⁾
Durable Medical	\$0 ⁽²⁾	20% coinsurance	\$0
Oxygen	\$0	20% coinsurance	\$0
Vision Hardware	Charges over \$100 benefit, every 2 years	\$70 eyeglasses, every 24 months \$105 contact lens allowance, every 24 months	Not covered
Hearing Aids	Not Covered	\$500 (every 36 months)	\$250 (every 36 months)
Silver Sneakers® Fitness	\$0	\$0	\$0

1. You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf. If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.
2. Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy and supplies.
3. A Inpatient Hospital copayments are charged on a per admission or daily basis. Original Medicare hospital benefit periods do not apply. For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary and authorized by UnitedHealthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.
4. The Member must meet all Medicare requirements, including a prior hospital stay of at least 3 days and admittance to a Medicare-approved SNF facility within 30 days after leaving the hospital.

Dental Plans All Retirees

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	\$1,000 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	\$1,000 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⁾)	60% after deductible
Annual Max Benefit	\$1,500 per member

1. 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.
2. 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.

Vision Plan All Retirees

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 130, Group #773805		
Benefit Summary	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10	Up to \$30 allowance
Lenses (every 12 months,)		
Single	\$15	Up to \$25 allowance
Bifocal	\$15	Up to \$40 allowance
Trifocal	\$15	Up to \$60 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
Elective	Up to \$130 allowance	Up to \$104 allowance
Laser Correction	Discounts available	N/A

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

Benefit Plan Monthly Premiums

Medical Under 65 Retiree Monthly Rates	DHMP HDHP	DHMP DHMO	Kaiser HDHP Group #68-51	Kaiser DHMO Group #68-32	UHC HDHP Group #0717340	UHC Navigate Group #0717340
Retiree	\$559.44	\$747.42	\$439.28	\$455.00	\$540.71	\$566.21
Retiree/Spouse	\$1,230.76	\$1,644.32	\$962.36	\$1,001.04	\$1,189.57	\$1,245.67
Retiree/Children	\$1,118.87	\$1,494.83	\$874.72	\$910.00	\$1,081.44	\$1,132.44
Retiree/Family	\$1,790.20	\$2,391.73	\$1,397.25	\$1,455.95	\$1,730.26	\$1,811.86

Medical Over 65 Retiree Monthly Rates	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	\$269.68	\$399.17	\$477.10
Retiree + Spouse - Two Medicare	\$539.36	\$798.34	\$954.20
Retiree Only with Medicare Part B Only	\$637.41	N/A	N/A
Retiree + Spouse (Child) - One Medicare one HDHP	\$708.97	\$939.88	\$1,017.81
Retiree + Family - One Medicare HDHP	\$1,112.32	\$1,588.72	\$1,666.65
Retiree + Family - Two Medicare HDHP	\$978.65	\$1,339.03	\$1,494.89
Retiree + Spouse (Child) - One Medicare one DHMO or Navigate	\$724.68	\$965.38	\$1,043.31
Retiree + Family - One Medicare (DHMO) or Navigate	\$1,146.13	\$1,644.82	\$1,722.75
Retiree + Family - Two Medicare (DHMO) or Navigate	\$994.36	\$1,364.53	\$1,520.39

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

VISION	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Humana Vision Group #773805	\$7.18	\$14.39	\$19.28

If you have any questions feel free to contact any of our providers directly.

BENEFITS OFFICE

Denver Public Safety HR Benefits
101 W. Colfax St., Mailbox #36,
7th Floor
Denver, CO 80204
email: safetybenefits@denvergov.org
720.913.6741
Fax: 720.913.7050

DENTAL

Delta Dental of Colorado
www.deltadentalco.com
Low Group #7952
Medium Group #7953
High Group #7954
303.741.9305 or 800.610.0201
Mobile app: Delta Dental

MEDICAL

UnitedHealthcare
www.myuhc.com
Non-Medicare Eligible
HDHP Group #0717340
800.842.5520
Navigate HMO Group #0717340
855.828.7715
Medicare Eligible
Medicare Advantage Group #092094
800.457.8506
Senior Supplement Group #02629
with Part D Group #01377
800.851.3802
Mobile app: Health4Me

Kaiser Permanente
www.kp.org
Non-Medicare Eligible
HDHP Group #68-51
DHMO Group #68-32
Medicare Eligible
Senior Advantage Group #00068
303.338.3800 or 303.338.4545
Mobile app: Kaiser Permanente

Denver Health Medical Plan
www.denverhealthmedicalplan.org
303.602.2100
Mobile app: MyChart

RETIREMENT PLANNING

Fire and Police Pension Association
(FPPA)
www.fppaco.org
303.770.3772 or 800.332.3772

VISION

Humana Vision Plan 130
Group #773805
www.humanavisioncare.com
800.877.7195

ADDITIONAL SERVICES

Denver Police Protective Association
www.dppa.com
303.433.8247

Thank you to our health fair sponsors:

