

Denver Police Department

Retiree Benefits Guide



Effective
January 1, 2016 - December 31, 2016

Revision 2, 9/24/2015



Department of Public Safety | Denver Police Department

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2016 Retiree Benefits Guide

Retiree Benefits Overview

This benefits guide provides a comprehensive overview of eligibility, the election period and costs. In addition, this guide offers descriptions and detailed explanations of each medical, dental and vision plan.

We encourage you to carefully consider all aspects of these plans, including their premiums, accessibility to health care services, flexibility and restrictions. Ultimately, it is up to you to determine the benefits that best suit the needs of you and your family.

Highlights of 2016 Benefits Offerings

It is our goal to offer you **better options, better choices** and **better value** for your healthcare. Our 2016 health plan offerings are designed to provide you with choice: choice in plan design, choice in how you pay for health care and choice of insurance provider. We are committed to helping you understand your options so that you can make the best decisions for you and your family. **Below is a list of key changes for 2016:**

- Denver Health Medical Plan (DHMP), Kaiser Permanente (Kaiser) and UnitedHealthcare (UHC) will continue to offer a deductible HMO (DHMO)/Navigate plan and **a new type of plan called a high deductible health plan (HDHP)**
- A HDHP offers the same covered services and contracts with the same healthcare providers as the HMO plans they're replacing; the change is how you pay for services
- A HDHP replaces copays with a deductible and coinsurance. If you enroll in this plan, you will be required to pay for all expenses until your deductible is met, and then pay coinsurance until you meet your annual out-of-pocket maximum (OPM)
- A HDHP is paired with a health savings account (HSA), which is a personal bank account with tax advantages that is only available to HDHP members. The money you deposit into a HSA account is not taxed and is also spent tax-free when used for qualified medical expenses
- In 2016 dental and vision will remain the same as they are today
- **All changes to your elections must be submitted via an enrollment form to the Department of Public Safety Human Resources Division (Safety HRD) by Friday, November 6, 2015. No changes can be made to your enrollment status after this date unless you have a qualifying change in family status**

2015 Open Enrollment Information

Retiree Open Enrollment is from **Thursday, October 1 to Friday, November 6, 2015**

- The deadline to submit open enrollment changes is **Friday, November 6, 2015**
- Any changes or new enrollments will be effective **Friday, January 1, 2016 - Saturday, December 31, 2016**

What You Need to Do

- **Read** this benefits guide carefully
- **Attend** the Annual Open Enrollment Benefits Fair, if you wish, to obtain important information about your benefits. **Major plan changes, please be sure to attend**
- **Submit** your completed enrollment form(s) to the Safety HRD within 30 days of retirement, or by **Friday, November 6, 2015**
- **If you are currently enrolled in the DHMP Pre 65 HMO plan, Kaiser Pre 65 HMO plan or the UHC Choice Co-Pay plan, you are required to make an election to ensure you have your preferred plan (or opt out) in place for 2016. If an election is not made, you will be automatically defaulted into the Kaiser HDHP plan with Retiree only coverage**
- If you are newly enrolled in UHC Navigate, you must choose a Primary Care Physician (PCP). In order to see the doctor of your choice, email ccdnavigate@uhc.com with your PCP's 11 digit Provider ID. You can find the Provider ID by going to <https://www.myuhc.com/member/prewelcome.do>, clicking "Find Physician, Laboratory or Facility" and then selecting the "UnitedHealthcare Navigate/Navigate Balanced" plan and searching for your PCP

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Available Resources

The following resources are available to assist you in the enrollment process:

1. Provider websites and Toll Free Numbers – each carrier website contains valuable information regarding the benefit plan and an up-to-date list of participating providers. Refer to Page 23 for additional information.
2. If you have questions regarding a Fire and Police Pension Association (FPPA) sponsored plan, please contact the FPPA at 1-800-332-3772 or 303-770-3772 or www.fppaco.org.
3. For general enrollment questions, please contact the Safety HRD at 720-913-6741.

Your Benefit Choices

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

- Medical Plans – Under 65: Denver Health Medical Plan (DHMP), Kaiser Permanente (Kaiser) and UnitedHealthcare will continue to offer a deductible HMO/Choice Co-Pay plan and **a new type of plan called a high deductible health plan (HDHP)**; Over 65: Kaiser Senior Advantage, UHC Medicare Advantage and UHC Senior Supplement
- Dental Plan – Delta Dental
- Vision Plan – Eye Med Vision

Eligible Dependents

Eligible dependents include the following:

- Your spouse, if not legally separated (including those defined as common law, and same-sex legally married)
- Your Colorado state civil union spouse
- Your same gender spousal equivalent (pre-tax or after-tax depending on marriage status)
- Children under the age of 26, yours or your spouse's
- Dependent children of any age who are handicapped and totally disabled (verification form required)
- Children under your legal guardianship

Dependent documentation is required for newly enrolled dependents. Supporting documentation must also be provided as proof of any life event change.

Choosing a Coverage Level

You may elect different coverage levels under the medical, dental, and/or vision plan(s). For example, you may elect Retiree only coverage under the medical plan and family coverage under the dental plan. This flexibility allows you to best meet your needs. The coverage levels are as follows:

- Retiree only
- Retiree + Spouse
- Retiree + Children
- Retiree + Family or
- Waive (cannot re-enroll without a qualified status change)

Examples of qualifying Change in Family Status events

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

If you experience a Change in Family Status

1. You must notify the Safety HRD within 30 days of the status change in order to add or delete a dependent or make other changes.
2. Supporting documentation is required.
3. **If you miss the 30 day window, you cannot make changes until the next Annual Enrollment period.**

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Basic Benefit Definitions

Coinsurance

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible. When your annual deductible is met, the provider then shares the cost of your service with you. For example, if your coinsurance is 20% for a procedure, you will pay 20% of the full cost for that service and the provider pays the remaining 80% of the full cost, after you have met your annual deductible. **All your coinsurance payments count towards your out-of-pocket maximum.**

Co-pays

Co-payments or co-pays, as they are commonly called, are a preset dollar amount you are expected to pay for office visits, medical procedures or prescription drugs under your insurance plan. Once the co-pay has been met, the insurance company pays all remaining costs. **All co-pays count towards your out-of-pocket maximum.**

Deductible

A deductible is the amount you pay out of pocket before your insurance pays. The deductible is within a calendar year and once you have met that dollar amount, you have met the requirement for the year. For example, if you have a deductible of \$500, you are required to pay that amount before the insurance begins to pay their percentage of the costs. **All deductibles count towards your out-of-pocket maximum.**

Health Savings Account (HSA)

A HSA is a personal health care savings account that an employee can use to pay out-of-pocket health care expenses with pre-tax dollars. Their contributions are tax free, and the money remains in the account for the employee spend on eligible expenses no matter where they work or how long it stays in the account.

High Deductible Health Plan (HDHP)

HDHP plans have no copays for service (with the exception of pharmacy services); instead members are responsible for paying for all nonpreventive costs to a preset deductible. Preventive care is always covered at 100%. Once the deductible is met, members pay a percentage of the remaining costs, called coinsurance. After you meet your deductible, you pay coinsurance until you meet your out-of-pocket maximum (OPM). You will not have copays at the time of service (with the exception of pharmacy services); however, you will receive an EOB from the provider within a couple of months for services rendered. You are responsible for paying the member amount owed.

Out-of-pocket Maximum (OPM)

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including co-pays, deductibles and coinsurance) throughout the plan year. These annual caps are set for a single person and for a family. **Once the out-of-pocket maximum is met, the insurance will cover at 100% and you are no longer required to pay for any medical expenses.**

Per Occurrence Deductible

A per occurrence deductible is a fee charged by Denver Health for each individual inpatient or outpatient hospital service. (Denver Health DHMO plan only) **All per occurrence deductibles count towards your out-of-pocket maximum.**

Explanation of Benefits (EOB)

A tracking document for each date of service outlining deductible status and out-of-pocket tracking.

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Under 65 Medical Plans Overview

You can select medical coverage from three different providers: Denver Health Medical Plan (DHMP), Kaiser Permanente (Kaiser) and UnitedHealthcare (UHC). Each of the providers offers two distinct types of medical plans:

- HDHP – Deductible/Coinsurance/Out-of-Pocket Maximum plans
- DHMO – Copay/Deductible/Coinsurance plans

Six Medical Plans - Three Providers

Provider	2015	2016
Denver Health Medical Plan (DHMP)	HMO/DHMO	HDHP/DHMO
Kaiser Permanente (Kaiser)	HMO/DHMO	HDHP/DHMO
UnitedHealthcare (UHC)	HMO/Navigate	HDHP/Navigate

Please refer to the following charts to see how these plan options differ in charges for services and premium costs.

High Deductible Health Plan (HDHP)

In 2016, the City will offer a new type of medical plan called the high-deductible health plan (HDHP). With an HDHP, your monthly contribution from your check will be lower, but you will have deductibles (the amount you pay before the medical plan pays for services) and coinsurance (the portion of medical services that you share with the insurance company). It is a different plan design than our current HMO plans, so it is important that you understand HDHPs so you make the best decision for you and your family.

If you enroll in one of the HDHP plans, you are eligible to open and fund a health savings account (HSA). A HSA is a savings account to help you pay for your medical expenses. The combination of the new HDHP and HSA gives you **better options, better choices** and more control over how you save and pay for your healthcare. These qualities lead to **better value** for your healthcare investment.

Deductible HMO (DHMO)

DHMO plans include copays, deductibles and coinsurance for some services. Depending on the service received, you may have to pay coinsurance costs after the service.

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Under 65 Medical Plans

Denver Health Medical Plans (DHMP)

High Deductible Health Plan (HDHP) - New in 2016

- Utilizes the same DHMO facilities
- Same covered services of HMO plan it is replacing
- Replaces copays at point of service with deductibles, coinsurance and out-of-pocket maximums

Deductible HMO (DHMO) – Improved in 2016

- Utilizes Denver Health, University of Colorado Hospital and Children’s Hospital Colorado providers and facilities. Members can see a Cofinity provider for higher copays and coinsurance
- Members pay:
 - copays for doctor and prescription
 - deductibles and coinsurance for other services

Summary of Covered Benefits	DHMP HDHP		DHMP DHMO	
	HighPoint In-Network	Cofinity Network	HighPoint In-Network	Cofinity Network
Plan Year Deductible Individual/Family	\$1350/\$2700	\$1350/\$2700	\$500/\$1500	\$750/\$1750
Out-of-Pocket Max Includes deductible, coinsurance and copays Individual/Family	\$2700/\$5400	\$2700/\$5400	\$2500/\$5000	\$2500/\$5000
Lifetime Maximum	None	None	None	None
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prescription Drugs (30 day supply)	Denver Health Pharmacy Deductible, then:	Deductible, then:	Denver Health Pharmacy	Non Denver Health Pharmacy
Generic	\$10 copay	\$20 copay	\$12 copay	\$20 copay
Preferred Brand	\$15 copay	\$40 copay	\$40 copay	\$50 copay
Non-Preferred Brand	\$30 copay	\$60 copay	\$50 copay	\$80 copay
	Non Denver Health Pharmacy		Non Denver Health Pharmacy	
	\$20 copay		\$20 copay	
	\$40 copay		\$50 copay	
	\$60 copay		\$80 copay	

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Summary of Covered Benefits	DHMP HDHP		DHMP DHMO	
	HighPoint In-Network	Cofinity Network	HighPoint In-Network	Cofinity Network
Physician Services				
Primary Care	Plan pays 90% after deductible	Plan pays 80% after deductible	\$25 copay	\$30 copay
Specialist	Plan pays 90% after deductible	Plan pays 80% after deductible	\$50 copay Additional services will require copayment or deductible and coinsurance	\$50 copay Additional services will require copayment or deductible and coinsurance
Urgent Care	Plan pays 90% after deductible	Plan pays 90% after deductible	\$75 copay (Deductible and coinsurance do not apply)	\$75 copay (Deductible and coinsurance do not apply)
Mental Health Care				
Outpatient	Plan pays 90% after deductible	Plan pays 80% after deductible	\$50 copay	\$50 copay
Inpatient*	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after per occurrence deductible of \$150 and annual deductible have been met.*	Plan pays 70% after per occurrence deductible of \$150 and annual deductible have been met.*
Hospital Services				
Inpatient/Outpatient	Plan pays 90% after deductible*	Plan pays 80% after deductible*	Plan pays 80% after per occurrence copay of \$150 and annual deductible are met*	Plan pays 70% after per occurrence copay of \$150 and annual deductible are met*
Lab/X-ray				
Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible for labs, X-ray and CT, \$150 copay per visit for MRI and PET scans	Plan pays 70% after deductible for labs, X-ray and CT, \$200 copay per visit for MRI and PET scans
Emergency Room	Plan pays 90% after deductible	Plan pays 90% after deductible	\$300 copay (Deductible and coinsurance do not apply)	\$300 copay (Deductible and coinsurance do not apply)

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Summary of Covered Benefits	DHMP HDHP		DHMP DHMO	
	HighPoint In-Network	Cofinity Network	HighPoint In-Network	Cofinity Network
Prenatal Care, Delivery, Inpatient Baby Care	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible; \$0 copay per visit	Plan pays 70% after deductible; \$0 copay per visit
Skilled Nursing Facility	100% Covered; Maximum benefit is 100 days per calendar year*	Plan pays 80% after deductible; Maximum benefit is 100 days per calendar year*	Plan pays 80% after deductible for a maximum of 60 calendar days per year*	Plan pays 70% after deductible for a maximum of 60 calendar days per year*
Hospice Care	100% Covered*	Plan pays 80% after deductible*	100% Covered*	Plan pays 70% after deductible
Home Health Care	100% Covered for prescribed medically necessary skilled home health services*	Plan pays 80% after deductible*	Plan pays 80% after deductible for a maximum of 60 calendar days per year	Plan pays 70% after deductible for a maximum of 60 calendar days per year
Durable Medical Equipment	Plan pays 90% after deductible; Maximum benefit is \$2000 per calendar year*	Plan pays 80% after deductible; Maximum benefit is \$2000 per calendar year*	Plan pays 80% after deductible; maximum benefit is \$2000 per calendar year	Plan pays 70% after deductible; maximum benefit is \$2000 per calendar year
Chiropractic Care	Plan pays 90% after deductible; Maximum 20 visits per calendar year; Services must be provided by Columbine network	Plan pays 80% after deductible; Maximum 20 visits per calendar year; Services must be provided by Columbine network	\$50 copay; Maximum 20 visits per calendar year. Must be in the Columbine Chiropractic Network	\$50 copay; Maximum 20 visits per calendar year. Must be in the Columbine Chiropractic Network
Vision Care	Not Covered	Not Covered	\$25 copay; 1 Exam every 24 months	\$35 copay; 1 Exam every 24 months

*Prior authorization required

To learn more about DHMP, visit www.denverhealthmedicalplan.com or call Member Services at 303-602-2100.

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Kaiser Permanente Plans (Kaiser)

High Deductible Health Plan (HDHP) - New in 2016

- Utilizes the Kaiser Colorado facilities
- Same covered services of HMO plan it is replacing
- Replaces copays at point of service with deductibles, coinsurance and out-of-pocket maximums

Deductible HMO (DHMO) – No change from 2015

- Utilizes the Kaiser Colorado facilities
- Members pay:
 - copays for doctor and prescription
 - deductibles and coinsurance for other services

Summary of Covered Benefits	KAISER HDHP		KAISER DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1350/\$2700	Not Covered	\$500/\$1500	Not Covered
Out-of-Pocket Max Includes deductible, coinsurance and copays Individual/Family	\$2700/\$5400	Not Covered	\$3000/\$6000	Not Covered
Lifetime Maximum	None	N/A	None	N/A
Preventive Care	Plan pays 100%	Not Covered	Plan Pays 100%	Not Covered
Prescription Drugs (30 day supply)				
Generic	Plan pays 80% after deductible	Not Covered	\$20 copay	Not Covered
Preferred Brand	Plan pays 80% after deductible	Not Covered	\$40 copay	Not Covered
Non-Preferred Brand	Plan pays 80% after deductible	Not Covered	\$60 copay	Not Covered

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Summary of Covered Benefits	KAISER HDHP		KAISER DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Services				
Primary Care	Plan pays 80% after deductible	Not Covered	\$30 copay	Not Covered
Specialist	Plan pays 80% after deductible	Not Covered	\$50 copay	Not Covered
Urgent Care	Plan pays 80% after deductible	Urgent Services only when authorized	\$75 copay	Urgent Services only when authorized
Mental Health Care				
Outpatient	Plan pays 80% after deductible	Not Covered	\$30 copay	Not Covered
Inpatient*	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Hospital Services				
Inpatient/Outpatient	Plan pays 80% after deductible	Urgent/Emergency Services only when authorized	Plan pays 80% after deductible	Urgent/Emergency Services only when authorized
Lab/X-ray				
Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 80% after deductible	Not Covered	Labs are no charge. Plan pays 80% after deductible for X-ray and MRI, CT/PET scans	Not Covered
Emergency Room	Plan pays 80% after deductible	Emergency Services only when authorized	\$200 copay	Emergency Services only when authorized
Prenatal Care, Delivery, Inpatient Baby Care	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Skilled Nursing Facility	Plan pays 80% after deductible for a maximum of 100 calendar days	Not Covered	Plan pays 80% after deductible for a maximum of 100 calendar days per year	Not Covered
Hospice Care	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered

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Summary of Covered Benefits	KAISER HDHP		KAISER DHMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care	Plan pays 80% after deductible for prescribed medically necessary part-time home health services	Not Covered	Plan pays 80% after deductible; limited to less than 8 hours per day and 28 hours per week	Not Covered
Durable Medical Equipment	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Chiropractic Care	Plan pays 80% after deductible; Maximum 20 visits per calendar year; Not an Essential Health Benefit and will not track to OPM	Not Covered	\$30 copay; Limit 20 visits per calendar year; Not an essential health benefit and will not track to OPM	Not Covered
Vision Care	Plan pays 80% after deductible; hardware is not covered	Not Covered	\$30 copay; hardware is not covered	Not Covered

*Prior authorization required

To learn more about Kaiser and their facilities, go to <http://my.kp.org/denvergov> or call 303-338-3800.

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UnitedHealthcare Plans (UHC)

High Deductible Health Plan (HDHP) - New in 2016

- Same Choice network of HMO plan it is replacing.
- Same covered services of HMO plan it is replacing
- Replaces copays at point of service with deductibles, coinsurance and out-of-pocket maximums

Navigate – No change from 2015

- Utilizes the Navigate network of providers
- Members must designate a PCP and are required to be referred to specialists
- In this plan, you are required to choose a PCP who can be a general practitioner, internist or pediatrician. The PCP will be your first source of care and will be your main provider for a majority of your medical needs. Under this plan you would need to obtain a referral from your PCP before seeing another network physician or specialist. To select a PCP, email ccdnavigate@uhc.com with your PCP's 11-digit provider ID. You can find the provider ID by going to www.myuhc.com/member/prewelcome.do selecting 'Find Physician, Laboratory or Facility'; then selecting the 'United Healthcare Navigate/Navigate Balanced' plan.

Summary of Covered Benefits	UHC HDHP		UHC DHMO Navigate	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1350/\$2700	\$3000/\$6000	\$500/\$1500	Not Covered
Out-of-Pocket Max Includes deductible, coinsurance and copays Individual/Family	\$2700/\$5400	\$6000/\$12000	\$2500/\$5000	Not Covered
Lifetime Maximum	None	None	None	None
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Not Covered
Prescription Drugs (30 day supply)	Deductible, then:			
Generic	\$10 copay	Not Covered	\$15 copay	Not Covered
Preferred Brand	\$35 copay	Not Covered	\$45 copay	Not Covered
Non-Preferred Brand	\$60 copay	Not Covered	\$60 copay	Not Covered

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Summary of Covered Benefits	UHC HDHP		UHC DHMO Navigate	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Services				
Primary Care	Plan pays 80% after deductible	Plan pays 50% after deductible	\$25 copay	Not Covered
Specialist	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 copay with referral	Not Covered
Urgent Care	Plan pays 80% after deductible	Plan pays 50% after deductible	\$75 copay	Not Covered
Mental Health Care				
Outpatient	Plan pays 80% after deductible	Plan pays 50% after deductible	\$50 copay with referral	Not Covered
Inpatient*	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Hospital Services				
Inpatient/Outpatient	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Lab/X-ray				
Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible for labs and X-ray \$150 copay per visit for MRI and CT/PET scans	Not Covered
Emergency Room	Plan pays 80% after deductible	Plan pays 50% after deductible	\$300 copay	\$300 copay
Prenatal Care, Delivery, Inpatient Baby Care	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible; \$0 copay per visit	Not Covered
Skilled Nursing Facility	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Hospice Care	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Home Health Care	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Not Covered
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 50% after deductible	Limit \$2500 in expenses per year	Not Covered

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Summary of Covered Benefits	UHC HDHP		UHC DHMO Navigate	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Chiropractic Care	Not Covered	Not Covered	\$50 copay; Limit 20 visits per year	Not Covered
Vision Care	Plan pays 80% after deductible; hardware is not covered	Not Covered	\$25 copay; hardware is not covered	Not Covered

*Prior authorization required

To find out more about UHC, visit www.myuhc.com or call 1-800-842-5520.

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Health Savings Account

A HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with tax free dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses.

2016 HSA Guidelines as established by the IRS

The IRS limits how much you can put into your HSA each year. The 2016 limits are:

- \$3350 for individual coverage
- \$6750 for family coverage
- If you are 55 or older you can put in an extra \$1000 this year

HSA Eligibility

You are eligible to open and fund a HSA if:

- You are enrolled in one of our three HDHP plans
- You are not covered by a non-high-deductible health plan, health care FSA, or health reimbursement arrangement
- You are not eligible to be claimed as a dependent on someone else's tax return
- **You are not enrolled in Medicare** or TRICARE for Life
- You have not received Veterans Administration Benefits in the last three months

Use Your HSA to Pay for Qualified Medical Expenses

- You can use your HSA money to pay for eligible expenses now or in the future.
- Funds from a HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by a HDHP
- Eligible medical expenses including deductibles, doctor's office visits, dental expenses, vision expenses, prescription expenses, and LASIK eye surgery.
- A complete list of eligible expenses can be found at www.irs.gov/pub/irs-pdf/p502.pdf.

A HSA is an individually owned account

- You own and administer your HSA
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses
- You can change your contribution at any time during the plan year without a qualifying event
- Like a bank account, you must have a balance in order to pay for eligible health care expenses
- You should keep all receipts for tax documentation
- A HSA allows you to save and "roll over" money from year to year
- The money in the account is always yours
- The money in a HSA (including interest and investment earnings) grows tax free

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Opening Your HSA

You can open your HSA at any financial institution that offers health savings accounts. There may be a monthly service fee associated with your account. **Rocky Mountain Law Enforcement Federal Credit Union** has agreed to administer HSAs for credit union members at no charge. To open your account with the credit union, you need to visit one of their locations listed below. If you have questions, please contact the credit union.

Denver (Main Office)

700 W 39th Ave
Denver, CO 80216
Phone: 303-458-6660
Toll Free: 800-371-7716
Fax: (303) 561-0534

Aurora

992 N Potomac Cir
Aurora, CO 80011
Call Center: 303-458-6660
Toll Free: 800-371-7716
Fax: 720-855-4170

Lone Tree

10025 Park Meadows Dr
Lone Tree, CO 80124
Call Center: 303-458-6660
Toll Free: 800-371-7716
Fax: 720-855-4186

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Over 65 Medical Plans

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

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

To enroll in UHC Senior Supplement plan you **must**:

- be entitled to Medicare Part A and enrolled in Part B
- be age 65 or older or disabled

Please contact your medical provider for a zip code and county listing of the Service Area.

Benefit Summary	Kaiser Senior Advantage Group #00068	UHC Medicare Advantage with Part D Group #092094	UHC Senior Supplement Group #02629 with Part D (prescription) Group #01377
Out of Pocket Maximum	\$2500	\$2000	Unlimited
Office Visits			
Primary Care	\$20	\$10	\$20
Specialty Care	\$30	\$20	\$20
Preventive Care			
Routine Physical Exam	\$0	\$0	\$0
Preventive Services	\$0	\$0	\$0
Hearing Exam	\$20	\$0	\$10
Medicare covered Vision Exam	\$20	\$20	\$10
Hospital Services			
Inpatient Care	\$250 per day (\$500 max)	\$200	\$0 up to 365 days
Outpatient Surgery	\$200 for Medicare covered	\$100	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$30	\$35 (in network)	\$0
Ambulance Services	20% up to \$500 per trip	\$50	\$0
Lab & X-ray			
Lab tests, diagnostics	\$0	\$0	\$0
MRI, PET, CT scans	\$100	\$25 per procedure	\$0
Prescriptions	(30-day supply)	(30-day supply)	(30-day supply)
Generic/Tier 1	\$15	\$10	\$10
Preferred Brand/Tier 2	\$25	\$40	\$20
Non-Preferred/Tier3	\$25	\$75	\$35
	Includes Medicare Part D Gap	No Medicare Part D Gap	No Medicare Part D Gap

(continued on next page)

2016 Retiree Benefits Guide

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
Mail Order	2x retail co-pay (90-Day Supply)	2x retail co-pay (90-Day Supply)	2x retail co-pay (90-Day Supply)
Lifetime Max Benefit	Unlimited	Unlimited	Unlimited
Skilled Nursing Facility	\$0 up to 100 days	\$0 per day; days 1-20; \$50 per additional day up to 100 days	\$0 per day; days 1-100
Durable Medical	20% coinsurance ⁽¹⁾	20% coinsurance	\$0
Oxygen	\$0	20% coinsurance	\$0
Vision Hardware	Charges over \$100 benefit, every 2 years	\$70 frame allowance, \$0 lenses, every 24 months \$105 contact lens allowance, every 24 months	Not covered
Hearing Aids	Not Covered	\$500 (every 36 months)	\$250
Silver Sneakers® Fitness	\$0	\$0	\$0

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

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Over and Under 65 Dental Plans

Three dental plans are available to retirees of the Denver Police Department and their eligible dependents through Delta Dental - the Low, Medium and High Plans.

When you choose to visit an in-network (PPO) dentist you maximize your benefit plan with lower out-of-pocket expenses. In-network dentists have agreed to accept Delta Dental reimbursement as full payment for services rendered. If an out of network provider is used, expenses are reimbursed based on reasonable and customary (R&C) charges, and any charges over the R&C are your responsibility.

Delta Dental Low Plan—Group #7952	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$100 per person
Preventive Care	70% after deductible
Basic Services	50% after deductible
Major Services (12-24 month waiting period ⁽²⁾)	30% after deductible
Annual Max Benefit	\$1000 per member

Delta Dental Medium Plan—Group #7953	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$75 per person
Preventive Care	80% after deductible
Basic Services	60% after deductible
Major Services (12-24 month waiting period ⁽²⁾)	40% after deductible
Annual Max Benefit	\$1000 per member

Delta Dental High Plan—Group #7954	
Benefit Summary	In-Network or Out-of-Network ⁽¹⁾
Annual Deductible	\$75 per person
Preventive Care	100% after deductible
Basic Services	80% after deductible
Major Services (12-24 month waiting period ⁽²⁾)	50% after deductible
Annual Max Benefit	\$1500 per member

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

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2016 Retiree Benefits Guide

Over and Under 65 Vision Plan

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

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

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Rates

Medical Under-65 Retiree Monthly Rates

Benefit Summary	DHMP HDHP	DHMP DHMO	Kaiser HDHP Group #	Kaiser DHMO Group #00068	UHC HDHP Group #	UHC Navigate Group #0717340
Retiree	\$450.01	\$563.44	\$370.99	\$384.06	\$449.03	\$477.42
Retiree/ Spouse	\$990.03	\$1239.58	\$812.27	\$844.93	\$987.88	\$1050.34
Retiree/ Children	\$900.02	\$1126.89	\$738.72	\$768.12	\$898.08	\$954.86
Retiree/Family	\$1440.04	\$1803.02	\$1180.00	\$1228.99	\$1436.89	\$1527.74

Medical Over-65 Retiree Monthly Rates

Benefit Summary	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	\$236.08	\$369.57	\$449.10
Retiree + Spouse - Two Medicare	\$472.16	\$739.14	\$898.20
Retiree Only with Medicare Part B Only	\$605.66	N/A	N/A
Retiree + Spouse - One Medicare one HDHP	\$607.07	\$818.60	\$898.13
Retiree + Family - One Medicare	\$947.71	\$1357.45	\$1436.98
Retiree + Family - Two Medicare	\$843.15	\$1188.17	\$1347.23
Retiree + Spouse - One Medicare one DHMO or Navigate	\$620.14	\$846.99	\$926.52
Retiree + Family - One Medicare (DHMO) or Navigate	\$975.90	\$1419.91	\$1499.44
Retiree + Family - Two Medicare (DHMO) or Navigate	\$856.22	\$1216.56	\$1375.62

Dental Plans Retiree Monthly Rates

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

Vision Plan Retiree Monthly Rates

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

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Contact Information

Provider/Plan	Contact Number	Website
Medical Plan - DHMP	303-602-2100 or 1-800-700-8140	www.denverhealthmedicalplan.com
Medical Plan - Kaiser	303-338-3800 or 1-800-632-9700	www.kp.org
Medical Plan - UHC	1-800-842-5520 or 1-855-828-7715	www.uhc.com
Dental Plan - Delta Dental	303-741-9305 or 1-800-610-0201	www.deltadentalco.com
Vision Plan - EyeMed	1-800-865-3676	www.eyemedvisioncare.com
Fire and Police Pension Association - (FPPA)	303-770-3772 or 1-800-332-3772	www.fppaco.org
Colonial Life Insurance	303-791-7771 or 303-688-5922	www.coloniallife.com
Police and Fireman's Insurance	303-619-6112 or 1-800-221-7342	www.pfia1913.org
PPA	303-433-8247	www.dppa.com
Deferred Compensation – TIAA CREF	1-855-259-4648	www.tiaa-cref.org/denver
Safety HRD	720-913-6741	safetyhr@denvergov.org

Required Notices

Health Care Reform Act

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

Health Care Reform

- Employer Mandate: As of January 1, 2015, employers are required to provide all full-time equivalent employees with a health insurance plan or pay a fine
- All medical expenses (i.e., copays, deductibles, and coinsurance) continue to be counted toward the annual out-of-pocket maximums

Right to Designate Primary Care Physician

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

Women’s Health and Cancer Rights Act Notice

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

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

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

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

HIPAA Special Enrollment Rights Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at the following link: http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

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Creditable Coverage Notice

Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Denver Police Department has determined that the prescription drug coverage offered by the Denver Police Department Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

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

Enrolling in Medicare - General Rules

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

Late Enrollment and the Late Enrollment Penalty

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

Special Enrollment Period Exceptions to the Late Enrollment Penalty

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

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

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

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

For more information about your options under Medicare prescription drug coverage

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

For more information about Medicare prescription drug coverage:

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

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

2016 Retiree Benefits Guide

Disclosure About the Benefit Enrollment Communications

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.

Please note that this is a summary of benefits and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.



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