



**Career Service Board Meeting #2265**

**Minutes**

**Thursday, June 4, 2015**

**5:00 P.M.**

**Webb Municipal Building**

**201 W. Colfax Ave, Fourth Floor, Room 4.G.2**

**Colleen M. Rea, Esq. (Chair)**  
**Gina Casias, Esq. (Co-Chair)**  
**Patti Klinge**  
**Derrick Fuller**  
**Neil Peck, Esq.**

**I. Opening:** *Meeting called to order at 5:02 p.m.*

**1. Approval of the Agenda for the June 4, 2015 Board Meeting.**

*The Board unanimously approved the Agenda for the June 4, 2015 meeting with the following changes:*

- *The meeting number changed to #2265*
- *Classification notice No. 1504 moved to item #1 under the Public Hearing section*

**2. Approval of the Minutes for the May 21, 2015 Board Meeting.**

*The Board unanimously approved the May 21, 2015 meeting minutes.*

**II. Board Comments:** *None.*

**III. Public Comments:** *None.*

**IV. Public Hearings:**

1. Classification Notice No. 1504 – Recreation Center Coordinator, Recreation Program Coordinator, Recreation Services Representative, and Recreation Assistant

*Alena Duran, Classification Analyst from the Office of Human Resources (OHR) presented the classification notice to the Board. Ms. Duran stated that OHR initiated a classification study on the following classifications: Recreation Coordinator, Aquatics Coordinator, Recreation Instructor, Recreation Facility Assistant, and Recreation Aide. The primary focus of the study was to ensure that the job specifications reflect the work being performed by the employees and that the classifications and associated pay ranges are aligned appropriately with similar internal and external positions.*

*OHR interviewed all Recreation Supervisors, conducted focus groups and some interviews with Recreation Coordinators and Aquatics Coordinators. A Job Analysis Questionnaire (JAQ) was also sent to employees, including all on-call employees. These steps were taken to gather information on the type and level of work performed by these positions at the 27 different Recreation Centers and the citywide program areas.*

*It was determined that the Recreation Facility Assistant and Recreation Aide are performing similar duties so these classes were combined into one classification called Recreation Assistant. This classification consists of all on-call employees. A new classification called Recreation Services Representative is recommended. This classification provides reception and guest relations work, providing information and guest services to members and the public at a Recreation Center. It was determined that the Recreation Coordinators were clearly performing different duties depending on if they are in a Recreation Center or supporting a citywide program. Therefore, it is recommended to separate the classification into two classes, Recreation Center Coordinator and Recreation Program Coordinator. OHR made minor revisions to the Recreation Instructor and Aquatics Coordinator job descriptions.*

*Ms. Duran also went on to say that there are currently 50 Recreation Coordinators that will either move into the Recreation Program Coordinator or Recreation Center Coordinator with the exception of one employee who will move into the Operations Coordinator classification. No employees will be automatically reallocated into the Recreation Services Representative classification as a result of this study, these positions will be opened for recruitment. There are currently 92 Recreation Aides and 203 Recreation Facility Assistants that will move into the Recreation Assistant classification. It was also determined that four Recreation Instructors will move with this study, two into the Recreation Center Coordinator and the other two into the Recreation Program Coordinator classification.*

*Ms. Duran said that the current budget impact is \$29,480 as a result of the reallocations of the four Recreation Instructors.*

*Speaker Delores Moreno, Recreation Director, commented on the tremendous work done by the Classification & Compensation team. She said they were very thorough and were amazing throughout the entire classification study.*

*The Board unanimously approved Classification Notice No. 1504.*

## 2. Public Hearing Notice No. 501 – 2016 Plan Medical Carrier/Plan design Changes

*Heather Britton, Benefits & Wellness Manager from the Office of Human Resources, presented the public hearing notice to the Board. Ms. Britton stated that there is a need to change the current health insurance plans because of the Affordable Care Act, which has a mandate called the Cadillac Tax. The Cadillac Tax states that if you have a plan in 2017 that has a value of at least \$27,500, any amount above that threshold will be assessed a 40% penalty. Although this is not taking place until 2017, the value of the City's medical plans are already above that threshold. This value includes contributions by the City and the employee toward the employee's medical costs, as well as any contributions made to a medical flexible spending account.*

*Ms. Britton said the City is looking into making this change well before 2017 because, historically, premiums increase each year and by 2017 the imposed 40% tax will end up being much higher. She said the City has high premiums for their medical plans because the employees' medical claims are higher than what is paid to the insurance companies in premiums.*

*She stated there is also an individual mandate from the Affordable Care act. In the past if an employee didn't elect health insurance, they were given no insurance. Federal law now requires the City to automatically enroll employees in the lowest cost plan. If the employee does not want coverage, they must actively waive it. Furthermore, in the past, if an employee did not make a health plan election they were kept in the same plan they were in the previous year. In 2016 all employees must make a positive election. If no positive election is made the employee will, by default, be provided with what the federal law requires, which is the lowest cost individual plan. That plan is the Kaiser Permanente High Deductible HMO. This also means that if employees do not make an election during open enrollment their dependents will not have coverage.*

*Ms. Britton said that in 2016 the City will continue to provide six health insurance options by the same three carriers: Kaiser Permanente, Denver Health Medical Plan, and United Healthcare. One high deductible health plan will be offered per carrier. By making these changes all plans will now fall below the Cadillac tax threshold. Also, because these are low cost plans being offered, most employees will see a reduction in healthcare costs. The high deductible health plans will be paired with a health savings account (HSA). The City will automatically fund \$600 toward each individual employee's HSA or \$1200 if the employee has dependents enrolled. Unused funds in this HSA will roll over to the following year. If employees want to contribute more money, the maximum, including what the city contributes, is \$3,350 for an individual and \$6,050 for an employee with dependents enrolled in their health plan.*

*The employee will have an out-of-pocket maximum, which includes the amount the employee has paid in premiums plus the amount paid for medical costs. Once the out-of-pocket maximum has been reached, insurance will begin covering 100% of all medical costs for the remainder of the year.*

*Ms. Britton pointed out that in 2016 employees who participate in a health spending account will not be allowed to contribute to a medical flexible spending account (FSA). However, there will be a limited FSA available to them. This limited FSA may be used for dental and vision expenses with a \$2,500 pre-tax maximum annual pledge.*

*She went on to explain that there is a communication plan that will launch July 13, 2015 which will help educate employees on the 2016 health plan changes. There will be four methods of communication: 1.) bulletins mailed to employees' homes, 2.) nearly 300 on-site education sessions at approximately 30 locations, 3.) multiple e-mails to employees, and 4.) content added to [denvergov.org/benefits](http://denvergov.org/benefits).*

*Speaker Michael Jackson, President of the Denver Sheriff's Department Lodge 27 of the Fraternal Order of Police, said that the Denver Police Department, Denver Sheriff's Department, and the Denver Fire Department have collective bargaining, yet neither the Sheriff's Department, nor the Fire Department were represented by the Health Insurance Committee. He is also concerned with the way the health insurance plans are being formulated. He says the Denver Sheriff's Department feels that there should be a way of having more balanced out-of-pocket costs and premiums. He says even though the City is contributing to HSAs for employees who enroll in high deductible plans, it is only a one-time contribution with no guarantee that it will be offered again in the future. He pointed out that the new high deductible plan is more difficult to navigate than an HMO plan and he has a concern with not knowing what the final costs will be for medical expenses. Mr. Jackson wonders what the impact will be to the City if the three agencies with collective bargaining decide to opt out of the City's healthcare plan. Mr. Jackson also said having to contribute to an HSA means an additional monthly out-of-pocket cost for employees. Finally, Mr. Jackson stated that the Denver Sheriff's Department has over 1,000 employees, but only two Human Resources representatives in their department. He cannot see how these two employees can help everyone in the department navigate through the new system.*

*Ms. Britton responded to Mr. Jackson by saying that the Health Insurance Committee used to have a representative from the Denver Sheriff's Department, but because they did not attend, they were removed. She suggested that Mr. Jackson apply as a representative for his department. She also pointed out that Mr. Jackson is correct in that it is unknown if the HSA contribution from the City will continue beyond 2016.*

*Board member, Colleen Rea Colleen Rea pointed out that even if the City does not continue to provide an HSA contribution, the employee still pays less overall for the premiums and out-of-pocket maximum for the high deductible plan.*

*Ms. Britton pointed out that although funding an HSA means money is being deducted from the employee's paycheck each month, the HSA is helpful in that it uses pre-tax dollars to pay for medical expenses. She also noted that if the employee does not use the HSA money, they can roll that money over into the next year and choose not to have additional money deducted from their pay.*

*To address Mr. Jackson's issue of having only two Human Resources representatives for a staff of over 1,000, she brought up the eight week communication plan that is in place. This ensures that all employees are educated on the upcoming changes. She also welcomed input on how to better reach Sheriff's Department employees.*

*Speaker Leo Nava from the Public Works Maintenance team pointed out that the 2016 health plan is being referred to as a proposal and wanted to know what the other option is if employees decided they do not want it. Ms. Britton stated that the Career Service Board is responsible for hearing the employees' comments about the plan. The Board then has two options: 1.) send the proposal on to City Council or 2.) send the proposal back to the Health Insurance Committee for modifications.*

*Mr. Nava posed another question regarding who decides how much employees pay for premiums versus what the City pays. Ms. Britton answered by saying the split is determined by the Health Insurance Committee. Mr. Nava said he has seen health costs go up over the last five years and it seems that when the City wants to push employees into a specific plan they just pay less toward premiums for the other plans. Ms. Britton responded and said that the Health Insurance Committee has always decided to pay more toward the lower cost plan. Mr. Nava wanted to know if there is any way to negotiate with insurance companies regarding cost. Ms. Britton explained that if employee medical claims cost less than the amount of the premiums then there is room for negotiation with the insurance companies. However, medical claims are always higher than the premiums so premiums cannot be negotiated.*

*The Board unanimously approved Public Hearing No. 501 with no modifications.*

*Ms. Britton's presentation is attached at the end of this document.*

**V. Approval to Post:** *None.*

**VI. Director's Briefing:**

- 1. Karen Niparko, Executive Director of the Office of Human Resources updated the Board on the latest changes in Talent Acquisition. She informed the Board members that Cindy Bishop would start her position as the new Director of Talent Acquisition on Monday, June 8. She also explained that as of June 1 the new hire orientation and paperwork was consolidated within Talent Acquisition.*
- 2. Ms. Niparko also informed the Board that City Spirit Week has been changed to City Spirit Wellness Month as requested by Mayor Hancock. She said that August will be City Spirit Wellness Month and the Wellness team from the Office of Human Resources will be partnering with the Mayor's Office regarding this event.*
- 3. Ms. Niparko also brought up the Employee Engagement survey. She said there is a whole campaign surrounding the survey in order to increase employee participation to over 70%. This campaign includes a video which contains employee comments from various City agencies.*

**VII. New Cases:**

- 1. Ned St. Germain v. Department of Safety, Denver Sheriff's Department, Appeal No. 24-14  
The Career Service Board MODIFIED the hearing officer's decision from 10 to five days, written order to follow.*

**VIII. Pending Cases:**

- 1. William Lewis v. Department of Safety, Denver Sheriff Department, Appeal No. 51-14,  
Agency's Motion for Waiver of Requirements of CSA Rule 19-64.  
The Career Service Board GRANTED the Agency's Motion for Waiver of Requirements of CSA Rule 19-64, order to follow.*

2. Joveda Scott v. Office of Economic Development, Appeal No. 54-14.  
*The Career Service Board AFFIRMED the hearing officer's decision, written order to follow.*
3. Dean Altman v. Department of Safety, Denver Sheriff Department, Appeal No. 32-14  
*The Career Service Board AFFIRMED the hearing officer's decision, written order to follow.*
4. Deanna Gordon v. Department of Safety, Denver Sheriff Department, Appeal No. 10-14  
*The Career Service Board AFFIRMED the hearing officer's decision, written order to follow.*
5. Loretta Perry-Wilborne v. Denver Department of Human Services, Appeal No. 62-13  
*The Career Service Board AFFIRMED the hearing officer's decision, written order to follow.*
2. Jennifer Lacombe et al v. Department of Aviation, Business Management Services, Appeal Nos. 56-14, 57-14, and 58-14  
*The Career Service Board has modified the decision of the hearing officer to a written reprimand with written order to follow.*

**IX. Executive Session:**

*Board went into executive session at 6:45 p.m. to discuss cases and staffing matters.  
Board re-convened meeting at 7:10 p.m.*

**X. Adjournment: Adjournment was at 7:10 p.m.**

Heather Britton's 2016 health plan presentation:



# City of Denver

Office of Human Resources  
Heather Britton  
On behalf of the Health Insurance Advisory Committee



## Committee Members

Established per Chapter 18, Article VI, Division 2 of the DRMC.

- Jeanne Faatz, City Council
- Janna Young, City Council
- Brendan Hanlon, BMO
- Gisela Shanahan, DIA
- Richard Gonzales, General Services
- Brad Schipper, OHR
- Arthur Gilkison, PR
- Roni Kirchhevel, DERP
- Mitch McKee, DHS
- Bill Mitchell, DPD
- Victoria Oliver, DPD



### Cadillac Tax

Mandate of the Affordable Care Act (ACA) - 40% tax in 2018 on Family plans valued over \$27,500 in 2017

- Value = City + employee medical cost + FSA medical pledge.
- UHC Choice (HMO) family plan over this threshold in 2015:
  - Annual premium (\$33,700) plus max FSA pledge (\$2500) value = \$36,200
  - Taxable value is \$8,700 (\$36,200 – 27,500)
  - Tax of \$3480 assessed to each participant
- High City premiums driven by high claims costs by participants. Especially diabetes, heart disease, musculoskeletal and cancer.



### Individual Mandate

Mandate of the Affordable Care Act (ACA)

- All employers are required to provide all full-time equivalent employees with an affordable health insurance plan or pay a fine.
- What it means in 2016
  - All employees must make a positive medical election during Open Enrollment
  - **Those not making an election will be defaulted into the lowest cost individual plan, the Kaiser HDHP.**
  - Dependents covered in 2015 will be termed if a positive election is not made.
  - Those who do not want coverage will need to actively waive coverage



# 2016 Medical Plans



## 6 Medical Plans

- 3 Insurance Carriers (same as 2015)
  - Denver Health Medical Plan
  - Kaiser Permanente (Kaiser)
  - United HealthCare (UHC)
- 1 DHMO per carrier (same as 2015), and
- *New!* 1 High Deductible Health plan (HDHP) with a Health Savings Account per carrier.
- All plans now under Cadillac Tax threshold.
- Most employees will reduce their medical costs in 2016



## 2016 Plans DHMO and HDHP

In 2016, Kaiser Permanente will offer employees 2 plans:

- **DHMO – No change from 2015**
  - Utilizes the Kaiser Colorado facilities
  - Members pay copays for doctor and prescription and deductibles and coinsurance for other services.
- **High Deductible Health Plan (HDHP)**
  - 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
  - Paired with a Health Savings Account (HSA)

Default plan if no election is made during enrollment



## 2016 Plans Navigate and HDHP

In 2016, United Health Care will offer employees 2 plans:

- **Navigate – No change from 2015**
  - Utilizes the Navigate network of providers
  - Members must designate a PCP and are required to be referred to specialists.
- **High Deductible Health Plan (HDHP)**
  - 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
  - Paired with a Health Savings Account (HSA)



## 2016 Plans DHMO and HDHP

In 2016, DHMP will continue offer employees 2 plans:

- 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 and deductibles and coinsurance for other services.
- High Deductible Health Plan (HDHP)
  - 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
  - Paired with a Health Savings Account (HSA)



## DHMO (Navigate for UHC)

- Nearly 50% of employees enrolled in one of these plans in 2015
- Plans have been in place for 5 years
- No change in structure is recommended
- Members pay copays at point-of-service for office visits and prescriptions
- Deductible/Coinsurance for other services
- All expenses count toward annual out-of-pocket maximum



High Deductible Health Plan  
**HDHP**

- Low up-front premium
- Member is responsible for all costs to a \$1350 deductible for individual coverage and \$2700 deductible if they have dependents enrolled.
- Member pays 20%\* coinsurance for services after deductible is met, and copays for prescriptions.
- All expenses, including deductible, count toward annual out-of-pocket maximum (\$2700 individual and \$5400 family)
- Paired with a Health Savings Account (HSA)

\*10% for Denver Health



HSA  
With HDHP

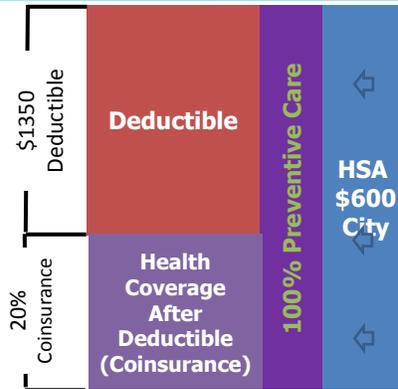
- Optum will be the City's provider
- Pre-tax account used to pay for qualified expenses.
- Must be enrolled in a HDHP to contribute.
- Can be funded by employee and employer contributions.
  - **In 2016, the City is prefunding every account with \$600 for those with single coverage and \$1200 for those enrolling dependents**
- Unused funds roll over (no use it or lose it).
- Portable – because it's the employee's account.
- Maximum contributions:
  - Employee only coverage: \$3350
  - Employee plus 1 or more dependent coverage: \$6750
  - Age 55+: \$1000 additional



# Different...Not Difficult.

## High Deductible Health Plan (HDHP)\*

- Preventive care always free.
- Member responsible for all non-preventive costs up to a pre-set deductible.
- Once deductible is met, insurance pays a 80% of remaining costs, called *coinsurance*.
- Once expenses hit the *out-of-pocket maximum*, member pays nothing.
- An HSA is used to pay for expenses



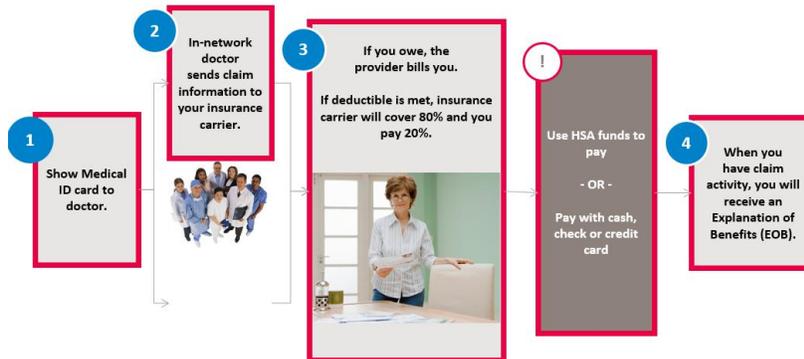
Out-of-Pocket Maximum  
\$2700

Insurance pays  
100%



## Using a HDHP

14



Single  
Mid 30s

Default plan if no election is made during enrollment

	2015 Kaiser HMO	2016 Kaiser DHMO	2016 Kaiser HDHP
City Contribution to HSA	\$0	\$0	\$600
2 PCP visits	\$60	\$60	\$240
12 Generic Prescriptions	\$240	\$240	\$240
<b>Total Medical Expenses</b>	<b>\$300</b>	<b>\$300</b>	<b>\$480</b>
Paid by HSA	\$0	\$0	\$480
Remaining Deductible	\$200	\$200	\$870
Remaining Costs to OPM	\$2700	\$2700	\$2200
Annual Premium	\$1631	\$817	\$221



Premiums  
OPM

Compare annual premiums with the plan’s out-of-pocket maximum.

- The out-of-pocket maximum (OPM) is annual cap on all services members are expected to pay, including copays, deductibles and coinsurance.
- Maximum liability = Annual Premium + OPM – Employer Contribution to HSA (if enrolled in HDHP)
- Why is it important? The premium for an HMO is extremely high, compared to the HDHP
  - Annual savings for single employees enrolled in Kaiser HMO in 2015 who move to the Kaiser HDHP in 2016: \$1,710\*
  - Annual savings for single employees enrolled in UHC HMO in 2015 and enroll in the UHC HDHP in 2016: \$3,172

\*If member hits OPM, savings is \$1410 if no service utilized.



Rates  
City Contribution

Carrier	Employee			Employee plus Spouse			Employee plus Child(ren)			Family		
	City % Contribution	Monthly City	Monthly Employee Cost	City % Contribution	Monthly City	Monthly Employee Cost	City % Contribution	Monthly City	Monthly Employee Cost	City % Contribution	Monthly City	Monthly Employee Cost
Kaiser DHMO	85%	\$385.90	\$68.10	77.5%	\$774.07	\$224.73	80%	\$726.40	\$181.60	75%	\$1,089.60	\$363.20
Kaiser HDHP	95%	\$350.97	\$18.47	87.5%	\$707.75	\$101.11	90%	\$662.06	\$73.56	85%	\$998.79	\$176.26
DHMP DHMO	85%	\$478.92	\$84.52	77.5%	\$960.67	\$278.91	80%	\$901.51	\$225.38	75%	\$1,352.27	\$450.76
DHMP HDHP	95%	\$427.51	\$22.50	87.5%	\$866.28	\$123.75	90%	\$810.02	\$90.00	85%	\$1,224.03	\$216.01
United Navigate	85%	\$542.53	\$95.74	77.5%	\$1,088.26	\$315.95	80%	\$1,021.26	\$255.32	75%	\$1,532.12	\$510.71
United HDHP	95%	\$570.33	\$30.02	87.5%	\$1,155.70	\$165.10	90%	\$1,080.66	\$120.07	85%	\$1,632.95	\$288.17



Premiums + OPM –  
City HSA =  
Maximum Liability

Carrier	Employee				Employee plus Spouse				Employee plus Child(ren)				Family			
	Out of pocket Max	Monthly Employee Cost	City HSA Cont.	Max* Liability	Out of pocket Max	Monthly Employee Cost	City HSA Cont.	Max* Liability	Out of pocket Max	Monthly Employee Cost	City HSA Cont.	Max* Liability	Out of pocket Max	Monthly Employee Cost	City HSA Cont.	Max* Liability
Kaiser DHMO	\$3000	\$68.10	\$0	\$3,817	\$6000	\$224.73	\$0	\$8,697	\$6000	\$181.60	\$0	\$8,179	\$6000	\$363.20	\$0	\$10,358
Kaiser HDHP	\$2700	\$18.47	\$600	\$2,322	\$5400	\$101.11	\$1200	\$5,413	\$5400	\$73.56	\$1200	\$5,083	\$5400	\$176.26	\$1200	\$6,315
DHMP DHMO	\$2500	\$84.52	\$0	\$3,514	\$5000	\$278.91	\$0	\$8,347	\$5000	\$225.38	\$0	\$7,705	\$5000	\$450.76	\$0	\$10,409
DHMP HDHP	\$2700	\$22.50	\$600	\$2,370	\$5400	\$123.75	\$1200	\$5,685	\$5400	\$90.00	\$1200	\$5,280	\$5400	\$216.01	\$1200	\$6,792
United Navigate	\$2500	\$95.74	\$0	\$3,649	\$5000	\$315.95	\$0	\$8,791	\$5000	\$255.32	\$0	\$8,064	\$5000	\$510.71	\$0	\$11,128
United HDHP	\$2700	\$30.02	\$600	\$2,460	\$5400	\$165.10	\$1200	\$6,181	\$5400	\$120.07	\$1200	\$5,641	\$5400	\$288.17	\$1200	\$7,658

\*Max Liability = Employee's annual premium + Out-of-pocket maximum – City's HSA contribution



## Other Updates



### New Plan 2016

Employees who participate in an HSA are not allowed to also contribute to a medical FSA account, but can contribute to a Limited Use FSA.

- Can be used for dental and vision expenses for employee and their eligible dependents.
- \$2500 maximum annual pledge
- Deductions are pre-tax



No recommended Changes

The Health Insurance Committee recommends no changes in rates or plan designs from 2015 to 2016 for all remaining City-sponsored benefits, including:

- Dental
- Vision
- Life Insurance
- Disability
- Pre-paid legal



# Communication Plan



4 Campaigns  
July 13 launch

Comprehensive education campaign, in partnership with our insurance carriers, to include:

- 4 Bulletins mailed to employee’s homes (4)
- Almost 300 on-site education sessions at nearly 30 locations
- Multiple emails
- All content added to denvergov.org/benefits



July 13 -  
October 30

Campaign	Date Range	What Will Be Communicated and How
#1: "What's New"	7/13/2015	-Bulletin mailed home and posted at sites/online/emailed -Letter mailed home with bulletin from OHR ED -Posters printed and placed at each site.
#2: "What is HDHP/HSA"	07/20/2015 – 8/07/2015	-Bulletin mailed home and posted at sites/ online/emailed -100 On-site classes at 30 locations delivered by all three medical carriers and OHR
#3 "Understand and Compare Plans"	08/03/2015 – 08/21/2015	-Bulletin mailed home and posted at sites/ online/emailed -100 On-site premium comparison classes at 30 locations delivered by all three medical carriers and OHR
#4 "Consumerism" "HSA's, FSA's"	08/17/2015 – 09/11/2015	-Bulletin mailed home and posted at sites/ online/emailed -OHR Benefits class on Consumerism and living in an HSA -Banking for HSA's and FSA's -Plan Selector Tool
#5 "Open Enrollment is Here!"	09/14/2015 Fairs Begin 10/05/2015 Enrollment Open	-Series of 10 on-site Open Enrollment fairs attended by reps from all contracted providers -Enrollment October 5 – 30.



## Medical plans 2016

Retain Kaiser, United Health Care and Denver Health Medical plan.

- Continue offering 1 DHMO / Navigate plans per carrier
- Introduce 1 HDHP per carrier
  - Introduce Health Savings Account, with \$600/\$1200 individual/dependent pledge.
- Active enrollment – every employee who wants a plan other than the single Kaiser HDHP in 2016, must make an election.

