



DENVER
PUBLIC SAFETY

2024

**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)	8
DENTAL PLANS	10
VISION PLAN	11
BENEFIT PLAN MONTHLY PREMIUMS	12
ADDITIONAL RESOURCES	13
CONTACT INFORMATION	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.

Benefits Eligibility

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
- » Surviving spouse and children (as defined)- Note: these plans do not include coverage for a surviving spouse's new spouse
- » Your children up to age 26, regardless of student, marital or tax-dependent status (including a stepchild or legally-adopted child)
- » 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: <https://www.denvergov.org/content/dam/denvergov/Portals/671/documents/Benefits/Dependent%20Document%20Checklist.pdf> or contact the OHR 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.

WHAT'S NEW IN 2024

DELTA DENTAL PLAN CHANGES

You will have two enhanced dental plans to choose from - The Base plan or the Premier Plan. The dental plan enhancements include an increase to the Annual Maximum for both of the plans offered and the new Premier plan now offers dental implant coverage. Current 2023 enrollees in the low or medium Delta Plan will default into the New Base Plan in 2024. Current members in the High Plan will default into the Premier Plan. The new plans will have slight differences in premium amounts.

NON-MEDICARE ELIGIBLE (UNDER AGE 65) MEDICAL PLANS

- Kaiser and UHC: Rehabilitation therapies (speech, occupational, physical) now combined visits up to 60, instead of 20 each
- Per IRS regulations- all HDHP have an increased deductible and out-of-pocket maximum for 2024
- UHC only: Orthopedic Health Support- members planning an inpatient or outpatient back, knee or hip procedure must enroll in the SMS program, otherwise there is no coverage. Please reach out to UHC for more details on the program.

MEDICARE ELIGIBLE (OVER 65) MEDICAL PLAN BENEFIT CHANGES

- Kaiser Sr. Advantage: In-home support: 8 hours of non-medical in-home support each month has been added; Part D prescriptions: mail-order for generic Rx, Tier 1 and 2, has been modified to \$0 copay
- UHC Medicare Advantage: eligible for extra benefits up to 30 days after an inpatient or skilled nursing facility discharge; get 28 home-delivered meals; up to 12 one-way rides to and from medically related appointments and the pharmacy; up to 6 hours non-medical personal care

Benefits Enrollment

When can I enroll or change my benefit elections?

Key Terms

Benefit Basics

AT OPEN ENROLLMENT

WHEN:

During the annual open enrollment period, **Monday, October 16, 2023 to Friday, November 3, 2023.**

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

HOW:

Attend the open enrollment benefits fair and complete the enrollment form provided. If you are unable to attend, the City and County of Denver is now using Secure Share Proofpoint to upload your information securely and protect your Personal Identifiable Information (PII). Register at <https://secureshare.proofpoint.com/share/Main.html#VerifyUserPlace>. Once registered, email your completed enrollment form(s) to safetybenefits@denvergov.org.

If you are currently enrolled in a Denver Police retiree plan, you only need to complete an enrollment form if making plan or coverage level changes for 2024.

Supporting documentation is required to be attached to the retiree enrollment form 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:

If enrolling in retiree benefits, you must complete and submit an enrollment form. The Benefits Team will assist you and answer questions at your retirement appointment.

Supporting documentation is required if adding a dependent.

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 event.

If you or your dependent(s) become eligible for Medicare contact your Benefits Team, up to three months prior to turning 65, for assistance and to request a Medicare Advantage enrollment form. We will also require a copy of your Medicare card.

HOW:

All elections must be submitted to the Benefits Team via an enrollment form within 30 days of the qualifying life event. Changes after 30 days will not be accepted.

To submit your changes, register at our [Sharepoint](#) site. Once registered, email your completed enrollment form(s) to safetybenefits@denvergov.org.

Supporting documentation is required as proof of any qualifying event.

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.

On-Demand Healthcare - Dispatch Health

DispatchHealth delivers care for your urgent health needs so you can stay home and recover safely. Say goodbye to uncomfortable waiting rooms and experience the convenience you deserve today.

Medical plan members and their 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, 7:00 a.m.-10:00 p.m., including holidays. They have a limited service areas.

To contact DispatchHealth call 303.500.1518 or go online to dispatchhealth.com

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, option 1

Email: safetybenefits@denvergov.org

New for 2024: Retiree Benefits Website! Go to www.denvergov.org/DPDRetiree for the guidebook, enrollment forms, and more information!

Medical Plans Non-Medicare Eligible (under 65)

Choose the right plan

The City offers medical plan options through two carriers: Kaiser Permanente and UnitedHealthcare, each offer a high-deductible health plan (HDHP) and a DHMO deductible HMO (DHMO) plan.

If you or your dependents are enrolled in a non-Medicare and Medicare plan, you will receive two ID cards, one for each the different plans.

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: \$1,600
Family deductible: \$3,200¹

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: \$3,200
Family out-of-pocket maximum: \$6,400¹

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:
Kaiser Permanente: 20%
UnitedHealthcare: 20%
UnitedHealthcare out of network: 50%

DHMO in-network coinsurance: 20%

2024 Kaiser Permanente Medical Plan Comparisons (Non-Medicare)

Summary of Covered Services	KAISER DHMO	KAISER HDHP	
	In-Network Only	In-Network Only	
		Single	Family
Deductible	\$500 per individual / \$1,000 family	\$1,600	\$3,200
Out-of-Pocket Max Single/Family	\$4,500 per individual / \$9,000 family	\$3,200	\$6,400
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	20% after deductible	20% after deductible	
Ambulatory Surgery Center (ASC)	\$500 copay	10% after deductible	
Lab and X-Ray	\$25 lab copay/\$25 X-ray copay	20% after deductible	
MRI/CAT/High Tech Radiology	\$250 copay	20% after deductible	
Emergency Care	20% after deductible ¹	20% after deductible	
Urgent Care	\$0 copay for exams ¹	20% after deductible	
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	20% after deductible 20% after deductible	
Phys/Occ/Speech Therapy	20% after deductible (max 60 visits/year)	20% after deductible (max 60 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 office copay, 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 303.338.4545, Monday through Friday, 7:00 a.m. - 6:00 p.m.

To learn more about Kaiser Permanente, visit kp.org/ccd-dpd-benefits/co or call 800.324.9208

(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.

2024 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	\$1,600	\$3,200	\$3,200	\$6,400
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 \$3,200 \$6,400 \$6,400 \$12,800			
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 60 visits/year)	20% after deductible (max 60 visits/year)		50% after deductible ² (max 60 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 Common Spirit, Advent Health, Health One or New West Physicians doctors, specialists and hospital.
- » Choose a PCP within Common Spirit, Advent Health, Health One or New West Physicians network.
- » Go to whyuhc.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.

To learn more about UnitedHealthcare, visit www.whyuhc.com/denver or call 855.828.7715 (DHMO members) or 800.842.5520 (HDHP members).

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.

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 are: Kaiser Senior Advantage or UHC Medicare Advantage plan with Part D.

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) per Centers for Medicare and Medicaid Services (CMS) requirements.

To enroll in any Medicare Advantage plan:

- » You must 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 A and/or B payments or enroll in another Medicare plan, you may be disenrolled from these plans. **You must notify OHR Safety Benefits at (720) 913-6741, option 1, immediately if you enroll in a different Medicare plan, lose/lapse Part A or Part B, or move out of the service area as you may no longer be eligible for coverage.**

- » Reside in the Kaiser Service Area of: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson & Park counties. In Northern CO: Larimer & Weld counties. In Southern CO: El Paso, Fremont, Pueblo and Teller 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 for limited time periods. 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. For virtual education and information go to <https://uhcvirtualretiree.com/ra/>.
- » If you or your dependents are enrolled in a non-Medicare and Medicare plan, you will receive two different ID cards, one for each plan.

Feel free to reach out to each carrier for more information on in-network and service area options.

Well-being

Well-being 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/mentalhealth 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

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	\$0	\$0
Routine Physical Exam	\$0	\$0
Routine Hearing Exam	\$15 copay exam	\$0 (1 exam every 12 months)
Chiropractic	\$15 (up to 20 visits)	\$20
Acupuncture	\$15 copay (up to 20 visits)	N/A
Eye Exam	\$15 - \$25	\$0 - \$30
Hospital Services		
Inpatient Care	\$250 copay per admission ⁽³⁾	\$250 copay per admission ⁽³⁾
Outpatient Surgery	\$150 copay	\$250
Emergency Room	\$65 (waived if admitted)	\$65 (waived if admitted within 24 hours)
Urgent Care Facility	\$25 copay	\$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 ⁽¹⁾
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	20% coinsurance	20% coinsurance
Vision Hardware	\$200 hardware credit, every 2 years	\$100 allowance for glasses
Hearing Aids	\$500 per ear every 36 months	\$500 (every 36 months)
Fitness	\$0 (uses Silver Sneakers)	\$0 (uses Renew Active in network only)

1. You will be enrolled in Medicare Part D through Kaiser Permanente or UHC Medicare Advantage and they will notify Medicare on your behalf. If you decide to enroll in Medicare Part D through another Prescription Drug Plan, **you will be automatically be disenrolled from either UHC or Kaiser Part D plan.**
2. Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy and supplies.
3. Inpatient Hospital copayments are charged on a per admission 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.

Dental Plans All Retirees

Denver Police retirees now offer two dental plans through Delta Dental - Base and Premier Plans. Proper dental care is important and taking care of our oral health is an investment in your overall wellbeing.

The retiree plans are different than the active employee dental plans offered. Effective January 1, 2024, implants will be covered under the Premier Dental Plan only.

Waiting periods will apply if you have a gap in Delta Dental coverage. See more information below under footnote 3. You will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO Dentist.

Delta Dental Base Plan, Group #7952 (MAC PPO)	
Benefit Summary	In-Network or Out-of-Network ¹
Annual Deductible	\$100 per person
Preventive Care ⁴	70% after deductible
Basic Services	50% after deductible
Major Services (12-24 month waiting period ³)	30% after deductible
Annual Max Benefit	\$1,500 per member

Delta Dental Premier Plan, Group #7952 (PPO plus Premier)	
Benefit Summary	In-Network or Out-of-Network ²
Annual Deductible	\$50 per person
Preventive Care ⁴	100% after deductible
Basic Services	80% after deductible
Major Services (12-24 month waiting period ³)	50% after deductible

1. Base Plan: MAC PPO- Reimbursement for all providers is based on the PPO contracted fee. If you do not see a PPO dentist, your dentist charges more than the PPO dentist's Allowable Fee, you will be responsible for the excess charges. If you see a Premier dentist, you will be responsible for the difference between the PPO dentist's Allowable fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see an out-of-network dentist, you will be responsible for the difference between the PPO dentist's Allowable Fee and the full charges you are billed.
2. Premier Plan: PPO plus Premier - reimbursement is based on the allowable fee of the provider. PPO dentist- reimbursement is based on the PPO dentist's allowable fee. Premier Dentist- reimbursement is based on the Premier Maximum Plan Allowance (MPA). Non-Participating Dentist- reimbursement is based on the non-participating MPA, and you are responsible for the difference between the non-participating MPA and the full fee charged by the provider.
3. Length of waiting period based on services provided. Waiting period waived for Retirees that enroll within 60 days of retirement.
4. Plan Design: Delta Dental PPO-Voluntary MAC (Maximum Allowable Charge) includes **PREVENTION FIRST RIDER**
5. Preventive Care does not apply towards the annual maximum benefit.

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.

Vision Plan

We offer 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.humana.com> by following the instructions shown below.

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 A VISION PROVIDER

To get started, visit www.humana.com and follow the instructions below:

- Once at www.humana.com, select Find a Doctor under the Member Resources menu
- Choose Vision Care
- Select the Vision coverage through your employer or you purchased on your own and choose Continue
- Select Humana Vision Plus (Humana Insight Network)
- Enter your zip code

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

Benefit Plan Monthly Premiums

Medical Under 65 Retiree Monthly Rates	Kaiser HDHP Group #68-51	Kaiser DHMO Group #68-32	UHC HDHP Group #0717340	UHC CDP Group #0717340
Retiree	\$582.00	\$633.54	\$664.05	\$695.79
Retiree + Spouse	\$1,274.99	\$1,393.86	\$1,460.92	\$1,530.74
Retiree + Children	\$1,158.88	\$1,267.09	\$1,328.12	\$1,391.58
Retiree + Family	\$1,851.17	\$2,027.34	\$2,124.98	\$2,226.53

Medical Over 65 Retiree Monthly Rates*	Kaiser Senior Advantage Group #00068 (in area)	UHC Medicare Advantage PPO Group #15701
Retiree Only - One Medicare	\$199.40	\$333.18
Retiree + Spouse - Two Medicare	\$398.80	\$666.36
Retiree Only with Medicare Part B Only	\$626.84	N/A
Retiree + Spouse (Child) - One Medicare one HDHP	\$781.40	\$964.57
Retiree + Family - One Medicare HDHP	\$1,315.79	\$1,595.97
Retiree + Family - Two Medicare HDHP	\$980.80	\$1,297.75
Retiree + Spouse (Child) - One Medicare one DHMO or CDP	\$832.94	\$988.13
Retiree + Family - One Medicare (DHMO) or CDP	\$1,419.81	\$1,643.08
Retiree + Family - Two Medicare (DHMO) or CDP	\$1,032.34	\$1,321.31

*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 Base	\$19.01	\$36.11	\$52.98
Delta Dental Premier	\$41.08	\$78.07	\$115.51

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 DB component of the Statewide Retirement Plan (SRP), 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. 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 Assurance Financial Management/JDS Professional Group 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 is 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 833.268.7079 or visit denvergov.org/457.

EMPLOYEE ASSISTANCE PROGRAM

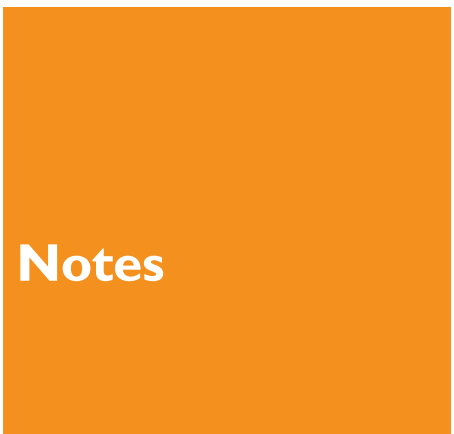
GuidanceResources® Employee Assistance Program is available to employees and their families for **90 days after the last day of employment** with the City and County of Denver. GuidanceResources® services are available 24 hours a day, seven days a week online and by telephone. The free confidential support 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.



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.

Contact Information

If you have any questions regarding the material contained in this guide, please contact OHR Safety Benefits or the providers directly.

OFFICE OF HUMAN RESOURCES (OHR) SAFETY BENEFITS TEAM

200 W 14th Ave, HR 3rd floor, Denver, CO 80204

Email: safetybenefits@denvergov.org

Phone: 720-913-6741, option 1

Fax: 720-913-7050

Register and send documents securely: <https://secureshare.proofpoint.com/share/Main.html#VerifyUserPlace>:

DENTAL

Delta Dental of Colorado

www.deltadentalco.com

Group #7952

303.741.9305 or 800.610.0201

Mobile app: Delta Dental

VISION

Humana Vision Plan 130

Group #773805

www.humanavisioncare.com

866.537.0229

RETIREMENT PLANNING

Fire and Police Pension Association
(FPPA)

www.fppaco.org

303.770.3772 or 800.332.3772

Summit Savings

457(b) Deferred Compensation Plan
Administered by Nationwide

833.268.7079

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.retiree.uhc.com

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 or

855.249.5005

Mobile app: Kaiser Permanente

ADDITIONAL SERVICES

GuidanceResources® Employee

Assistance Program (limited time use)

www.guidanceresources.com

(enter Denver web ID: DENVEREAP)

877.327.3854

DPD Retiree Peer Support Program

retpeersup@gmail.com

(720) 340-1485

Denver Police Protective Association

www.dppa.com

303.433.8247

Denver Police Retiree Association

www.dpra.info

denver@dpra.info

Denver Police Retiree Health Fund

Assurance Financial Management/
JDS Professional Group

10303 East Dry Creek Road, Suite 400

Englewood, CO 80112

303.426.9244