



DENVER
PUBLIC SAFETY

2021
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 summary of benefit coverage (SBC). If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.

BENEFIT ELIGIBILITY

The City and County of Denver offers a variety of benefits to retired Denver Police and their eligible dependents. 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 or your dependents lose eligibility for that other coverage. You may need to furnish proof of group coverage in order to enroll. Keep in mind that individual plans and Medicare Supplement or Advantage plans will not suffice as group coverage.

WHAT DEPENDENTS ARE ELIGIBLE FOR HEALTH CARE COVERAGE?

City and County of Denver (CCD) Department of Safety Police retiree benefit recipients and their eligible dependents may enroll in medical, dental, and/or vision insurance with pension deductions through Fire and Police Pension Association (FPPA).

A benefit recipient is someone receiving a monthly pension benefit payment from FPPA that is large enough to cover the premium deductions for plan(s) elected. A benefit recipient includes a surviving spouse of a retiree.

The benefit recipient must be enrolled in insurance for any dependents to be enrolled.

Eligible dependents include the following with approved documentation:

- » Your spouse (including those defined as common-law and same-sex legally married)
 - » By submitting common-law marriage affidavit, you understand that in the state of Colorado, it is the same as a ceremonial or civil marriage, and can only be terminated by death, divorce, legal separation or declaration of invalidity of marriage
- » Your Colorado State Civil Union spouse
- » 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, approved supporting documents are needed to prove dependency within the required time frame. A list of acceptable dependent documents can be found at the following link: [dependent documents](#) or contact the Department of Safety benefits team.

The CCD is required to ensure that dependents enrolled in the plans meet the eligibility criteria for coverage. You are responsible for notifying the Benefits Administrator of CCD if one of your covered dependents no longer meets the eligibility requirements for coverage (e.g. divorce, etc.). Failure to notify the Benefits Administrator of the qualifying event may result in insurance fraud and the member being responsible for the cost of any claims incurred by an ineligible dependent not removed timely from the plan.

2021 BENEFIT PLAN CHANGES AND INFORMATION

Medical Plans (Non-Medicare)

- **Denver Health**
 - » Replaced the Denver Health DHMO with an HMO- plan will use copays and coinsurance only, rather than a deductible and copay system. Anyone enrolled in the DHMO plan in 2020 will automatically move to the HMO plan in 2021.
 - » Removed out-of-network benefit from Denver Health. This will remove the Cofinity and Highpoint networks from the new HMO and HDHP plans. Members may use in-network Denver Health options **ONLY**
- **United Health Care**
 - » Modify the prescription benefit to eliminate CVS/Target as a pharmacy option, no other changes on pharmacy network

Medical Plans (Medicare)

- In 2021, to provide the best plan options, the 2020 UHC Senior Supplement plan and UHC Medicare Advantage HMO plan are being replaced with a new UHC Medicare Advantage PPO (also noted as the UHC MAPD PPO)
- Anyone currently enrolled in either plan will be automatically enrolled into the new UHC Medicare Advantage PPO

On-Demand Healthcare - DispatchHealth

- City and County of Denver employees and dependents in any of the medical plans can avoid unnecessary expenses and trips to the ER by using DispatchHealth. DispatchHealth can treat pains, sprains, cuts, wounds, high fevers, upper respiratory infections and much more. Their medical teams are equipped with all the tools necessary to provide advanced medical care in the comfort of your home or location of need. DispatchHealth is open 7 days a week, 8:00 a.m.-10:00 p.m., including holidays. It services Castle Rock to Boulder/Longmont, Denver and Colorado Springs. To contact DispatchHealth call 303.500.1518 or go online to dispatchhealth.com

Benefits Eligibility

Benefits Enrollment

When can I enroll or change my benefit elections?

AT OPEN ENROLLMENT

WHEN: During the annual open enrollment period, **Monday, October 12, 2020 to Friday, October 30, 2020.**

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), (200 W. 14th Ave, 3rd Floor, Denver, CO 80204) by Thursday, October 30, 2020. 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.

Qualifying life events include but are not limited to:

- » Marriage (Common Law or Civil Union), Divorce
- » Death
- » Birth or adoption
- » Gain or loss of other coverage
- » Change in Medicare eligibility

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 is effective the day of the birth or adoption.

If you or your dependents become eligible for Medicare contact Human Resources before the first of the month in which you turn 65 (up to three months prior)

HOW: All changes to your elections must be submitted via an enrollment form to the Denver Public Safety Human Resources (Denver Public Safety HR), 200 W. 14th Ave, 3rd Floor, Denver, CO 80204) within 30 days of the qualifying life event. No changes can be made to your enrollment status after this until the next Open Enrollment unless you have another 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:
Before 1/1/2021, phone: 720.913.6741
After 1/1/2021, phone: 720.913.5697
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. Note the deductible is aggregate, meaning all expenses of the plan- from all enrollees- count toward the family deductible. An individual deductible does not apply when enrolled in family coverage on an HDHP, all family members pay towards the family deductible. One family member alone could reach the deductible, leaving the rest of the family to pay just coinsurance expenses. The same applies to the out-of-pocket maximums on the HDHP.

For deductible health maintenance organization (DHMO) enrollees (Kaiser and UHC only), participants have an embedded deductible, where each of the family member's expenses are tracked individually and separately. The individual deductible and out-of-pocket maximums apply in the DHMO plan, even with family coverage.

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. 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.

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

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

NUMBERS TO KNOW

DEDUCTIBLE

HDHP in-network deductible:
Individual deductible: \$1,450
Family deductible: \$2,900¹

DHMO in-network deductible:
Individual deductible: \$500
Family deductible: \$500 per member up to \$1,500
DenverHealth HMO in-network deductible: \$0
Individual/Family Deductible: \$0

OUT-OF-POCKET MAXIMUM

HDHP in-network out-of-pocket maximum:
Individual out-of-pocket maximum: \$2,900
Family out-of-pocket maximum: \$5,800¹

DHMO in-network out-of-pocket maximum:
Individual out-of-pocket maximum: \$4,500
Family out-of-pocket maximum: \$4,500 per member up to \$9,000
Denver Health HMO in-network out-of-pocket maximums:
\$3,000 individual/\$6,000 family

COINSURANCE

HDHP in-network coinsurance:
Denver Health Medical Plan: 10%
Kaiser Permanente: 20%
UnitedHealthcare: 20%

DHMO in-network coinsurance: 20%

(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.

2021 Denver Health Medical Plan Comparisons (Non-Medicare)

Summary of Covered Services	DENVER HEALTH MEDICAL PLAN HMO	DENVER HEALTH MEDICAL PLAN HDHP	
	In-Network Denver Health Facilities Only Colorado Only	In-Network Denver Health Facilities Only Colorado Only	
		Single	Family
Deductible	\$0 per individual / \$0 family (No deductible)	\$1,450	\$2,900
Out-of-Pocket Maximum Single/Family	\$3,000 per individual / \$6,000 family	\$2,900	\$5,800
Office Visits Primary Care Physician Specialist	\$25 copay ¹ \$40 copay	10% after deductible 10% after deductible	
Preventive	\$0	\$0	
Prescription Drugs	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)	\$500 copay. ²	10% after deductible	
Outpatient Hospital/Ambulatory Surgery	\$200 copay.	10% after deductible	
Lab and X-Ray	\$0	10% after deductible	
MRI/CAT/etc.	\$200 copay	10% after deductible	
Emergency Care	20%	10% after deductible	
Urgent Care	\$50 copay	10% after deductible	
Mental Health Inpatient Outpatient	\$500 copay ² \$25 copay	10% after deductible ² 10% after deductible	
Alcohol/Substance Abuse Inpatient Outpatient	\$500 copay \$25 copay	10% after deductible ² 10% after deductible	
Phys/Occ/Speech Therapy	\$50 copay (max 30 visits/year)	10% after deductible (max 20 visits/year)	
Vision Exam	\$40 copay (one exam every 24 months)	Not covered	
Chiropractic	\$50 copay 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/medical-prior-authorization-list.

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

DENVER HEALTH MEDICAL PLAN

Effective January 1, 2021 both the HMO and HDHP plans will only provide access to Denver Health providers and facilities. Should you receive services outside of Denver Health they will be not covered after January 1, 2021.

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

2021 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 / \$1,000 family	\$1,450	\$2,900
Out-of-Pocket Max Single/Family	\$4,500 per individual / \$9,000 family	\$2,900	\$5,800
Office Visits Primary Care Physician Specialist	\$0 copay ¹ \$75 copay ¹	20% after deductible 20% after deductible	
Preventive	\$0	\$0	
Prescription Drugs Generic/Formulary/Non-formulary	\$10/\$35/\$60/\$100 copay (up to a 30-day supply) 90 day supply for price of 2 months (Mail order)	\$10/\$35/\$60 copay after deductible 90 day supply for price of 2 months (Mail order)	
Inpatient Hospital (per admission, including birth)	20% after deductible	20% after deductible	
Outpatient Hospital	ASC: \$500 copay Hospital setting: 20% after deductible	20% after deductible	
Lab and X-Ray	\$25 lab copay/\$25 X-ray copay	20% after deductible	
MRI/CAT/etc.	\$250 copay	20% after deductible	
Emergency Care	20% after deductible	20% after deductible	
Urgent Care	\$0 copay ¹ (Kaiser designated facility)	20% after deductible (Kaiser designated facility)	
Mental Health Inpatient Outpatient	20% after deductible No Charge	20% after deductible 20% after deductible	
Alcohol/Substance Abuse Inpatient Outpatient	20% after deductible 20% after deductible ¹	20% after deductible 20% after deductible	
Phys/Occ/Speech Therapy	20% after deductible (max 20 visits/year)	20% after deductible (max 20 visits/year)	
Vision Exam	\$0 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

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

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 <https://my.kp.org/denvergov/> or call 303.338.4545.

2021 UnitedHealthcare Medical Plan Comparisons (Non-Medicare)

Summary of Covered Services	UNITEDHEALTHCARE DHMO	UNITEDHEALTHCARE HDHP			
	In-Network Only Colorado Doctors Plan (CDP)	In-Network (Nationwide)		Out-of-Network (Nationwide)	
		Single	Family	Single	Family
Deductible	\$500 per individual / \$1,000 family	\$1,450	\$2,900	\$3,000	\$6,000
Out-of-Pocket Max Single/Family	\$4,500 per individual / \$9,000 family	In and out-of-network ded. and out-of-pocket maximum do not cross apply \$2,900 \$5,800 \$6,000 \$12,000			
Office Visits Primary Care Physician Specialist	\$0 copay ¹ \$75 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	\$10/\$35/\$60/\$100 copay	\$10/\$35/\$60 copay after deductible		\$10/\$35/\$60 copay after deductible	
Inpatient Hospital (per admission, including birth)	20% after deductible	20% after deductible		50% after deductible ²	
Outpatient Hospital	20% after deductible	20% after deductible		50% after deductible ²	
Lab and X-Ray	\$25 lab copay/\$25 X-ray copay	20% after deductible		50% after deductible ²	
MRI/CAT/etc.	\$250 copay	20% after deductible		50% after deductible ²	
Emergency Care	20% after deductible	20% after deductible		20% after deductible	
Urgent Care	\$0 copay ¹	20% after deductible		50% after deductible	
Mental Health Inpatient Outpatient	20% after deductible No charge	20% after deductible 20% after deductible		50% after deductible ² 50% after deductible ²	
Alcohol/Substance Abuse Inpatient Outpatient	20% after deductible No charge	20% after deductible 20% after deductible		50% after deductible ² 50% after deductible ²	
Phys/Occ/Speech Therapy	\$75 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)		50% after deductible ² (max 20 visits/year)	
Vision Exam	\$50 copay (one exam every 24 months)	20% after deductible (one exam every 24 months)		Not covered	
Chiropractic	\$75 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)		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 COLORADO DOCTORS PLAN DHMO (CDP)

If you enroll in the UnitedHealthcare CDP, you must:

- » See Centura Health or New West Physicians doctors, specialists and hospital.
- » Choose a PCP within Centura Health or New West Physicians network.
- » Go to welcometouhc.com/denver to select a PCP. Click **Benefits** then **Find a Doctor or Facility** and then **Colorado Doctors Plan**. Once you find a PCP, email their 14-digit Physician ID number to CCDenrollment@uhc.com.
- » Participants should reside in the eight-county Denver Metro service area, which includes: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso and Jefferson - If you are traveling outside the Denver metro area or you have a dependent who lives outside the Denver metro area, you may access UHC's broad network of providers to receive care.

You will no longer need a referral before seeing another PCP or specialist.

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.

To learn more about
UnitedHealthcare, visit
[www.welcometouhc.com/
denver](http://www.welcometouhc.com/denver) or call 855.828.7715
(DHMO members) or
800.842.5520 (HDHP members).

Medical Plans Medicare Eligible (over 65)

When you turn age 65, you are no longer eligible to be enrolled in a DPD under age 65 (non-Medicare eligible) plan. Instead you are eligible to enroll in one of the DPD Medicare eligible plan options: the Kaiser Senior Advantage or UHC Medicare Advantage plan with Part D. For any reason, if you do not enroll in one of the Medicare eligible DPD options when first eligible, your pre-65 or non-Medicare eligible DPD coverage will be terminated. Note if you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from these/this plan(s).

To enroll in any Medicare Advantage plan:

- » be enrolled in Medicare Part A and/or Part B
 - » Note: Your Medicare Part B premiums are separate from the DPD Medicare plan premiums. You are responsible for paying the premium to Medicare directly and must continue to pay to keep your coverage under these group-sponsored plans. If you stop your Medicare Part B payments, you may be disenrolled from these plans.
- » be age 65 or older or disabled
- » Reach out to each carrier for more information on in-network options.
- » reside in the Kaiser Service Area of Denver, Boulder, Colorado Springs, Pueblo, Larimer and Weld counties
 - » Note: If you travel outside of the Kaiser Permanente Colorado service area you are covered for urgent and emergency care anywhere in the world. Additionally, you'll be able to access most of the same services you would get in your home area when visiting another Kaiser service area. Kaiser service areas include all or part of: California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington & Washington DC. Please call the Away from Home Travel line at 951-268-3900 or visit kp.org/travel.
- » the UHC Medicare Advantage plan is a Preferred Provider Organization (PPO) plan. You have access to our national network of providers. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

In 2021, to provide the best plan options, the 2020 UHC Senior Supplement and UHC Medicare Advantage HMO plans are being replaced with a new UHC Medicare Advantage PPO plan (also noted as the UHC MAPD PPO)

- » ***If you are currently enrolled in either UHC Senior Supplement or UHC Medicare Advantage HMO, you will be automatically enrolled in the new UHC Medicare Advantage PPO***

Benefit Summary	Kaiser Senior Advantage Group #00068	UHC Medicare Advantage with Part D Group #15701
Out of Pocket Maximum	\$2,500	\$2,000
Office Visits		
Primary Care	\$15	\$15
Specialty Care	\$25	\$30
Preventive Care		
Routine Physical Exam	\$0	\$0
Preventive Services	\$0	\$0
Routine Hearing Exam	\$15	\$0 (1 exam every 12 months)
Medicare covered Vision Exam	\$15	\$30 (1 exam every 12 months)

Benefit Summary	Kaiser Senior Advantage Group #00068	UHC Medicare Advantage with Part D Group #15701
Hospital Services Inpatient Care	\$250 per day (\$500 max)	\$250 ⁽³⁾
Outpatient Surgery	\$150 for Medicare covered	\$250
Emergency Room	\$65 (waived if admitted)	\$50 (waived if admitted within 24 hours)
Urgent Care Facility	\$25	\$15
Ambulance Services	20% up to \$195 per trip	\$100
Lab & X-ray	\$0	\$15
Lab tests, diagnostics	\$0	\$15
MRI, PET, CT scans	\$100 per procedure/per body part	\$30 per procedure
Prescriptions	(30-day supply)	(30-day supply)
Preferred Generic	\$5	\$5
Non Preferred Generic	\$15	\$15
Preferred Brand	\$40	\$40
Non-Preferred Brand	\$60	\$60
Specialty	\$60	\$60
	Enrolled in Medicare Part D ⁽¹⁾	Enrolled in Medicare Part D
Mail Order	2x retail co-pay (90-Day Supply)	2x retail co-pay (90-Day Supply)
Skilled Nursing Facility	\$0 up to 100 days	\$0 per day; up to 100 days
Durable Medical	20% coinsurance ⁽²⁾	\$20
Oxygen	\$0	20% coinsurance
Vision Hardware	Charges over \$100 benefit, every 2 years	\$100 allowance for glasses
Hearing Aids	Not Covered	\$500 (every 36 months)
Silver Sneakers [®] Fitness	\$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.

Well-being

- » It is more than being healthy. It includes physical fitness, but it incorporates mental, financial, and social fitness, too. The City and County of Denver has expanded the assistance for mental health services. These services are just a click or call away
- Kaiser Permanente- Mental Health Providers and information are on their website at kp.org or by calling 303.471.7700
 - United Healthcare - call 800.842.5520 to speak with an advocate and learn more about behavioral health programs that may be available to you or visit their website at liveandworkwell.com

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 #7952	
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 #7952	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$50 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	\$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 <https://www.eyemedvisioncare.com/humanavis/public/provloc.emvc?networkId=227>.

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 HMO	Kaiser HDHP Group #68-51	Kaiser DHMO Group #68-32	UHC HDHP Group #0717340	UHC CDP Group #0717340
Retiree	\$494.58	\$612.10	\$487.45	\$523.98	\$591.99	\$614.08
Retiree + Spouse	\$1,088.07	\$1,346.63	\$1,067.86	\$1,152.82	\$1,302.37	\$1,350.97
Retiree + Children	\$989.16	\$1,224.21	\$970.62	\$1,047.98	\$1,183.98	\$1,228.15
Retiree + Family	\$1,582.65	\$1,958.73	\$1,550.44	\$1,676.71	\$1,894.36	\$1,965.05

Medical Over 65 Retiree Monthly Rates*	Kaiser Senior Advantage Group #00068 (in area)	UHC Medicare Advantage PPO Group #15071
Retiree Only - One Medicare	\$215.74	\$318.94
Retiree + Spouse - Two Medicare	\$431.48	\$637.88
Retiree Only with Medicare Part B Only	\$612.61	N/A
Retiree + Spouse (Child) - One Medicare one HDHP	\$703.19	\$910.93
Retiree + Family - One Medicare HDHP	\$1,150.76	\$1,502.92
Retiree + Family - Two Medicare HDHP	\$918.93	\$1,229.87
Retiree + Spouse (Child) - One Medicare one DHMO or CDP	\$739.72	\$933.02
Retiree + Family - One Medicare (DHMO) or CDP	\$1,225.08	\$1,547.09
Retiree + Family - Two Medicare (DHMO) or CDP	\$955.46	\$1,251.96

*Combined rates may vary depending upon the number of members on the Medicare and children covered.

DENTAL Group #7952	Retiree Only	Retiree + 1 Dependent	Retiree and 2 or more Dependents
Delta Dental Low	\$18.49	\$35.13	\$51.54
Delta Dental Medium	\$25.40	\$48.24	\$69.65
Delta Dental High	\$33.39	\$63.45	\$93.88

VISION Group #773805	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Humana Vision	\$6.82	\$13.67	\$18.32

PENSION PLAN - FIRE & POLICE PENSION ASSOCIATION OF COLORADO (FPPA)

Police contribute to the Statewide Defined Benefit Plan (SWDB), a traditional retirement plan that pays a monthly retirement benefit based on age and total years of service.

Please reach out to the FPPA at 303.770.3772 or login to your account at www.FPPAco.org to update your taxes, change your direct deposit account or view your pension checks.

RETIREE HEALTH FUND (RHF)

The Retiree Health Fund provides a monthly benefit to retirees who are receiving a pension, deferring receipt of their pension or the surviving spouse of the recipient who are purchasing health insurance and receiving a pension from the Fire and Police Pension Association. The monthly benefit is to be used for the exclusive purpose of paying for health insurance cost.

The maximum monthly benefit is currently \$250 and is pro-rated based on years of service.

Number of Service Years	Percentage of Maximum Monthly Benefit
10-14	40%
15-19	60%
20-24	80%
25+	100%

Benefit shall be payable for ten years, or to age 65, whichever occurs first; however, the monthly benefit is payable for a minimum of 3 years regardless of age.

Should you have questions, please contact the Administrative Office at 303.426.9244.

OTHER RESOURCE OPTION

Copline: National hotline that provides a safe, confidential place to speak to trained retired law enforcement Peer Support Officers. Call (800)267-5463

SUMMIT SAVINGS

Summit Savings is a separate, personal, deferred compensation retirement savings (457b) plan program that was offered by the City and County of Denver and administered by Nationwide. Your Summit Savings investments can be customized as your needs require, and you can work with an investment advisor to tailor your investment options. To learn more about Summit Savings, call 720.913.9308 or visit denvergov.org/457.

EMPLOYEE ASSISTANCE PROGRAM

GuidanceResources® services are available 24 hours a day, seven days a week online and by telephone; and counselors can arrange for in-person services to be provided as needed. The GuidanceResources® Employee Assistance Program offers City and County of Denver employees and their families free confidential support in the following areas:

- » Confidential consultation on personal issues
- » Legal information and resources
- » Information, referrals and resources for work-life needs
- » Financial information, resources and tools
- » Online information, resources and tools

Service Continuation Eligibility-GuidanceResources® services are available to employees and their families 90 days following the employee's last day of employment with the City and County of Denver.

DENVER POLICE RETIREE ASSOCIATION (DPRA)

The Denver Police Retiree Association would like to invite you to join in the Brotherhood of Police Officers through your retirement; you may sign up at www.dpra.info. When you join DPRA, you will receive a roster containing retiree contact information and access to the website for programs offered, dinners and activities.

Additional Resources

RETIREE PEER SUPPORT

Retired DPD officers and Lieutenant John Coppedge developed a Peer Support program to support retired Denver and other local 1st responders. Many police, fire and EMS 1st responders experience many traumatic events throughout their career. Once members reach the goal of retirement, memories of those experiences often do not diminish with time. Retirees sometimes experience PTSD, alcohol abuse, depression, and other issues, which diminish the quality of their retirement years.

The Retiree Peer Support program strives to assist retired Denver police officers, as well as law enforcement, fire, and EMS throughout the front range area. Peer support members have received training from Dr. John Nicoletti. Dr. Debra Tasci is the clinical supervisor. They also have support from the Denver Police Department active officer Peer Support program, as well as other service providers. Retiree Peer Support members are also members of the DPD Volunteer in Policing Service (VIPS) program.

Members of the DPD Retiree Peer Support program can be reached at email retpeersup@gmail.com or at phone number (720) 340-1485. If you, a family member, or another retiree needs assistance or would like to talk to one of the retiree peer support members, please contact them and they will provide you a list of members to choose from. It is recognized that Peer Support programs are effective for active police officers if the officer in crisis is identified and seeks support of a Peer Support member. They are hopeful that Peer Support will be as effective for retirees.

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

BENEFITS OFFICE

Denver Public Safety HR Benefits
200 W. 14th Ave,
3rd Floor
Denver, CO 80204
email: safetybenefits@denvergov.org
Before 1/1/2021: 720.913.6741
After 1/1/2021: 720.913.5697
Fax: 720.913.7050

DENTAL

Delta Dental of Colorado
www.deltadentalco.com
Group #7952
303.741.9305 or 800.610.0201
Mobile app: Delta Dental

MEDICAL

UnitedHealthcare
www.myuhc.com
Non-Medicare Eligible
Group #0717340
HDHP: 800.842.5520
CDP: 800.349.0574
Medicare Eligible
MAPD PPO #15701 (Medicare
Advantage)
877.714.0178
www.uhcretiree.com
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
866.537.0229

ADDITIONAL SERVICES

Denver Police Protective Association
www.dppa.com
303.433.8247

GuidanceResources® Employee
Assistance Program
www.guidanceresources.com
(enter Denver web ID: DENVEREAP)
877.327.3854

Thank you to the following
associations:

