



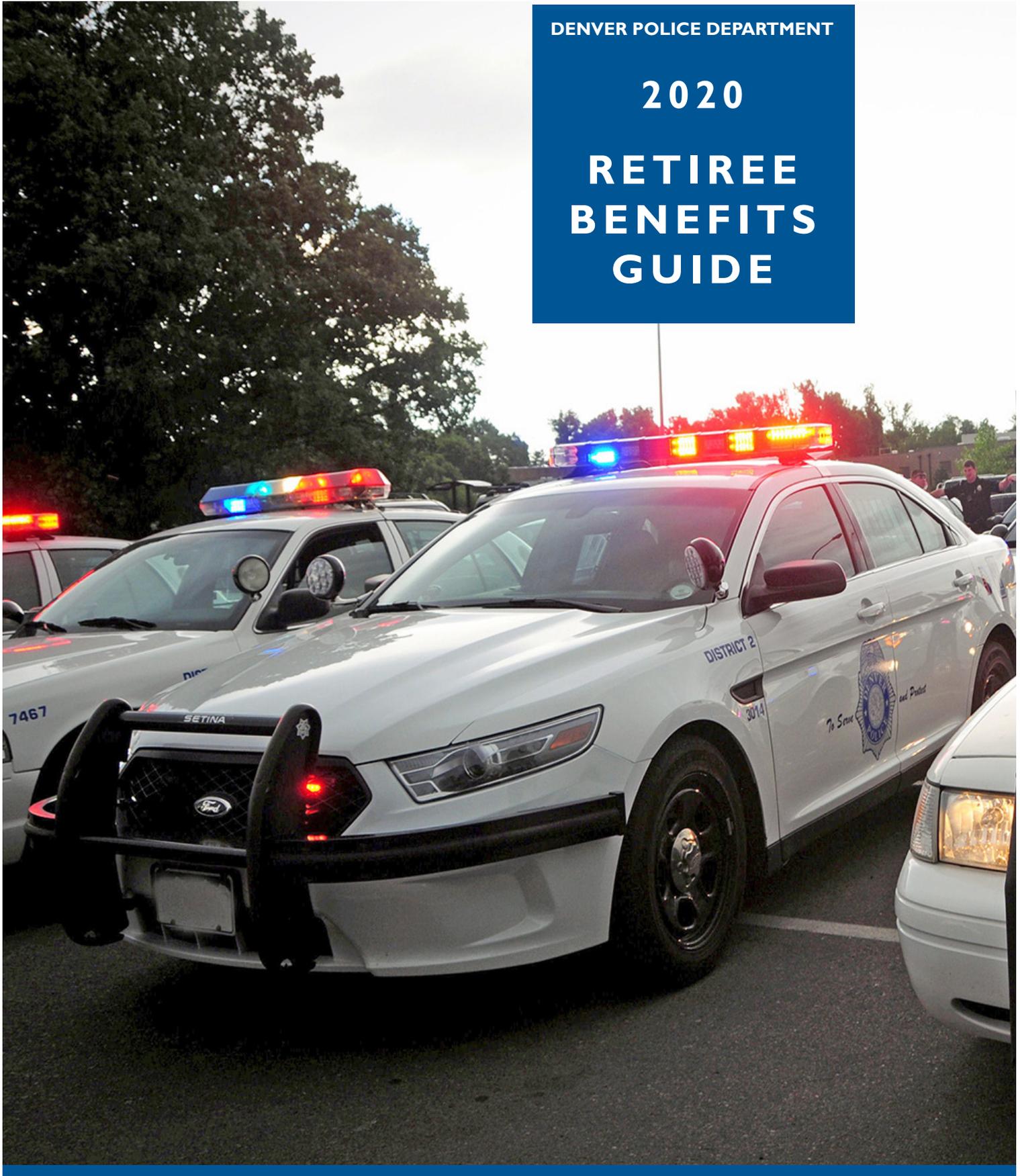
**DENVER**  
PUBLIC SAFETY



DENVER POLICE DEPARTMENT

2020

**RETIREE  
BENEFITS  
GUIDE**



# Table of Contents

BENEFITS ELIGIBILITY	2
BENEFITS ENROLLMENT	3
BENEFITS BASICS	4
MEDICAL PLANS NON-MEDICARE (UNDER 65)	5
MEDICAL PLANS MEDICARE ELIGIBLE (OVER 65)	9
DENTAL PLANS	11
VISION PLAN	12
BENEFIT PLAN MONTHLY PREMIUMS	13
ADDITIONAL RESOURCES	14

## 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 Department (CCD) 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 from 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)
- » 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 required to prove dependency within the required time frame. A list of acceptable dependent documents can be found at the following link: [dependent documents](#) or by contacting 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 timely removed from the plan.

## 2020 BENEFIT PLAN CHANGES

### Medical plans (Non-Medicare)

- » Changes to the plan design for Kaiser DHMO and UnitedHealthcare DHMO from Navigate to Colorado Doctors Plan (CDP)
- » The UnitedHealthcare Navigate Plan will be replaced by the CDP effective January 1, 2020
- » Copayments on the CDP will be \$0 for in-network PCP visits, Urgent Care, Mental Health Visits and Virtual Visits
- » As with Navigate, you are required to select a PCP; however, in 2020 you will no longer need a referral to see a specialist
- » ***If you are currently enrolled in the 2019 UnitedHealthcare Navigate plan and do not make an enrollment change, you will be defaulted into the UnitedHealthcare High Deductible Plan (HDHP) for 2020***

**Dental Plan group number/format is changing and members will receive new ID cards**

### On-Demand Healthcare - DispatchHealth (Non-Medicare)

- 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, workplace 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](https://dispatchhealth.com)

### 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 has expanded its network to include Denver Family Therapy, Krupnick Counseling, SonderMind, and Westside Behavior Care. Visit their website at [kp.org](https://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](https://liveandworkwell.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 7, 2019 to Thursday, October 31, 2019.**

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 31, 2019. 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) by Thursday, October 31, 2019. 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](mailto: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, 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: \$2,900<sup>1</sup>

##### 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: \$2,900  
Family out-of-pocket maximum: \$5,800<sup>1</sup>

##### 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

#### 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.

# 2020 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 Colorado Only	Cofinity and High Point Network	In-Network Denver Health Facilities Only Colorado Only		Cofinity and High Point Network	
			Single	Family	Single	Family
<b>Deductible</b>	\$500 per individual / \$1,500 family	\$750 per individual / \$1,750 family	\$1,450	\$2,900	\$2,500	\$4,000
<b>Out-of-Pocket Maximum</b> Single/Family	\$3,000 per individual / \$6,000 family	\$3,000 per individual / \$6,000 family	\$2,900	\$5,800	\$5,000	\$8,000
<b>Office Visits</b> Primary Care Physician Specialist	\$25 copay <sup>1</sup> \$50 copay	\$30 copay <sup>1</sup> \$50 copay	10% after deductible 10% after deductible		20% after deductible 20% after deductible	
<b>Preventive</b>	\$0	\$0	\$0		\$0	
<b>Prescription Drugs</b>	See plan summary for details as costs vary by pharmacy location, Rx tier and length of supply (30-day or 90-day).					
<b>Inpatient Hospital</b> (per admission, including birth)	20% after ded. and \$150 per occurrence ded. <sup>2</sup>	30% after ded. and \$150 per occurrence ded. <sup>2</sup>	10% after deductible		20% after deductible	
<b>Outpatient Hospital/Ambulatory Surgery</b>	20% after ded. and \$150 per occurrence ded.	30% after ded. and \$150 per occurrence ded.	10% after deductible		20% after deductible	
<b>Lab and X-Ray</b>	20% after deductible	30% after deductible	10% after deductible		20% after deductible	
<b>MRI/CAT/etc.</b>	\$150 copay	\$200 copay	10% after deductible		20% after deductible	
<b>Emergency Care</b>	\$300 copay	\$300 copay	10% after deductible		10% after deductible	
<b>Urgent Care</b>	\$75 copay	\$75 copay	10% after deductible		10% after deductible	
<b>Mental Health</b> Inpatient Outpatient	20% after ded. and \$150 per occurrence ded. <sup>2</sup> \$50 copay	30% after ded. and \$150 per occurrence ded. <sup>2</sup> \$50 copay	10% after deductible <sup>2</sup> 10% after deductible		20% after deductible <sup>2</sup> 20% after deductible	
<b>Alcohol/Substance Abuse</b> Inpatient Outpatient	20% after ded. and \$150 per occurrence ded. <sup>2</sup> \$50 copay	30% after ded. and \$150 per occurrence ded. <sup>2</sup> \$50 copay	10% after deductible <sup>2</sup> 10% after deductible		20% after deductible <sup>2</sup> 20% after deductible	
<b>Phys/Occ/Speech Therapy</b>	\$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)	
<b>Vision Exam</b>	\$25 copay (one exam every 24 months)	\$35 copay (one exam every 24 months)	Not covered		Not covered	
<b>Chiropractic</b>	\$50 copay <sup>3</sup> (max 20 visits/year)	\$50 copay <sup>3</sup> (max 20 visits/year)	10% after deductible <sup>3</sup> (max 20 visits/year)		10% after deductible <sup>3</sup> (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](http://www.denverhealthmedicalplan.org/medical-prior-authorization-list).

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

## DENVER HEALTH MEDICAL PLAN

Denver Health High Point Medical Plan includes University of Colorado Hospital and Children's Hospital Colorado. Services at these facilities will be covered at the same level as Cofinity network services (see table above for High Point tier benefit details).

**To learn more about Denver Health Medical Plan, visit [www.denverhealthmedicalplan.org](http://www.denverhealthmedicalplan.org) or call 303.602.2100.**

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).

# 2020 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
<b>Deductible</b>	\$500 per individual / \$1,500 family	\$1,450	\$2,900
<b>Out-of-Pocket Max</b> Single/Family	\$4,500 per individual / \$9,000 family	\$2,900	\$5,800
<b>Office Visits</b> Primary Care Physician Specialist	\$0 copay <sup>1</sup> \$75 copay <sup>1</sup>	20% after deductible 20% after deductible	
<b>Preventive</b>	\$0	\$0	
<b>Prescription Drugs</b> Generic/Formulary/Non-formulary	\$10/\$35/\$60/\$100 copay (up to a 30-day supply)	\$10/\$35/\$60 copay after deductible	
<b>Inpatient Hospital</b> (per admission, including birth)	20% after deductible	20% after deductible	
<b>Outpatient Hospital</b>	20% after deductible	20% after deductible	
<b>Lab and X-Ray</b>	\$25 lab copay/\$25 X-ray copay	20% after deductible	
<b>MRI/CAT/etc.</b>	\$250 copay	20% after deductible	
<b>Emergency Care</b>	20% after deductible	20% after deductible	
<b>Urgent Care</b>	\$0 copay <sup>1</sup> (Kaiser designated facility)	20% after deductible (Kaiser designated facility)	
<b>Mental Health</b> Inpatient Outpatient	20% after deductible \$30 copay/visit <sup>1</sup>	20% after deductible 20% after deductible	
<b>Alcohol/Substance Abuse</b> Inpatient Outpatient	20% after deductible \$30 copay/visit <sup>1</sup>	20% after deductible 20% after deductible	
<b>Phys/Occ/Speech Therapy</b>	20% after deductible (max 20 visits/year)	20% after deductible (max 20 visits/year)	
<b>Vision Exam</b>	\$0 copay	20% after deductible	
<b>Chiropractic</b>	\$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.

# 2020 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
<b>Deductible</b>	\$500 per individual / \$1,000 family	\$1,450	\$2,900	\$3,000	\$6,000
<b>Out-of-Pocket Max</b> 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			
<b>Office Visits</b> Primary Care Physician Specialist	\$0 copay <sup>1</sup> \$75 copay <sup>1</sup>	20% after deductible 20% after deductible		50% after deductible 50% after deductible	
<b>Preventive</b>	\$0	\$0		Not covered	
<b>Prescription Drugs</b> Tier 1/Tier 2/Tier 3	\$10/\$35/\$60/\$100 copay	\$10/\$35/\$60 copay after deductible		\$10/\$35/\$60 copay after deductible	
<b>Inpatient Hospital</b> (per admission, including birth)	20% after deductible	20% after deductible		50% after deductible <sup>2</sup>	
<b>Outpatient Hospital</b>	20% after deductible	20% after deductible		50% after deductible <sup>2</sup>	
<b>Lab and X-Ray</b>	\$25 lab copay/\$25 X-ray copay	20% after deductible		50% after deductible <sup>2</sup>	
<b>MRI/CAT/etc.</b>	\$250 copay	20% after deductible		50% after deductible <sup>2</sup>	
<b>Emergency Care</b>	20% after deductible	20% after deductible		20% after deductible	
<b>Urgent Care</b>	\$0 copay <sup>1</sup>	20% after deductible		50% after deductible	
<b>Mental Health</b> Inpatient Outpatient	20% after deductible No charge	20% after deductible 20% after deductible		50% after deductible <sup>2</sup> 50% after deductible <sup>2</sup>	
<b>Alcohol/Substance Abuse</b> Inpatient Outpatient	20% after deductible No charge	20% after deductible 20% after deductible		50% after deductible <sup>2</sup> 50% after deductible <sup>2</sup>	
<b>Phys/Occ/Speech Therapy</b>	\$75 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)		50% after deductible <sup>2</sup> (max 20 visits/year)	
<b>Vision Exam</b>	\$75 copay (one exam every 24 months)	20% after deductible (one exam every 24 months)		Not covered	
<b>Chiropractic</b>	\$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](http://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](mailto: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, or the UHC Senior Supplement plan. 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.

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

- » be enrolled in Medicare Part A and enrolled in Part B
- » be age 65 or older or disabled
- » choose a PCP and get referrals to see specialists from a specific network of doctors, clinics, and hospitals. Reach out to each carrier for more information on in-network options
- » reside in the Kaiser Service Area of Denver, Boulder, Colorado Springs and Pueblo
- » reside in the UHC Medicare Advantage service area in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Pueblo, Teller, or Weld counties

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
- » see any doctors, specialists, and hospitals who accept Medicare. The network for the UHC Supplement plan is Medicare's network, national coverage

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
<b>Out of Pocket Maximum</b>	\$2,500	\$2,000	N/A
<b>Office Visits</b>			
Primary Care	\$15	\$10	\$20
Specialty Care	\$30	\$20	\$20
<b>Preventive Care</b>			
Routine Physical Exam	\$0	\$0	\$0
Preventive Services	\$0	\$0	\$0
Routine Hearing Exam	\$15	\$0 (1 exam every 12 months)	\$10, \$80 maximum (1 exam every 12 months)
Medicare covered Vision Exam	\$15	\$20	\$10

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
Hospital Services Inpatient Care	\$250 per day (\$500 max)	\$200 <sup>(3)</sup>	\$0 up to 365 days (lifetime reserve days apply)
Outpatient Surgery	\$200 for Medicare covered	\$100	\$0
Emergency Room	\$65 (waived if admitted)	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted)
Urgent Care Facility	\$30	\$35	\$0
Ambulance Services	20% up to \$195 per trip	\$50	\$0
Lab & X-ray	\$0	\$0	\$0
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)
Preferred Generic	\$5	\$10	\$10
Non Preferred Generic	\$15	N/A	N/A
Preferred Brand	\$40	\$40	\$20
Non-Preferred Brand	\$60	\$75	\$35
Specialty	\$60	\$75	\$35
	Enrolled in Medicare Part D <sup>(4)</sup>	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)
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 <sup>(4)</sup>
Durable Medical	\$0 <sup>(2)</sup>	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 <sup>(1)</sup>
Annual Deductible	\$100 per person
Preventive Care	70% after deductible
Basic Services	50% after deductible
Major Services (12-24 month waiting period <sup>(2)</sup> )	30% after deductible
Annual Max Benefit	\$1,000 per member

Delta Dental Medium Plan, Group #7952	
Benefit Summary	In-Network or Out-of-Network <sup>(1)</sup>
Annual Deductible	\$75 per person
Preventive Care	80% after deductible
Basic Services	60% after deductible
Major Services (12-24 month waiting period <sup>(2)</sup> )	40% after deductible
Annual Max Benefit	\$1,000 per member

Delta Dental High Plan, Group #7952	
Benefit Summary	In-Network or Out-of-Network <sup>(1)</sup>
Annual Deductible	\$50 per person
Preventive Care	100% after deductible
Basic Services	80% after deductible
Major Services (12-24 month waiting period <sup>(2)</sup> )	50% after deductible
Annual Max Benefit	\$1,500 per member

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

To find out more about Delta Dental, visit [www.deltadentalco.com](http://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
<b>Eye Exam (every 12 months)</b>	\$10	Up to \$30 allowance
<b>Lenses (every 12 months,)</b>		
<b>Single</b>	\$15	Up to \$25 allowance
<b>Bifocal</b>	\$15	Up to \$40 allowance
<b>Trifocal</b>	\$15	Up to \$60 allowance
<b>Frames (every 24 months)</b>	Up to \$130 Allowance, 20% off balance over \$130	Up to \$65 retail allowance
<b>Contact Lenses (every 12 months)</b>		
<b>Medically Necessary</b>	co-pay waived	Up to \$200 allowance
<b>Elective</b>	Up to \$130 allowance	Up to \$104 allowance
<b>Laser Correction</b>	Discounts available	N/A

To find out more about Humana, visit [www.humanavisioncare.com](http://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 CDP Group #0717340
Retiree	\$594.41	\$794.14	\$464.24	\$480.94	\$550.39	\$523.89
Retiree/Spouse	\$1,307.70	\$1,747.11	\$1,017.01	\$1,058.12	\$1,210.86	\$1,152.56
Retiree/Children	\$1,188.82	\$1,588.28	\$924.40	\$961.89	\$1,100.79	\$1,047.80
Retiree/Family	\$1,902.11	\$2,541.25	\$1,476.61	\$1,538.97	\$1,761.22	\$1,676.43

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	\$256.49	\$423.13	\$505.72
Retiree + Spouse - Two Medicare	\$512.98	\$846.26	\$1,011.44
Retiree Only with Medicare Part B Only	\$645.91	N/A	N/A
Retiree + Spouse (Child) - One Medicare one HDHP	\$720.73	\$973.52	\$1,056.11
Retiree + Family - One Medicare HDHP	\$1,146.99	\$1,523.92	\$1,606.51
Retiree + Family - Two Medicare HDHP	\$977.22	\$1,396.65	\$1,561.83
Retiree + Spouse (Child) - One Medicare one DHMO or CDP	\$737.43	\$947.02	\$1,029.61
Retiree + Family - One Medicare (DHMO) or CDP	\$1,182.92	\$1,470.93	\$1,553.52
Retiree + Family - Two Medicare (DHMO) or CDP	\$993.92	\$1,370.15	\$1,561.83

\*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	\$7.18	\$14.39	\$19.28

## 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](http://www.FPPAco.org) to update your taxes, change your direct deposit account or view your pay 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 \$200 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 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.

## 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 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](http://denvergov.org/457).

## NICOLETTI-FLATER ASSOCIATES

Nicoletti-Flater Associates has specialized in the fields of police and public safety psychology, crisis intervention, trauma recovery, and violence prevention since 1975. The following services are available to all sworn Police Officers:

- » Individual, couple and family counseling to officers and their immediate family members
- » Critical incident interventions
- » Training and workshops
- » Substance abuse counseling
- » Adolescent counseling

Nicoletti-Flater Associates understands that consultative services need to be easily accessible and expedient.

Emergencies happen unexpectedly, without notice, and during all times of day and night. We offer a 24-hour, 7 days per week, immediate response during an emergency.

To find out more about Nicoletti-Flater Associates, visit [www.traumathreatandpublicsafetypsychology.com](http://www.traumathreatandpublicsafetypsychology.com) or call 303.989.1617.

# Additional Resources

## 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](http://www.dpra.info). When you join the DPRA you will receive a roster containing retiree's contact information and access the website for programs we offer, dinners and activities.

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](mailto:safetybenefits@denvergov.org)  
720.913.6741  
Fax: 720.913.7050

## DENTAL

Delta Dental of Colorado  
[www.deltadentalco.com](http://www.deltadentalco.com)  
Group #7952  
303.741.9305 or 800.610.0201  
Mobile app: Delta Dental

## MEDICAL

UnitedHealthcare  
[www.myuhc.com](http://www.myuhc.com)  
Non-Medicare Eligible  
Group #0717340  
800.842.5520  
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](http://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](http://www.denverhealthmedicalplan.org)  
303.602.2100  
Mobile app: MyChart

## RETIREMENT PLANNING

Fire and Police Pension Association  
(FPPA)  
[www.fppaco.org](http://www.fppaco.org)  
303.770.3772 or 800.332.3772

## VISION

Humana Vision Plan 130  
Group #773805  
[www.humanavisioncare.com](http://www.humanavisioncare.com)  
866.537.0229

## ADDITIONAL SERVICES

Denver Police Protective Association  
[www.dppa.com](http://www.dppa.com)  
303.433.8247

Thank you to the following  
associations:

