

Denver Police Department

Retiree Benefits Guide



Effective
January 1, 2015 - December 31, 2015

Department of Public Safety | Denver Police Department

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.

Any changes to your elections must be submitted via an enrollment form to the Department of Public Safety Human Resources Division (Safety HRD) by Friday, November 7, 2014. No changes can be made to your enrollment status after this date unless you have a qualifying change in family status.

2014 Open Enrollment Information

- Retiree Open Enrollment is from **Wednesday, October 1 to Friday, November 7, 2014**
- The deadline to submit open enrollment changes is **Friday, November 7, 2014**
- Any changes or new enrollments will be effective **Thursday, January 1, 2015 - Thursday, December 31, 2015**

Premium Changes for 2015

- **Denver Health Pre 65 HMO** - 1.063% increase
- **Denver Health Pre 65 DHMO** - .043% decrease
- **Kaiser Senior Advantage** - 6% increase
- **Kaiser Pre 65 HMO** - 2.69% increase
- **Kaiser Pre 65 DHMO** - 2.69% increase
- **United Healthcare Medicare Advantage** - 7% increase
- **United Healthcare Senior Supplement** - 4.4% increase

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 **November 7, 2014**
- 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

**** Please Note: If you do not make any changes during open enrollment, your current benefit elections will remain in place.**

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 3 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.

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Your Benefit Choices

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

- Medical Plans – Under 65: Denver Health Medical Plan (DHMP); Under & Over 65: Kaiser Permanente (Kaiser) and United Healthcare (UHC)
- Dental Plan – Delta Dental
- Vision Plan – Eye Med Vision

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 (with after tax premiums)
- 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.

Eligibility Rules

If you are currently on a DPD retiree plan, attend the Annual Open Enrollment Benefits Fair and complete an enrollment form only if you are making plan or coverage level changes for 2015.

If you waive the DPD coverage you **WILL NOT** be allowed to reenroll at subsequent Annual Open Enrollment periods unless you have a qualified change in family status.

Choosing a Coverage Level

You may elect different coverage levels under the medical, dental, and/or vision plan(s). For example, you may elect employee 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:

- Employee only
- Employee + Spouse
- Employee + Children
- Employee + Family or
- Waive (cannot re-enroll without a qualified status change or at next open enrollment)

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.

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Contact Information

Medical Plan - DHMP	303-602-2100 or 1-800-700-8140	www.denverhealthmedicalplan.com
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 - EyeMed	1-800-865-3676	www.eyemedvisioncare.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 PPA	303-619-6112 or 1-800-221-7342	www.pfia1913.org
Deferred Compensation – TIAA CREF	1-855-259-4648	www.tiaa-cref.org/denver
Safety HRD	720-913-6741	safetyhr@denvergov.org

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Under 65 Medical Plans

The Denver Police Department offers Retired Police Officers under age 65 and their eligible dependents the choice of an HMO medical plan or a deductible plan through DHMP, Kaiser and UHC.

Benefit Summary	DHMP HMO	DHMP DHMO	Kaiser HMO Group #00068	Kaiser DHMO Group #00068	UHC Choice Co-Pay Group #0717340	UHC Navigate Group #0717340
Annual Deductible						
Individual	N/A	\$500	N/A	\$500	N/A	\$500
Family	N/A	\$1500	N/A	\$1500	N/A	\$1500
Annual Out-of-Pocket Max						
Individual	\$6350	\$2500	\$3000	\$3000	\$3000	\$2500
Family	\$12700	\$5000	\$6000	\$6000	\$6000	\$5000
Lifetime Max	No max	No max	No Max	No Max	No Max	No max
Office Visits Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$25	\$25 ⁽¹⁾	\$30	\$30 ⁽¹⁾	\$35	\$25 ⁽¹⁾
Specialist	\$40	\$50 ⁽¹⁾	\$50	\$50 ⁽¹⁾	\$60	\$50 ⁽¹⁾
Inpatient Hospital (per admission)	\$500	20% coinsurance after per occurrence deductible of \$150 and annual deductible	\$500 per day up to \$2500	20% coinsurance after deductible	\$500 per day up to \$2500	20% coinsurance after per occurrence deductible of \$150 and annual deductible
Outpatient Hospital	\$200	20% coinsurance after per occurrence deductible of \$75 and annual deductible	\$350	20% coinsurance after deductible	\$350	20% coinsurance after per occurrence deductible of \$75 and annual deductible
Emergency Care	\$150	\$300	\$300	\$200 ⁽²⁾	\$300	\$300
Ambulance	\$450	20% coinsurance after deductible	20% coinsurance, up to \$500 per trip	20% coinsurance, up to \$500 per trip	\$0	20% coinsurance after deductible

(continued on next page)

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Benefit Summary	DHMP HMO	DHMP DHMO	Kaiser HMO Group #00068	Kaiser DHMO Group #00068	UHC Choice Co-Pay Group #0717340	UHC Navigate Group #0717340
Urgent Care	\$50	\$75 co-pay deductible/ coinsurance applies for certain services; see plan document for details	\$100 Kaiser After Hours Medical Offices	\$75 ⁽²⁾ Kaiser After Hours Medical Offices	\$100	\$75 co-pay deductible/ coinsurance applies for certain services; see plan document for details
Lab and X-ray	\$0	20% coinsurance after deductible	\$0	\$0 Lab, X-ray 20% coinsurance after deductible	\$0	20% coinsurance after deductible
MRI/Cat/Etc.	\$200	\$150	\$100	20% coinsurance after deductible	\$100	\$150
Prescription Drugs						
Generic/ Tier 1	⁽³⁾ (see explanation)	⁽³⁾ (see explanation)	\$20	\$20	\$20	\$15
Preferred Brand/ Tier 2	⁽³⁾ (see explanation)	⁽³⁾ (see explanation)	\$40	\$40	\$40	\$45
Non-Preferred/ Tier 3	⁽³⁾ (see explanation)	⁽³⁾ (see explanation)	\$60	\$60	\$60	\$60
Mail Order	2x the above co-pay (90 day supply)	2x the above co-pay (90 day supply)	2x the above co-pay (90 day supply)	2x the above co-pay (90 day supply)	2.5x the above co-pay (90 day supply)	2.5x the above co-pay (90 day supply)
Mental Health Inpatient	\$500	20% coinsurance after per occurrence deductible of \$150 and annual deductible	\$500 per day up to \$2500	20% coinsurance after deductible	\$500 per day up to \$2500	20% coinsurance after deductible
Outpatient	\$40	\$50	\$30	\$30	\$50	\$50

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Benefit Summary	DHMP HMO	DHMP DHMO	Kaiser HMO Group #00068	Kaiser DHMO Group #00068	UHC Choice Co-Pay Group #0717340	UHC Navigate Group #0717340
Skilled Nursing Facility	\$0, 100 days per year max	Deductible; 20% coinsurance; 60 days per year max	\$0; 100 days per year max	Deductible; 20% coinsurance; 100 days per year max	\$500 per day up to \$2500; 60 days per year max	Deductible; 20% coinsurance; 60 days per year max
Durable Medical	30% coinsurance; \$2000 per year max	Deductible; 20% coinsurance; \$2500 per year max	20% coinsurance	20% coinsurance; Not subject to the deductible	\$0	Deductible then 20% coinsurance
Oxygen	100% covered; equipment 30% coinsurance	100% covered; equipment 20% coinsurance	\$0	20% coinsurance; Not subject to the deductible	Included under Durable Medical	Included under Durable Medical
Vision Care	Not covered	\$25 exam, one exam every 24 months No materials benefit.	\$30 exam, one exam every 12 months \$100 materials benefit every 24 mo. ⁽²⁾	\$30 exam, one exam every 12 months No materials benefit. ⁽²⁾	\$30 exam, one exam every 24 months No materials benefit.	\$25 exam, one exam every 24 months No materials benefit.
Phys/OCC/ Speech Therapy	\$50, max 20 visits per year	\$25, max 20 visits per year	\$30, max 20 visits per year	\$30, max 20 visits per year	\$60, max 20-36 visits per year	\$25, max 20-36 visits per year
Chiropractic	\$20, max 20 visits per year	\$50, max 20 visits per year	\$30, max 20 visits per year	\$30, max 20 visits per year	\$60, max 20 visits per year	\$50, max 20 visits per year
Acupuncture	Discount program \$40 per visit no max	Discount program \$40 per visit no max	Discounted services provided to all members	Discounted services provided to all members	Not covered; visit website for discount benefits	Not covered; visit website for discount benefits

1. The annual deductible and the 20% coinsurance apply for procedures performed during a co-pay office visit.
2. Office related procedures are not included under co-payment; deductible and co-insurance could apply.
3. Denver Health has two levels for prescriptions. If HMO members fill their prescription at Denver Health, they pay \$4 for certain maintenance medications and \$10/\$15/\$30 for generic, brand and non-formulary, respectively. They will pay \$8 for certain maintenance medications and \$20/\$30/\$60 for generic, brand and non-formulary respectively outside of Denver Health at a participating pharmacy. If DHMO members fill their prescription at Denver Health, they pay \$12/\$40/\$50 for generic, brand and non-formulary, respectively. They will pay \$20/\$50/\$80 for generic, brand and non-formulary respectively, outside of Denver Health at a participating pharmacy.

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Over 65 Medical Plans

To enroll in either the Kaiser Senior Advantage HMO 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 Supplemental 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 \$500 per trip	\$50	\$0
Lab & X-ray	\$0	\$0	\$0
Lab tests, diagnostics	\$0	\$0	\$0
MRI, PET, CT scans	\$100	\$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
	Includes Medicare Part D Gap	No Medicare Part D Gap	No Medicare Part D Gap
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

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Benefit Summary	Kaiser Senior Advantage Group #00068	UHC Medicare Advantage with Part D Group #092094	UHC Senior Supplemental 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

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

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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

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

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Over and Under 65 Vision Plan

The Denver Police Department offers vision coverage through EyeMed to retired officers and eligible dependents.

The Vision Plan is a Preferred Provider Organization (PPO), which includes a network of participating eye care providers. You receive the maximum benefits under the plan and pay less out of your pocket when you seek care from an in-network provider. You have the option to seek care out-of-network, but you will pay more out of pocket for those services.

EyeMed Vision Plan - Group 9771080		
Benefit Summary	In-Network	Out-of-Network
Eye Exam (every 12 months, based on last service date)	\$10	Up to \$35 allowance
Lenses (every 12 months, based on last service date)		
Single	\$10	Up to \$25 allowance
Bifocal	\$10	Up to \$40 allowance
Trifocal	\$10	Up to \$60 allowance
Progressive	\$10; 80% of charge less \$55 Allowance	Up to \$40 allowance
Frames (every 24 months, based on last service date)	\$0; \$120 Allowance, 80% of balance over \$120	Up to \$48 retail allowance
Contact Lenses (every 12 months, based on last service date)		
Medically Necessary	co-pay waived \$135 allowance;	Up to \$200 allowance
Conventional	15% off balance over \$135 \$135 allowance;	Up to \$95 allowance
Disposable	15% off balance over \$135	Up to \$95 allowance
The following services are offered: UV Treatment, Tint (Solid and Gradient), Standard Plastic Scratch Coating, Standard Polycarbonate, Standard Anti-reflective Coating; Other Add-Ons and Services	20% off retail price	N/A
Laser Correction (US Laser Network)	15% off retail	N/A

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Rates

Medical Under-65 Retiree Monthly Rates

Benefit Summary	DHMP HMO	DHMP DHMO	Kaiser HMO Group #00068	Kaiser DHMO Group #00068	UHC HMO Group #0717340	UHC Navigate Group #0717340
Retiree	\$572.88	\$401.89	\$494.60	\$380.11	\$656.06	\$477.42
Retiree/ Spouse	\$1194.04	\$837.65	\$1088.11	\$836.23	\$1443.36	\$1050.34
Retiree/ Children	\$925.95	\$649.59	\$989.19	\$760.21	\$1312.15	\$954.86
Retiree/Family	\$1655.65	\$1161.48	\$1582.70	\$1216.34	\$2099.39	\$1527.74

Medical Over-65 Retiree Monthly Rates

Benefit Summary	Kaiser Senior Advantage Group #00068 (in area)	UHC Medicare Advantage Group #092094	UHC Senior Supplemental with Part D(prescription) Group #01377
Retiree Only - One Medicare	\$236.08	\$342.19	\$421.59
Retiree + Spouse - Two Medicare	\$472.17	\$684.38	\$843.18
Retiree Only with Medicare Part B Only	\$605.66	N/A	N/A
Retiree + Spouse - One Medicare one HMO	\$730.68	\$998.25	\$1077.65
Retiree + Family - One Medicare	\$1188.83	\$1785.52	\$1864.92
Retiree + Family - Two Medicare	\$966.77	\$1340.41	\$1499.21
Retiree + Spouse - One Medicare one DHMO or Navigate	\$616.19	\$819.61	\$899.01
Retiree + Family - One Medicare (DHMO) or Navigate	\$968.29	\$1392.51	\$1471.91
Retiree + Family - Two Medicare (DHMO) or Navigate	\$852.28	\$1161.78	\$1320.58

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	Group #9771080
Retiree Only	\$8.08
Retiree + 1 Dependent	\$15.37
Retiree + Family	\$22.54

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Required Notices

Grandfathered Status

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plan must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Health Care Reform Act

The term “health care reform” refers to the Affordable Care Act, which was passed by the Federal Government into federal and state law in March 2010. These laws are intended to help more people get affordable health care coverage and receive better medical care. To learn more please visit dol.gov/ebsa/healthreform.

Health Care Reform Updates for 2015

- Employer Mandate: As of January 1, 2015, employers are required to provide all full-time equivalent employees with a health insurance plan or pay a fine
- Full-Time Equivalent (FTE) - Full-time equivalent employees are employees that work at least 30 hours per week
- All medical expenses (i.e., copays, deductibles, and coinsurance) continue to be counted toward the annual out-of-pocket maximums
- Health care reform requires most U.S. citizens and legal immigrants to have a basic level of health coverage starting January 1, 2014 - this is called the individual mandate
- Flexible Spending Accounts continue to be capped at \$2,500 for health care expenses and \$5,000 for dependent daycare expenses

Right to Designate Primary Care Physician

The Denver Police Department Health Plan (“the Plan”) generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

Women’s Health and Cancer Rights Act Notice

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for the following:

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

The Denver Police Department benefits plan provides coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your plan booklet or contact the Safety HRD at 720-913-6741.

Reminder of Availability of HIPAA Privacy Notice

The Plans listed above maintain a privacy policy pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you would like a copy of the privacy notice, you may contact the Safety HRD at 720-913-6741.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you

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or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment)
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place
- Reaching the plan's lifetime benefit maximum on all benefits, if the person is covered under a separate plan or a single plan with multiple options and the other option has a higher lifetime maximum, or the benefits paid under the first option were not integrated with the second option
- Failing to return from a leave of absence covered under the Family Medical Leave Act (FMLA)
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP)

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after you or your dependents other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or your dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact:

Department of Public Safety
Human Resources Division
1331 Cherokee Street
Denver, CO 80204
720-913-6741
SafetyHR@denvergov.org

Creditable Coverage Notice

Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Denver Police Department and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If you or any of your covered dependents are not eligible for or have Medicare, this notice does not apply to you or your dependents. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

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2. The Denver Police Department has determined that the prescription drug coverage offered by the Denver Police Department Employee Health Care Plan (“Plan”) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered “creditable” prescription drug coverage. This is important for the reasons described below.

Because your existing coverage on average is at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare - General Rules

You can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D’s annual enrollment period, which runs each year from October 15th through December 7th. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

Notices

If after your initial Medicare Part D enrollment period you have **63 continuous days or longer without “creditable” prescription drug coverage** (that is, prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage), your monthly Part D premium may increase by at least 1% of the premium you would have paid had you enrolled when first eligible, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you have nineteen months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you do not have a copy, you can get one by contacting us at the telephone number listed below.

Coordinating Other Coverage with Medicare Part D

If you decide to join a Medicare drug plan while covered under the Denver Police Department Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Denver Police Department Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed on the following page.

Department of Public Safety | Denver Police Department

If you do decide to join a Medicare drug plan and drop your Denver Police Department prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to reenroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

For more information about this notice or your current prescription drug coverage

Contact the Safety HRD for further information. **NOTE:** You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Denver Police Department changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you enroll to show that you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

2015 Retiree Benefits Guide

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.



Human Resources Division
1331 Cherokee Street # 408
Denver, CO 80204
720-913-6741
SafetyHR@denvergov.org