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 plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.
Dear City Colleague,

The City and County of Denver remains dedicated to helping you be the best you can be, especially in uncertain and challenging times. Throughout this guide you will find benefit plan options to help keep you well and to prepare yourself for a secure future.

Open Enrollment is your annual opportunity to evaluate and choose which benefit plans are the best fit for you and your family.

**Enroll: October 12 – October 30, 2020 by 11:59 p.m.**

It’s important to note that after Open Enrollment ends on October 30, 2020, you will no longer be able to make changes to most of your 2021 benefit plans without a qualifying life event.

Use this guide and the Benefits & Wellness team as your resources to help educate yourself and choose the options that are best for you.

**What’s New in 2021?**

- Denver Health Medical Plan will no longer offer the DHMO plan in 2021. Denver Health Medical Plan will instead offer a copay-only plan, called the HMO. The HMO plan has set copays for all services at Denver Health facilities only, with no annual deductibles to meet. If you are currently enrolled in the 2020 Denver Health Medical Plan DHMO plan, you will be automatically moved into the 2021 Denver Health Medical Plan HMO option.

- Denver Health’s HDHP option is still offered in 2021, but services will be covered at Denver Health facilities only. Cofinity and High Point (Children’s and University of Colorado) networks are no longer covered options in Denver Health plans in 2021.

- UnitedHealthcare’s pharmacy network will no longer include CVS as in-network in either UnitedHealthcare 2021 plan option - HDHP or Colorado Doctors Plan.

**Log into Workday** to find access to all 2021 employee benefit plans through the single Open Enrollment action found in your Workday inbox. Remember to submit this action in the final step and keep a copy of your confirmation form for your records.

You can visit denvergov.org/benefits or contact the OHR Benefits & Wellness team at 720.913.5697 or benefits@denvergov.org to learn more.

Sincerely,

The OHR Benefits & Wellness Team
**WHO IS ELIGIBLE FOR BENEFITS?**

As a full-time (30-40 hours per week) or half-time (20-29 hours per week) unlimited, limited or Sheriff employee, you are eligible for City and County of Denver employee benefits. If you are an on-call/seasonal employee, you may become eligible for medical coverage under the Affordable Care Act. You will be notified by the OHR Benefits team when you become eligible.

**WHAT IF I’M MARRIED TO, OR A PARENT/CHILD OF, ANOTHER CITY AND COUNTY OF DENVER EMPLOYEE?**

You can enroll in medical and dental coverage as an employee or as a dependent only. You and your dependents cannot have dual coverage as both an employee and a dependent under the City and County of Denver’s employee benefit plans.

### WHAT DEPENDENTS ARE ELIGIBLE FOR HEALTH CARE COVERAGE?

Your eligible dependents include:

- Your spouse (including legally married and common-law) or your Colorado State Civil Union spouse (premiums are paid on an after-tax basis)
- Your children to age 26 (including a stepchild and adopted child)
- Your dependent children of any age who are physically or mentally unable to care for themselves

When adding dependents, supporting documents must be provided. A list of acceptable dependent documents can be found at denvergov.org/benefits.

### WHEN ARE MY BENEFITS EFFECTIVE, WHO PAYS FOR MY COVERAGE AND WHEN CAN I CHANGE MY ELECTION?

<table>
<thead>
<tr>
<th>BENEFIT TYPE</th>
<th>EFFECTIVE DATE</th>
<th>ENROLLMENT RESPONSIBILITY</th>
<th>COST</th>
<th>CHANGES WHEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1st E</td>
<td>S</td>
<td>OE &amp; QLE</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>1st E</td>
<td>S</td>
<td>OE &amp; QLE</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>1st E</td>
<td>EE</td>
<td>OE &amp; QLE</td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSA)</td>
<td>1st E</td>
<td>EE</td>
<td>OE &amp; QLE</td>
<td></td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>1st S^2</td>
<td></td>
<td>Anytime &amp; OE</td>
<td></td>
</tr>
<tr>
<td>Short-Term Disability; Sick and Vacation Paid Time Off (PTO)</td>
<td>1st E</td>
<td>EE</td>
<td>OE</td>
<td></td>
</tr>
<tr>
<td>Additional Life Insurance^1</td>
<td>1st E</td>
<td>EE</td>
<td>Anytime</td>
<td></td>
</tr>
<tr>
<td>ARAG Legal</td>
<td>1st E</td>
<td>EE</td>
<td>OE &amp; QLE</td>
<td></td>
</tr>
<tr>
<td>Deferred Compensation</td>
<td>1st E</td>
<td>EE</td>
<td>Anytime</td>
<td></td>
</tr>
<tr>
<td>RTD EcoPass</td>
<td>H</td>
<td>S</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Basic Life Insurance</td>
<td>H</td>
<td>A</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td>1st A</td>
<td>C</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Employee Assistance</td>
<td>H</td>
<td>A</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Pension</td>
<td>H</td>
<td>A</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Paid Time Off (PTO)</td>
<td>H</td>
<td>A</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

(1) Includes spouse life, dependent children life and accidental death and dismemberment.

(2) If you enroll in the high-deductible health plan (HDHP), the city will match contributions to your health savings account up to $300 for individual coverage, and $900 for all other coverage tiers.

(3) Employees hired prior to January 1, 2010, who remained on the sick and vacation leave plan can elect short-term disability and pay the entire cost.
## Benefits Enrollment

### When can I enroll or change my benefit elections?

<table>
<thead>
<tr>
<th>AT OPEN ENROLLMENT</th>
<th>AS A NEW HIRE OR REHIRE</th>
<th>DURING THE YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>During Open Enrollment you are choosing your plans for the upcoming calendar year (January 1-December 31).</td>
<td>When newly hired into a benefit-eligible position you will have 30 days from your hire date to choose your plans for the remainder of the calendar year in which you are hired.</td>
<td>During the calendar year you may experience a qualified life event. You will have 30 days from the event date to submit your plan changes in Workday.</td>
</tr>
<tr>
<td>All your benefit plan elections/changes are processed through Workday. For Open Enrollment, the benefit election event is automatically generated and waiting in your Workday inbox ready for you to take action choosing plans and submitting your elections. You can find the link for Workday on the OHR Benefits webpage at denvergov.org/benefits.</td>
<td>All your benefit plan elections/changes are processed through Workday. For new hire or rehire, the benefit election event is automatically generated and waiting in your Workday inbox ready for you to take action choosing plans and submitting your elections. You can find the link for Workday on the OHR Benefits webpage at denvergov.org/benefits.</td>
<td>For qualified life events, you will have to create your own benefit election event in Workday, applicable to the type of event: marriage/divorce, gain/loss of other coverage, etc. Support documentation of the event will be required prior to approval of changes.</td>
</tr>
</tbody>
</table>

If you do not have Workday access, contact OHR Benefits prior to the October 30, 2020 open enrollment deadline.

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**WE ARE HERE TO HELP YOU ENROLL AND MAKE THE BENEFIT SELECTIONS THAT ARE RIGHT FOR YOU.**

web: denvergov.org/benefits  
phone: 720.913.5697  
email: benefits@denvergov.org  
text: 720.515.6457
MEDICAL PLAN TYPES
The city offers three types of medical plans from three providers: a health maintenance organization (HMO), deductible HMO (DHMO) and high-deductible health plan (HDHP).

The HMO option offers you a wide array of health care services all within a select network of Denver Health Medical Center doctors and hospitals with a set copay for services and no annual deductibles to be met.

A DHMO option offers you a wide array of health care services, all within a select network of local Colorado doctors and hospitals depending on the plan provider. It also offers set copays for some services, but can require an annual deductible be met and coinsurance payments after deductible for other services. The higher annual paycheck costs and higher out-of-pocket maximums make the DHMO options the most costly for you and your family.

An HDHP option offers you the same wide array of health care services as an HMO or DHMO plan, but within a select network of local or national doctors and hospitals depending on the plan provider. And UnitedHealthcare can even offer out-of-network coverage.

HDHP enrollment also allows for health savings account (HSA) contributions. The lowest paycheck costs and lowest out-of-pocket maximums make HDHP less costly for you and your family. You can lower these costs even further by taking advantage of a generous HSA contribution from the city through HSA matching.

NETWORK
Your network is where you can go for covered services and insurance discounts.

In-network includes doctors, hospitals and pharmacies you can visit to receive your insurance discount.

Closed network means a limited and specific list of doctors, hospitals and pharmacies you can visit for covered services and insurance discounts. Denver Health Medical Plan and Kaiser Permanente plans are both closed networks.

Out-of-network typically includes doctors, hospitals and pharmacies you might not be able to go to for covered service or insurance discounts. UnitedHealthcare’s HDHP offers this coverage at higher costs to you.

To minimize your costs, try to utilize in-network services.

COSTS
Costs include what you are paying for your insurance and any services throughout the year.

Premiums are what you (and the city) pay for your health care plans. Premiums are what you see deducted from your paychecks for your benefit plans.

Copayment or copay is a fixed dollar amount that you pay for a covered health service. In an HMO, all copays are set. In a DHMO, some copays are set for certain services. And in an HDHP, copays aren’t set until the annual deductible is met.

Coinsurance is your share of service costs after the annual deductible is met, typically a percentage.

A deductible is the amount you must pay each calendar year for covered health services before the insurance plan will begin to pay.

The out-of-pocket maximum is 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.

TAX ADVANTAGES
The type of medical plan you choose also comes with different tax-advantaged spending accounts.

A health savings account (HSA) is a bank account that you can use to pay your HDHP out-of-pocket health care costs with pre-tax dollars from your paycheck or with employer contributions. Money deposited in an HSA stays with you, regardless of employer or health plan, and unused balances roll over year to year.

A health flexible spending account (FSA) is a spending account that you can use to pay for health care costs (medical, dental and vision) with pre-tax dollars. Funds deposited into a health FSA will be forfeited if you do not use them by the IRS deadline. If you fund an HSA, you are not eligible to contribute to a traditional health FSA; however, you can fund a limited use FSA, which can only be used to pay for qualified dental and vision expense. Medical expenses are excluded.

Understand your options.
Before you can truly begin to evaluate the health care options available to you, here are some basic concepts and terms to get you started.
Choose the right plan.

The city offers six medical plan options through three carriers: Denver Health Medical Plan, Kaiser Permanente and UnitedHealthcare. Each carrier offers a high-deductible health plan (HDHP), both Kaiser Permanente and UnitedHealthcare also offer a deductible HMO (DHMO) plan. UnitedHealthcare calls their DHMO the Colorado Doctors Plan. New in 2021, Denver Health Medical Plan offers an HMO plan.

HIGH-DEDUCTIBLE HEALTH PLAN

» Lowest premium paycheck cost
» Generally, you pay the full cost of all care until the annual deductible is reached
» Highest deductible
» After the annual deductible is reached, you will pay coinsurance or copay until the annual out-of-pocket maximum is reached
» Lowest out-of-pocket maximum
» You can budget for your out-of-pocket expenses by funding a health savings account (HSA) through Optum Bank®
» The city contributes to your HSA
» For every $1 you deposit into your HSA, the city will match $2 up to $300¹ per year for individual coverage, or up to $900¹ per year for all other coverage tiers

DEDUCTIBLE HMO (DHMO) PLAN

» Highest premium paycheck cost
» You will pay for some services in the form of a copay and the full cost of other services until the annual deductible is reached
» Lowest deductible
» After the annual deductible is reached, you will pay either copay or coinsurance until the annual out-of-pocket maximum is reached
» Highest out-of-pocket maximum
» You can budget for your out-of-pocket expenses by funding a health flexible spending account (FSA)
» No city contribution to your FSA
» If you contribute to an FSA, your whole pledge amount for the plan year is available for use on qualified expenses on the day your plan starts

HMO PLAN

» Affordable premium paycheck cost
» You will pay for some services in the form of a copay
» No deductible
» High out-of-pocket maximum
» You can budget for your out-of-pocket expenses by funding a health flexible spending account (FSA)
» No city contribution to your FSA
» If you contribute to an FSA, your whole pledge amount for the plan year is available for use on qualified expenses on the day your plan starts
» You must enroll in the Denver Health Medical Plan HMO and must obtain all services from a Denver Health provider.

### NUMBERS TO KNOW

#### HSA contributions limits:
- Individual coverage: $3,600 per year (employer + employee contributions)
- Family limits: $7,200 per year (employer + employee contributions)

#### Health FSA contribution limits:
- Up to $2,750 per year

#### CONTRIBUTION LIMITS

<table>
<thead>
<tr>
<th>HDHP in-network deductible:</th>
<th>Individual deductible: $1,450</th>
<th>DHMO in-network deductible:</th>
<th>Individual deductible: $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family deductible:</td>
<td>$2,900²</td>
<td>Family deductible:</td>
<td>$500 per member up to $1,000</td>
</tr>
<tr>
<td></td>
<td>Family out-of-pocket max: $5,800²</td>
<td>Family out-of-pocket max:</td>
<td>$4,500 per member up to $9,000</td>
</tr>
<tr>
<td>HDHP in-network coinsurance:</td>
<td>Denver Health Medical Plan: 10%</td>
<td>DHMO in-network coinsurance:</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente: 20%</td>
<td>HMO in-network coinsurance:</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>UnitedHealthcare: 20%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) The city HSA match is made twice per month. Employees covering just themselves, must contribute at least $6.25 per paycheck starting January 1, 2021 to receive the full $300 city contribution. Employees covering family members, must contribute at least $18.75 per paycheck starting January 1, 2021 to receive the full $900 city contribution.

(2) 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.
## Summary of Covered Services

<table>
<thead>
<tr>
<th></th>
<th><strong>DENVER HEALTH MEDICAL PLAN HMO</strong></th>
<th><strong>DENVER HEALTH MEDICAL PLAN HDHP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>Family $1,450</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$3,000 per individual/$6,000 family</td>
<td>Family $2,900</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$25 copay after first three visits(^1)</td>
<td>10% after deductible(^1)</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 copay</td>
<td>10% after deductible(^1)</td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>Denver Health Facilities Only</td>
<td>Denver Health Facilities Only</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>See plan summary for details as costs vary by pharmacy location, Rx tier and length of supply (30-day or 90-day).</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$500 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>(per admission, including birth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital/Ambulatory Surgery</strong></td>
<td>$200 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Lab and X-Ray</strong></td>
<td>$0 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>MRI/CAT/etc.</strong></td>
<td>$200 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>20% coinsurance(^1)</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$50 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$500 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$25 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Alcohol/Substance Abuse</strong></td>
<td>20% coinsurance(^1)</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Inpatient</td>
<td>$50 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$50 copay</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Phys/Occ/Speech Therapy</strong></td>
<td>$50 copay (max 30 visits/year)</td>
<td>10% after deductible (max 30 visits/year)</td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td>$25 copay (one exam every 24 months)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>$50 copay (max 20 visits/year)</td>
<td>10% after deductible (max 20 visits/year)</td>
</tr>
</tbody>
</table>

(1) HMO includes coinsurance for Emergency Care, Durable Medical Equipment, Home Health care, Skilled Nursing Facility, Outpatient Surgery/Physician services, all with no deductible to meet first and only up to out-of-pocket maximum.

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

### DENVER HEALTH MEDICAL PLAN

New in 2021, both Denver Health Medical Plans: HDHP and HMO are limited to only Denver Health facilities. Children’s and University of Colorado Hospitals and the Cofinity network are no longer considered in-network as of January 1, 2021.

To learn more about Denver Health Medical Plan, visit denverhealthmedicalplan.org or call 303.602.2100.
## 2021 Kaiser Permanente Medical Plan Comparisons

<table>
<thead>
<tr>
<th>Summary of Covered Services</th>
<th>KAISER DHMO</th>
<th>KAISER HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Only (Colorado Only)</td>
<td>In-Network Only (Colorado Only)</td>
</tr>
<tr>
<td>Deductible</td>
<td>$500 per individual/ $1,000 family</td>
<td>$1,450</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>$4,500 per individual/ $9,000 family</td>
<td>$2,900</td>
</tr>
<tr>
<td>Office Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$0 copay(^1)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Specialist</td>
<td>$75 copay(^1)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Alternative Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone/Email/Chat with Doctor</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente facilities only</td>
<td>Kaiser Permanente facilities only</td>
</tr>
<tr>
<td>Preventive</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic/Formulary/Non-formulary</td>
<td>$10/$35/$60/$100 copay</td>
<td>$10/$35/$60 copay after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(per admission, including birth)</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
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<td>Outpatient Hospital</td>
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<td></td>
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<td>Lab and X-Ray</td>
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<td></td>
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<tr>
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<td>$25 lab copay/$25 X-ray copay</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>MRI/CAT/etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$250 copay</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$0 copay(^1) (Kaiser designated facility)</td>
<td>20% after deductible (Kaiser designated facility)</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$0 copay/visit(^1)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Alcohol/Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% after deductible</td>
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<td>$0 copay/visit(^1)</td>
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<td></td>
<td>20% after deductible</td>
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<tr>
<td></td>
<td>(max 20 visits/year)</td>
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<tr>
<td>Vision Exam</td>
<td></td>
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<tr>
<td></td>
<td>$0 copay</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Chiropractic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$30 copay (max 20 visits/year)</td>
<td>20% after deductible (max 20 visits/year)</td>
</tr>
</tbody>
</table>

\(^1\) The annual deductible and the 20% coinsurance apply for procedures performed during copay office and urgent care visits.

**CHOOSE THE RIGHT DOCTOR FOR YOU**

The Kaiser Permanente plans provide in-network coverage only (except in the case of a medical emergency). If you enroll in the Kaiser Permanente HDHP or DHMO, you must select a primary care physician who is responsible for overseeing your health care. With Kaiser Permanente medical offices across the front range area, it can be easy to find a doctor who is close to your home or workplace. Most Kaiser Permanente medical offices house primary care, laboratory, X-ray and pharmacy services under one roof, which means you can visit your physician and manage many of your other needs in a single trip.

**CALL THE APPOINTMENT AND ADVICE LINE**

If you have an illness or injury and you’re not sure what kind of care you need, Kaiser Permanente advice nurses can help. With access to your electronic health record, they can assess your situation and direct you to the appropriate facility, or even help you handle the problem at home until your next appointment. For advice, call 303.338.4545, 24 hours a day, seven days a week. For appointment services, call Monday through Friday, 7:00 a.m. - 6:00 p.m.

To learn more about Kaiser Permanente, visit my.kp.org/denvergov or call 303.338.4545.
# 2021 UnitedHealthcare medical plan comparisons

## Summary of Covered Services

<table>
<thead>
<tr>
<th></th>
<th>UNITEDHEALTHCARE DHMO</th>
<th></th>
<th>UNITEDHEALTHCARE HDHP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Only</td>
<td>In-Network (Nationwide)</td>
<td>Out-of-Network (Nationwide)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Colorado Doctors Plan (CDP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$500 per individual/</td>
<td>$1,450 (in-and out-of-network deductible)</td>
<td>$3,000 (out-of-pocket maximum)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,000 family</td>
<td></td>
<td>do not cross apply</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td>$4,500 per individual/</td>
<td>$2,900 (in-network deductible)</td>
<td>$6,000 (out-of-pocket maximum)</td>
<td></td>
</tr>
<tr>
<td>Single/Family</td>
<td>$9,000 family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>$0 copay¹</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$75 copay¹</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative Visits</td>
<td>No charge</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Phone/Email/Virtual Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>Colorado Doctors Plan (CDP)</td>
<td>Choice Plus</td>
<td>Out-of-Network</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td>$0</td>
<td>$0</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$10/$35/$60/$100 copay</td>
<td>$10/$35/$60 copay after deductible</td>
<td>$10/$35/$60 copay after deductible</td>
<td></td>
</tr>
<tr>
<td>Tier 1/Tier 2/Tier 3/Tier 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td>(per admission, including birth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td><strong>Lab and X-Ray</strong></td>
<td>$25 lab copay/$25 X-ray copay</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td><strong>MRI/CAT/etc.</strong></td>
<td>$250 copay</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$0 copay¹</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$0 copay¹</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol/Substance Abuse</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$50 copay</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phys/Occ/Speech Therapy</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>(max 20 visits/year)</td>
<td>(max 20 visits/year)</td>
<td></td>
</tr>
<tr>
<td>(max 20 visits/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td>$50 copay</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>(one exam every 24 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>$75 copay</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>(max 20 visits/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) The annual deductible and the 20% coinsurance apply for procedures performed during copay office and urgent care visits.

(2) Prior authorization required for certain services.

## UNITEDHEALTHCARE COLORADO DOCTORS PLAN DHMO (CDP)

If you enroll in the UnitedHealthcare CDP, you must:

» See Centura Health or New West Physicians doctors, specialists and hospitals.

» Choose a PCP within Centura Health or New West Physicians network.

» Go to welcometouhc.com/denver to select a PCP. Click Benefits, then Find a Doctor or Facility and then Colorado Doctors Plan.

Once you find a PCP, email their 14-digit Physician ID number to CCDenrollment@uhc.com.

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

## UNITEDHEALTHCARE HDHP

The UnitedHealthcare HDHP provides in- and out-of-network coverage, allowing you the freedom to choose any provider nationwide. However, you will pay less out of your pocket when you choose a UnitedHealthcare in-network provider.

To learn more about UnitedHealthcare, visit welcometouhc.com/denver or call 855.828.7715 (CDP members) or 800.842.5520 (HDHP members).
Receiving and managing care.
Receive and manage care where and when you want it.

**DENVER HEALTH MEDICAL PLAN**
Manage your health online at denverhealthmedicalplan.com or call 303.602.2100.
- Schedule appointments
- Call the NurseLine
- Visit a Walgreens Healthcare Clinic or King Soopers Little Clinic

**KAISER PERMANENTE**
Manage your health online at kp.org or call 303.338.4545 including:
- View test results
- Refill prescriptions
- Schedule appointments, phone appointments or E-visits
- Online chats called "Chat with a Doctor"
- View appointment reminders
- View claims information
- Email your doctor

**UNITEDHEALTHCARE**
You can log in to myuhc.com or call 800.842.5520 to:
- Access claims information
- Manage your Optum Bank® account
- Refill prescriptions
- Schedule virtual visits

Manage your health online at denverhealthmedicalplan.com or call 303.602.2100.
- Schedule appointments
- Call the NurseLine
- Visit a Walgreens Healthcare Clinic or King Soopers Little Clinic

**ON-DEMAND HEALTHCARE - DISPATCHHEALTH: BRINGING THE HOUSE CALL BACK TO YOUR HEALTH CARE**
City and County of Denver employees and dependents in any of the medical plans can avoid unnecessary expenses and trips to the ER by using DispatchHealth. DispatchHealth is covered as an urgent care visit and can treat pains, sprains, cuts, wounds, high fevers, upper respiratory infections and much more. Their medical teams are equipped with all the tools necessary to provide advanced medical care in the comfort of your home, workplace or location of need. DispatchHealth is open seven days a week, 8:00 a.m.-10:00 p.m., including holidays. Service areas include Castle Rock to Boulder/Longmont, Denver and Colorado Springs.

For every house call, DispatchHealth sends a physician assistant or nurse practitioner along with a medical technician. An on-call physician is also available at all times via phone to treat:

**Common Ailments**
- Fever - Flu - Nausea
- Headaches - Migraines
- Urinary tract infection

**Skin**
- Hives - Allergic reactions
- Skin abscess (boil)
- Cuts that need stitches
- Rashes

**Gastrointestinal**
- Diarrhea
- Heartburn
- Constipation
- Nausea and vomiting

**Eye**
- Eye infection
- Object in the eye

**Respiratory**
- Asthma attacks
- Bronchitis

**Ear, Nose and Throat**
- Sore throat
- Ear infection or pain
- Sinus infection
- Nosebleeds

**Neurological**
- Vertigo (dizziness)
- Weakness

**Musculoskeletal**
- Joint or back pain
- Strains or sprains
- Minor bone breaks

**Additional Procedures**
- IV placement
- IV fluids
- Stitches
- Splinting
- Advanced on-site blood testing
- Lancing of abscess (boil)
- Urinary catheter insertion

» Infectious disease testing (flu, strep and mono)

These services and more are available from DispatchHealth with just a call or click.
- Call 303.500.1518
- Go online to dispatchhealth.com

Employees may use their health savings account (HSA) or flexible spending account (FSA) to cover expenses. More on HSAs and FSAs starting on page 12.
Listed below are the **monthly premiums** for medical insurance for full-time employees. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Deductions are taken from the first two paychecks each month. For the monthly premiums for half-time employees, contact OHR Benefits.

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>Employee only</th>
<th>Employee + spouse</th>
<th>Employee + child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City</td>
<td>Employee</td>
<td>City</td>
<td>Employee</td>
</tr>
<tr>
<td>DHMP HMO</td>
<td>$514.16</td>
<td>$1,030.17</td>
<td>$967.13</td>
<td>$257.08</td>
</tr>
<tr>
<td>DHMP HDHP</td>
<td>$467.38</td>
<td>$946.62</td>
<td>$885.30</td>
<td>$103.86</td>
</tr>
<tr>
<td>Kaiser DHMO</td>
<td>$511.17</td>
<td>$1,024.15</td>
<td>$961.48</td>
<td>$255.58</td>
</tr>
<tr>
<td>Kaiser HDHP</td>
<td>$482.05</td>
<td>$976.34</td>
<td>$913.09</td>
<td>$107.12</td>
</tr>
<tr>
<td>United DHMO (CDP)</td>
<td>$619.92</td>
<td>$1,242.05</td>
<td>$1,166.03</td>
<td>$309.96</td>
</tr>
<tr>
<td>United HDHP</td>
<td>$672.32</td>
<td>$1,361.71</td>
<td>$1,273.49</td>
<td>$1,923.76</td>
</tr>
</tbody>
</table>

Listed below are the **monthly premiums** for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. Deductions are taken from the first two paychecks each month. For the monthly premiums for half-time employees, contact OHR Benefits.

<table>
<thead>
<tr>
<th>DENTAL</th>
<th>Employee only</th>
<th>Employee + spouse</th>
<th>Employee + child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City</td>
<td>Employee</td>
<td>City</td>
<td>Employee</td>
</tr>
<tr>
<td>Delta PPO Low Plan</td>
<td>$25.24</td>
<td>$51.07</td>
<td>$47.50</td>
<td>$79.26</td>
</tr>
<tr>
<td>Delta PPO High Plan</td>
<td>$25.24</td>
<td>$51.07</td>
<td>$47.50</td>
<td>$79.26</td>
</tr>
<tr>
<td>Delta EPO Plan</td>
<td>$25.24</td>
<td>$51.07</td>
<td>$47.50</td>
<td>$79.26</td>
</tr>
</tbody>
</table>

Listed below are the **monthly premiums** for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. The monthly premium is deducted from the first paycheck each month.

<table>
<thead>
<tr>
<th>VISION</th>
<th>Employee only</th>
<th>Employee + spouse</th>
<th>Employee + child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP</td>
<td>$5.72</td>
<td>$11.64</td>
<td>$10.73</td>
<td>$19.61</td>
</tr>
</tbody>
</table>
Health savings account vs. health flexible spending account.

**HEALTH SAVINGS ACCOUNT**

A health savings account (HSA) is an individually-owned bank account that allows you to pay for eligible medical, dental and vision expenses with pre-tax dollars. You own your HSA, and there are no “use it or lose it” restrictions like with flexible spending accounts. Your contributions to this account (including the City and County of Denver contributions) cannot exceed the IRS annual contribution limits. In order to open and fund an HSA in 2021, you must have depleted your previous year’s health FSA by December 31, 2020.

<table>
<thead>
<tr>
<th>IRS 2021 ANNUAL MAXIMUM HSA CONTRIBUTIONS:</th>
<th>The City and County of Denver will help you by matching your contributions up to the following amounts to your HSA in 2021:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual: $3,600</td>
<td>Individual coverage: $300</td>
</tr>
<tr>
<td>All other tiers: $7,200</td>
<td>All other coverage tiers: $900</td>
</tr>
<tr>
<td>Catch-up contribution (if age 55+): $1,000</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH FLEXIBLE SPENDING ACCOUNT**

A health flexible spending account (FSA) is an account that allows you to pay for eligible health care expenses with pre-tax dollars. If you fund an HSA, you cannot fund a health FSA.

**2021 PLAN YEAR MAXIMUM FSA CONTRIBUTION:** $2,750 (REGARDLESS OF COVERAGE LEVEL)

<table>
<thead>
<tr>
<th>HSA VS. HEALTH FSA</th>
<th>HSA</th>
<th>FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds available in January of the plan year</td>
<td>X</td>
<td>✔</td>
</tr>
<tr>
<td>No, your contributions and the city match are available as deposited per paycheck.</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Annual IRS maximum different depending on coverage level</td>
<td>✔</td>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>You must re-enroll annually to continue payroll deduction</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>You can change your election throughout the year</td>
<td>✔</td>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
<td>No, unless for a qualifying life event.</td>
<td></td>
</tr>
<tr>
<td>Balance roll over from one year to the next</td>
<td>✔</td>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
<td>No, qualifying expenses must occur by March 15 and submitted for reimbursement by March 31 of the following year or forfeit any unreimbursed funds.</td>
<td></td>
</tr>
</tbody>
</table>
Health savings account (HSA)

YOUR HSA THROUGH OPTUM BANK
If you enroll in a city high-deductible health plan (HDHP), you may be eligible to open and fund an HSA. You must open your HSA through Optum Bank® at optumbank.com in order to begin contributing to your HSA. If you have an Optum Bank® HSA, contact OHR Benefits to have your HSA set up for city payroll contributions.

In 2021, you must make HSA contributions through payroll deductions to receive city HSA funds. For every $1 you contribute to your HSA, the city will contribute $2, up to the following amounts:

<table>
<thead>
<tr>
<th>City HSA Match</th>
<th>Maximum city HSA contribution</th>
<th>Required employee HSA contribution for full city match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$12.50 per paycheck (up to $300 in 2021)</td>
<td>$6.25 per paycheck (at least $150 in 2021)</td>
</tr>
<tr>
<td>Family</td>
<td>$37.50 per paycheck (up to $900 in 2021)</td>
<td>$18.75 per paycheck (at least $450 in 2021)</td>
</tr>
</tbody>
</table>

Total contributions to an HSA cannot exceed the annual IRS contribution maximums (below).

2021 IRS HSA contribution maximums

» Individual coverage: $3,600
» All other tiers: $7,200
» Catch-up contribution (if age 55+): $1,000

You are allowed to contribute the difference between the city contributions (city match and Wellness Incentive) and the IRS maximum.

MAXIMIZE YOUR TAX SAVINGS

» Contributions to an HSA are tax free and can be made through payroll deduction on a pre-tax basis when you open an HSA through Optum Bank®
» The money in your HSA (including interest and investment earnings) grows tax free
» As long as you use the funds to pay for qualified expenses, the money is spent tax free

Important!
You must have qualifying coverage as defined by the IRS in order to contribute to an HSA or risk adverse tax consequences. If you are enrolled in another plan that is not considered qualifying under IRS guidelines, you are not eligible. This includes, but is not limited to, Medicare, Medicaid, TRICARE for Life or any non high-deductible health plan. For additional information, refer to IRS Publication 969 at irs.gov/uac/About-Publication-969.
Flexible spending accounts (FSA)

With a flexible spending account (FSA), you can set aside money on a pre-tax basis from your paycheck to cover health care (medical, dental and vision), dependent day care and/or qualified parking expenses.

The city offers these flexible spending accounts through 24HourFlex, whose services include:

» Help center at 303.369.7886 or 800.651.4855, 8:00 a.m. - 5:00 p.m. MST
» Access to account info at 24hourflex.com
» Online claim submission
» Automatic direct deposit in your bank or savings account
» Complimentary debit card to all participants, with immediate access to certain locations such as King Soopers, Safeway, Walgreens, Walmart, etc.

**HEALTH FSA**

If you enroll in the health FSA, you can use the FSA to pay for eligible health care expenses, including medical, dental and vision expenses with pre-tax dollars.

**2021 health FSA minimum and maximum contributions:**

» Minimum of $120 annually
» Maximum of $2,750 annually

Another advantage of enrolling in the health FSA is that your whole pledge amount for the plan year is available for use on qualified expenses on the day your plan starts, even though your contributions towards the pledge are spread over the calendar year.

You can submit claims for your qualifying 2021 expenses through March 31, 2022. Your expenses must be incurred no later than March 15, 2022, to be reimbursed from your FSA. Due to IRS rules, you’ll forfeit any unused funds.

If you are funding an HSA in 2021, all 2020 health FSA dollars must be spent by December 31, 2020.

**LIMITED USE FSA**

» If you fund an HSA, you are not eligible to fund a health FSA. However, you can fund a limited use FSA. A limited use FSA can only be used to reimburse dental and vision expenses.

**2021 limited use FSA minimum and maximum contributions:**

» Minimum of $120 annually
» Maximum of $2,750 annually

You can submit claims for your qualifying 2021 expenses through March 31, 2022. Your expenses must be incurred no later than March 15, 2022, to be reimbursed from your FSA. Due to IRS rules, you’ll forfeit any unused funds.

**DEPENDENT DAY CARE FSA**

If you have child care expenses for a child age 12 and under, consider taking advantage of the dependent day care FSA. In the same way that the health FSA lets you set aside pre-tax dollars for eligible health care expenses, you can set aside pre-tax dollars for dependent day care while you work.

**2021 dependent day care FSA minimum and maximum contributions:**

» Minimum of $120 annually
» Maximum of $5,000 annually, per household

Examples of eligible dependent care expenses include:

» Day care and babysitter costs
» Nursery school
» Before- and after-school programs
» Summer day camps

The dependent day care FSA is subject to the same reimbursement rules as the health FSA, including the “use it or lose it” rule. Important tax rules also apply to the dependent day care FSA. You can’t be reimbursed from your FSA for any expense that is also covered by a tax credit on your federal tax return. Unlike the health FSA, your whole pledge amount for the plan year is not available on the day your plan starts. For the dependent day care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

**QUALIFIED PARKING FSA**

The qualified parking FSA allows you to claim up to $270 per month of pre-tax dollars to pay for parking expenses while you are at work. To qualify, the parking expenses cannot be associated with a city-owned facility.

**2021 qualified parking FSA minimum and maximum contributions:**

» Minimum of $60 annually
» Maximum of $3,240 annually

Like the dependent day care FSA, claims for reimbursement can be processed as your contributions accrue. Submit claims within 180 days of date of expense. Claims submitted after 180 days will not be reimbursed.

**Important!**

You must “use it or lose it.” If you choose to use a health FSA and/or a limited use FSA, remember to plan your contributions carefully. You can submit claims for your qualifying 2021 expenses through March 31, 2022. Your expenses must be incurred no later than March 15, 2022 to be reimbursed from your FSA. Due to IRS rules, you’ll forfeit any unused funds.
Important!

Understand the specifics of your dental benefits, especially what is and is not covered. If you think you may need treatment and want to find out what your costs will be, ask your dentist for a pre-treatment estimate, specifying your full financial responsibility before committing to services.

Proper dental care is important and taking care of your oral health is an investment in your overall well-being. The City and County of Denver’s dental coverage is through Delta Dental of Colorado (Delta Dental), which provides employees with three plan options. For a complete schedule of dental benefits, visit denvergov.org/benefits, or pick up a Delta Dental brochure from OHR Benefits.

PPO LOW AND PPO HIGH PLANS
The Delta Dental PPO Low and PPO High plans offer coverage for a broad range of services with a deductible and coinsurance approach. You and your enrolled dependents may visit any licensed dentist, with the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.

EPO PLAN
The EPO plan only provides benefits when you visit a Delta Dental PPO dentist in Colorado. The EPO plan provides subscribers with a copayment listing that details all covered services and their associated out-of-pocket costs. Non-covered services are billed directly to you at a possible discounted rate, so you could still save money even if the procedure is not covered under your plan. If you receive treatment from a Delta Dental non-PPO dentist, you will be responsible for all fees charged.

FIND A DENTIST
Visit deltadentalco.com or call 800.610.0201 to find out if your provider is in the Delta Dental PPO Network.

MAKE AN APPOINTMENT
A Delta Dental ID card is not required. Your dentist can confirm your coverage. However, if you prefer to have a Delta Dental ID card, log in to your Delta Dental account to print an ID card.

### Summary of Covered Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Delta Dental PPO Low Plan</th>
<th>Delta Dental PPO High Plan</th>
<th>Delta Dental EPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$1,250 per person</td>
<td>$2,000 per person</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$25 individual¹/$75 family¹</td>
<td>$25 individual¹/$75 family¹</td>
<td>None</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Routine Cleanings in a 12-Month Period</td>
<td>$0 PPO Dentist</td>
<td>$0 PPO Dentist</td>
<td>Copay (see copay listing found in the “Dental” section of denvergov.org/benefits)</td>
</tr>
<tr>
<td>Oral Evaluation</td>
<td>20% Premier Dentist</td>
<td>0% Premier Dentist</td>
<td></td>
</tr>
<tr>
<td>Bitewing X-Rays</td>
<td>20% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td>0% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td></td>
</tr>
<tr>
<td>Full Mouth X-Rays or Panoramic Fluoride Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space Maintainers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam Fillings</td>
<td>20% PPO Dentist</td>
<td>10% PPO Dentist</td>
<td>Copay (see copay listing)</td>
</tr>
<tr>
<td>Resin, Composite</td>
<td>50% Premier Dentist</td>
<td>20% Premier Dentist</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery (Extractions)</td>
<td>50% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td>20% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td></td>
</tr>
<tr>
<td>General Anesthesia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Periodontal (gums)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canal Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>50% PPO Dentist</td>
<td>40% PPO Dentist</td>
<td>Copay (see copay listing)</td>
</tr>
<tr>
<td>Dentures, Partial, Bridges</td>
<td>50% Premier Dentist</td>
<td>50% Premier Dentist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td>50% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Orthodontic Evaluation</td>
<td>50% PPO Dentist</td>
<td>50% PPO Dentist</td>
<td>Copay (see copay listing)</td>
</tr>
<tr>
<td>Active Orthodontic Treatment</td>
<td>50% Premier Dentist</td>
<td>50% Premier Dentist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td>50% Non-Participating Dentist² (of Max Plan Allowance)</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontics Lifetime Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,000 per person</td>
<td></td>
<td></td>
<td>Unlimited (see copay listing)</td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>Delta Dental PPO plus Premier Plan</td>
<td>Delta Dental PPO plus Premier Plan</td>
<td>Delta Dental PPO No Premier Plan or Out-of-Network</td>
</tr>
</tbody>
</table>

(1) Applies to basic and major services when you see a PPO dentist. It will apply to all services when you see a non-PPO dentist.
(2) Members are responsible for the difference between the non-participating max plan allowance and the full fee charged by the dentist.
Eye exams are an important part of overall health care for your family. With VSP you will get the highest level of care, including an annual exam designed to detect signs of health conditions like diabetes and high blood pressure. **VSP does not provide an ID card.**

**FIND A VISION PROVIDER**

Find a VSP provider at vsp.com or call 800.877.7195.

<table>
<thead>
<tr>
<th>Summary of Covered Services</th>
<th>VSP In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Exams</strong> (every calendar year)</td>
<td></td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td></td>
</tr>
<tr>
<td>Lenses and frames</td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>Lenses</strong> (every calendar year)</td>
<td></td>
</tr>
<tr>
<td>Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for dependent children</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong> (every calendar year)</td>
<td></td>
</tr>
<tr>
<td>Standard progressive lenses</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Premium progressive lenses</td>
<td>$95–$105 copay</td>
</tr>
<tr>
<td>Custom progressive lenses</td>
<td>$150–$175 copay</td>
</tr>
<tr>
<td><strong>Frames</strong> (every other calendar year)</td>
<td></td>
</tr>
<tr>
<td>$160 allowance + 20% off balance</td>
<td></td>
</tr>
<tr>
<td>$90 allowance at Costco + 20% off balance</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong> (every calendar year)</td>
<td></td>
</tr>
<tr>
<td>Contact lenses instead of frames</td>
<td>$160 allowance; copay does not apply</td>
</tr>
<tr>
<td>Exam and fitting</td>
<td>Up to $60 copay</td>
</tr>
</tbody>
</table>

**VSP has special pricing for LASIK with participating centers, a savings that can add up to hundreds of dollars for VSP members. Visit vsp.com or call 800.877.7195**
Employee Health and Well-Being

The City and County of Denver provides a voluntary employee health and well-being program to help employees lead healthier, more fulfilling lives and do their best work. The program takes a holistic approach, emphasizing the following four pillars of well-being:

**PHYSICAL WELL-BEING**
- Nutrition
- Preventive care
- Physical activity

**MENTAL WELL-BEING**
- Stress management
- Mindfulness
- Volunteer program

**FINANCIAL WELL-BEING**
- Debt management
- College savings
- Retirement planning

**PROFESSIONAL WELL-BEING**
- Career development
- Skill building
- Resiliency training

**VITALITY®**

The City and County of Denver offers employees the opportunity to engage in Vitality, a unique wellness program that provides employees with the tools and motivation to make healthy choices. Vitality’s personalized, interactive approach considers current overall health, lifestyle and health risk factors. Employees can choose from, engage in and be rewarded for a wide variety of healthy activities – online education, physical activity, preventive care and more – on your own personal pathway to better health.

Because the city wants employees to be the healthiest they can be – for themselves, their family and their friends – the city has incorporated the Vitality program into its benefits package to help educate, motivate and assist employees in realizing the limitless benefits of making healthy choices and adopting healthy behaviors. There’s something for everyone in Vitality with activities associated with each of the city’s four pillars of well-being. Are you ready to take your first step toward your healthiest life? Go to powerofvitality.com to get started!

**$600 WELLNESS INCENTIVE**

Earn the $600 Wellness Incentive! The annual Wellness Incentive is available to all employees enrolled as the primary account holder in a city-sponsored medical plan. Eligible employees who complete the requirements by December 31 will receive the $600 Wellness Incentive according to the type of health plan they are enrolled in:

» Employees enrolled in a high-deductible health plan (HDHP) will receive a one-time $600 deposit to their Optum health savings account (HSA) in January.

» Employees enrolled in a DHMO or HMO will receive a $25 health insurance premium reduction in the first two pay periods of each month, for a total of a $600 annual discount.

To view the list of requirements to earn the Wellness Incentive, visit denvergov.org/wellness or click on the Act Now, Employer Incentive button at powerofvitality.com.
EMPLOYEE ASSISTANCE PROGRAM

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. The city provides a wide variety of resources through the GuidanceResources\textsuperscript{®} Employee Assistance Program (EAP). These confidential resources are available to help you deal with a wide range of work-life issues. You are able to access the assistance when you are in need in order to increase your well-being and the security of your family. GuidanceResources\textsuperscript{®} is confidential and provided at no charge to you and your dependents for up to six sessions per issue, per year.

NOT JUST A COUNSELING PROGRAM

GuidanceResources\textsuperscript{®} offers a large variety of services beyond counseling through the ComPsych\textsuperscript{®} GuidanceResources\textsuperscript{®} program.

» Budgeting
» Childcare/Parenting
» College
» Credit/Debit
» Depression
» Eating Disorders
» Elder Care
» Employment
» Grief
» Holiday/Event Planning
» Home Ownership
» Legal
» Marital/Relationship
» Miscellaneous
» Pets
» Retirement
» Substance abuse
» War

These services are available with just a call or click.

» Call 877.327.3854 or 800.697.0353 (TDD).
» Speak to a counseling professional who will help guide you to the appropriate services.
» Visit online at guidanceresources.com and enter Denver Web ID: DENVEREAP

MY SECURE ADVANTAGE

My Secure Advantage (MSA) is a comprehensive financial wellness program available to all benefits-eligible City and County of Denver employees. Whether you’re managing student loans, buying a home, growing your family, reducing debt, or preparing for retirement, MSA will help guide you through it.

ASSESSMENT AND ACTION PLAN

Receive an action plan based on the results of your financial assessment and track your financial well-being score over time to see your progress.

PERSONAL MONEY COACH

Each calendar year, you have 90 days of unlimited access to a money coach. Finally, a mentor for your finances! Coaches don’t sell products or services – their mission is to provide confidential, unbiased guidance to help you create, manage and achieve your financial goals.

Money coaches cover every stage of life, no matter your goal, challenge or situation:

» Debt and credit
» Spending and saving
» Student loans
» Taxes
» Getting married
» Large purchases
» Home buying
» Estate planning
» Retirement savings
» Investing
» Planning for college
» Maternity leave
» Divorce
» Loss of a loved one
» Caring for parents
» And more!

PRIVATE FINANCIAL WEBSITE

Year-round access to online video courses, articles, calculators and worksheets on your secure website. Schedule appointments, share files with your coach and more!

MSA WALLET

Budgeting software to monitor your cash flow in one place with 24/7 visibility and bank-level security.

CREDIT SCORE AND REPORT

Work with a coach to access ID monitoring and credit benefits during your benefit period. Get your TransUnion credit score (updated every 30 days) and credit report (updated annually).

LIVE EVENTS

Enjoy webinars and live forums covering virtually all areas of finance and related life events.

As an added bonus, you’ll earn Vitality points for registering your account, completing the financial assessment and meeting with your coach!

Register for My Secure Advantage at denver.mysecureadvantage.com or call 888.724.2326.
LIFE INSURANCE

The city offers several life insurance policy options through Standard Insurance Company. You are automatically enrolled in a basic life insurance policy and are eligible to voluntarily enroll in additional life policies.

BASIC LIFE INSURANCE

The city pays for your basic life insurance benefit equal to two times your annual salary, up to a maximum of $400,000. You are automatically enrolled and this policy is effective upon hire.

ADDITIONAL AND DEPENDENT LIFE INSURANCE

Additional life insurance policies for you and your dependents are optional benefits and are paid for entirely by you in after-tax deductions. The premium rates are based upon set rates determined by age and tobacco use (except for the children policies mentioned below). View rates in Workday or denvergov.org/benefits.

In addition to your basic life insurance, you may apply to purchase additional life insurance for yourself in increments of $5,000 up to a maximum of $300,000. Within 30 days of your hire or rehire date, you can elect up to $200,000 without providing a medical history statement.

You can apply to purchase additional life insurance for your spouse in increments of $5,000 up to a maximum of $300,000, but cannot exceed 100 percent of your combined basic and additional life coverage. Within 30 days of your hire or rehire date, you can elect spousal life up to $30,000 without providing a medical history statement.

You may also purchase additional life insurance for your eligible children in the amounts of $5,000 at a cost of $0.75 monthly or $10,000 at a cost of $1.50 monthly.

Standard Insurance Company requires completion and submission of a medical history statement for any voluntary additional life and spouse life policies when requested more than 30 days from hire or rehire date. Child life and AD&D policies are exempt from the medical history requirement.

ACCIDENTAL DEATH AND DISMEMBERMENT

You can purchase accidental death and dismemberment (AD&D) coverage. This coverage pays a benefit if you or your eligible dependents die or suffer serious injury as a result of a covered accident. You can buy AD&D coverage in increments of $10,000 and to a maximum of $500,000. Amounts in excess of $250,000 cannot exceed 10 times your annual earnings. If you are enrolled in AD&D coverage, you may also elect to insure your eligible dependents. The amount of insurance for each dependent is determined as follows:

- Spouse only – 60% of your amount
- Child only – 15% of your amount, not to exceed $25,000 per child
- Spouse and child – 50% of your amount for spouse and 10% of your amount per child

LIFE INSURANCE BENEFICIARIES

Be sure to designate beneficiaries for your life insurance through Workday. Find the Workday icon on your desktop or the link to Workday on the OHR Benefits webpage at denvergov.org/benefits.

Only during the annual Open Enrollment period. If you currently have a voluntary additional life insurance policy or spouse life policy, you can increase these policies by up to $20,000 per policy, provided the increase(s) do not result in policies that exceed the guaranteed issue amounts of $200,000 in additional life or $30,000 in spouse life, and you have not been denied life insurance coverage in the past by Standard Insurance Company.
DISABILITY INSURANCE
To help protect your income if unable to work due to injury or illness, the city offers you short-term and long-term disability benefits. All disability plans are offered through Standard Insurance Company.

SHORT-TERM DISABILITY - HIRED AFTER JANUARY 1, 2010
If you were hired or rehired after January 1, 2010, or converted to the paid time off (PTO) plan, the city pays the full cost of the premiums for your short-term disability insurance. You are automatically enrolled into this benefit and it is effective first of the month following hire. After 14 consecutive calendar days of total disability (called the waiting period), your short-term disability payments will begin. The benefit pays 70% of your weekly pre-disability earnings to a weekly maximum of $1,500.

SHORT-TERM DISABILITY - HIRED PRIOR TO JANUARY 1, 2010 AND REMAIN ON THE SICK AND VACATION LEAVE PLANS
For those hired by the city prior to January 1, 2010, and remain on the sick and vacation leave plans, the short-term disability benefit is optional and may be elected during open enrollment. If elected, it’s paid for entirely by the employee. This voluntary benefit has two plan levels both pay 70 percent of your pre-disability earnings but with different waiting periods and premiums — see chart below for plan details.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>MAXIMUM WEEKLY BENEFIT</th>
<th>WAITING PERIOD</th>
<th>MONTHLY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,500</td>
<td>14 days</td>
<td>.875% x Gross Monthly Earnings</td>
</tr>
<tr>
<td>2</td>
<td>$1,500</td>
<td>60 days</td>
<td>.395% x Gross Monthly Earnings</td>
</tr>
</tbody>
</table>

Please note: If you choose to enroll or change plan options during open enrollment, you may be subject to a late entrant or change penalty for the first 12 consecutive months of enrollment.

LONG-TERM DISABILITY
The city pays the full cost of your long-term disability insurance. You are automatically enrolled in this benefit and it is effective first of the month following hire. If you are partially or totally disabled for more than 180 days, the benefit pays 60% of your monthly pre-disability earnings to a monthly maximum of $6,000.

WORKPLACE POSSIBILITIES, STAY-AT-WORK RESOURCES
The city is committed to providing the resources you need to perform your job with the greatest overall wellness, productivity and comfort. To fulfill this commitment, the city has partnered with Standard Insurance Company disability insurance to provide assistance to covered employees who may be experiencing difficulties at work that could be related to a medical condition. The service is provided through Standard Insurance Company’s Workplace Possibilities Program (WPP).

The key objectives of the program are to:
• Remove barriers to employees’ comfort, safety and ability to perform their jobs effectively
• Assess work stations and implement solutions to ensure employees perform their jobs productively and safely
• Assist employees in resuming job duties after a leave of absence due to a medical condition
• Promote open communication among all parties, including the employee, medical providers, ADA coordinator and WPP consultants

While participation is encouraged, the WPP is completely voluntary and is provided at no cost to you. A WPP consultant will contact you to obtain your medical information only if you sign an Authorization to Obtain and Release Information form. The WPP consultant will not share your medical information with your management team, but the WPP consultant may speak with your management team about your work capacity, possible worksite modifications and/or your expected return-to-work date.

Participation in the WWP does not in any way replace or restrict your right to participate in the Interactive Process as prescribed in Americans with Disabilities Act as amended (ADAAA) and Career Service Rule 12.

If you have questions about ADA or would like a referral for WPP, contact the city’s ADA coordinator via email at cityfmlaandada@denvergov.org or call 720.913.5620.

(1) Standard Insurance Company’s Workplace Possibilities Program is available to employees with long-term disability insurance with Standard Insurance Company.
UltimateAdvisor® legal insurance from ARAG offers you affordable reliable counsel when something in life turns into a legal issue, like a dispute with a contractor, a traffic ticket or the need for estate planning including preparation of a trust. You’ll have the opportunity to voluntarily enroll in the legal plan within your first 30 days of hire, rehire or qualifying life event, and annually during the open enrollment period. For as little as $15.50 per month, you can enroll in the plan and have a place to turn to for help, with access to a nationwide network of attorneys who will:

- Work with you in person, over the phone or online to consult with you on legal issues
- Review or prepare documents
- Make follow-up calls or write letters on your behalf
- Represent you, if needed

With an UltimateAdvisor® legal insurance plan from ARAG®, you can count on a wide range of coverage and services, like the following examples - and many more - when you work with a network attorney to address the legal situations you may encounter in life.

**Consumer Protection**
- Auto repair
- Buy or sell a car
- Personal property disputes
- Consumer fraud
- Home improvement
- Small claims court

**Criminal Matters**
- Juvenile
- Parental responsibility

**Debt-Related Matters**
- Debt collection
- Garnishments
- Personal bankruptcy
- Student loan debt

**Driving Matters**
- License suspension/revocation
- Traffic tickets

**Tax Issues**
- IRS tax audit
- IRS tax collection

**Family**
- Adoption
- Guardianship/conservatorship
- Name change
- Pet-related matters

**Landlord/Tenant Issues**
- Contracts/Lease agreements
- Eviction
- Security deposit
- Disputes with a landlord

**Real Estate & Home Ownership**
- Buying a home
- Deeds
- Foreclosure
- Contractor issues
- Neighbor disputes
- Promissory notes
- Real estate disputes
- Transferring property
- Selling a home

**Wills & Estate Planning**
- Powers of attorney

- Wills
- Trusts

Attorney fees for most covered legal matters are 100% paid in full when you work with a network attorney, which means you’ll avoid paying high-cost attorney fees. It’s like having an attorney on retainer whenever you have a question or need guidance regarding a legal matter.

**How does legal insurance work?**
1. Call 800.247.4184 when you have a legal matter.
2. Customer care will walk you through your options and help you find the appropriate network attorney.
3. Meet with your network attorney over the phone or in person to begin resolving your legal issue.

**Why should you get legal insurance?**
- Receive 100 percent paid-in-full coverage for most covered legal matters when you work with a network attorney.
- Save an average of $2,100 per legal matter
- Access more than 13,000 attorneys within ARAG’s network with an average of 20 years of experience.
- Quickly address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- Use DIY Docs to help you create any of 350+ legally valid documents, including state-specific templates.

For a complete list of exclusions or any other questions about the legal plan, call 800.247.4184 or visit ARAG’s website at ARAGLegalCenter.com.
Recreation and Fitness Centers, Pet Adoption and Transportation

RECREATION AND FITNESS CENTERS
Employees of the City and County of Denver and Denver Health & Hospital Authority who are eligible for benefits can get a 25% membership discount at any Denver recreation center. For more information, visit denvergov.org/wellness or call 720.913.5687.

The employee fitness center features a full complement of fitness equipment, exercise classes and services for city employees. The center is located in the Webb Municipal Building and is open for early morning workouts, as well as after work hours and on Saturdays. Members of the Denver Employee Fitness Center also have full access to all Denver recreation centers. For more information about the fitness center, visit denvergov.org/wellness or call 720.913.5687.

PET ADOPTION
As a City and County of Denver employee, you are awarded one free pet adoption at the Denver Animal Shelter with your city name badge or payslip. Visit denvergov.org/animalshelter for adoption requirements.

TRANSPORTATION PROGRAMS
As a way to encourage alternative transportation, the city participates in the Regional Transportation District (RTD) EcoPass program for limited and unlimited employees and subsidizes the EcoPass. The $10 monthly cost allows you to use all of RTD’s bus and light-rail network.

Enrollment advantages include:

» Ability to pay for commuting expenses with pre-tax dollars
» Avoiding parking challenges and cost
» Peace of mind provided by Guaranteed Ride Home Program sponsored by Denver Regional Council of Governments (EcoPass only). Learn more at drcog.org.

Contact OHR Benefits at benefits@denvergov.org or call 720.913.5697 to enroll.
RETIREMENT PLANNING

All financial planning experts will agree, the earlier you begin investing in your future, the better. And having multiple options to invest in your future is even better!

As a city employee, you have already started investing through the pension and social security. In addition, the city offers many other opportunities to plan your retirement.

DENVER EMPLOYEE RETIREMENT PLAN (DERP)

The Denver Employee Retirement Plan (DERP), is the city employees defined benefit pension plan. DERP provides a guaranteed lifetime pension benefit for you and possibly your beneficiary. Contributions to DERP are made by you and the city. You are vested and eligible for a lifetime pension benefit after 5 years of credited service. Your DERP pension benefit is protected, meaning:

» There is no investment risk to you
» You cannot outlive your benefit

Your DERP pension benefit will be calculated using a formula based on your earnings and years of service. DERP also provides subsidized health care benefits, as well as, disability and death benefits. Learn more about your DERP pension benefit at derp.org.

SOCIAL SECURITY

You and the city are also contributing to Social Security. The income from your pension and Social Security are a couple of the basic building blocks for providing you comfort and security in your retirement. Learn when you’re eligible to start collecting social security at ssa.gov.

SUMMIT SAVINGS

You can also take advantage of Denver’s Summit Savings plan. The Summit Savings plan is a voluntary retirement plan similar to a 401(k), but known in Internal Revenue Code as a 457(b) for government employees. This plan is an employer-sponsored defined-contribution retirement account in which you can invest money for your retirement, typically in your choice of a variety of mutual funds. Your voluntary contributions can be made pre-tax (with tax deferred until later) or after-tax. There are no matching contributions from the city in this plan.

The city’s 457(b) program is administered by Nationwide. You can book a virtual account review with Nationwide’s local Denver financial planning representatives to discuss your Summit Savings account and get answers to your questions. You’ll also receive insights, guidance and educational tools to make the most of your account. Schedule your virtual account review and earn 50 Vitality points!

Already have a Summit Savings account? Check out Nationwide’s retirement planning tool, “My Interactive Retirement Planner” by logging into your account. This tool is programmed to include your city pension (DERP) and Social Security in addition to your Summit Savings balance and current contributions to determine your retirement readiness.

To learn more about Summit Savings, call 720.913.9308 or visit denvergov.org/457.

HEALTH SAVINGS ACCOUNT

Unlike DERP, Social Security and Summit Savings, you are not automatically eligible to contribute to a health savings account (HSA). To be eligible to contribute, you must be enrolled in a HDHP. If you can contribute to an HSA, the money you and the city contribute to your HSA (see page 13 for city HSA matching) is actually designated for your health care expenses, but we all know these expenses will never go away and, in fact, can tend to increase as you age. So, investing in your current and future health care now is like investing in a retirement plan. And even if you remain healthy and cannot use your HSA money, eventually you might instead use the HSA money for paying Medicare premiums, or you can pass the HSA money on to a beneficiary.

FINANCIAL PLANNING

If you need help figuring out how to plan financially for your retirement, talk to your money coach available through My Secure Advantage (see page 18). With 90 days of unlimited access to a money coach, you can review how you’re currently preparing for retirement or talk about how to get started.
Having an up-to-date beneficiary designation can make sure your assets go where you intended. This simple move can save your loved one's time — and money. Review your beneficiaries whenever your situation changes.

**DENVER EMPLOYEE RETIREMENT PLAN (DERP)**

Your DERP pension plan beneficiary information is tracked by DERP. For any updates to your pension plan beneficiaries, log in to your DERP Member Self-Service Portal account at myderp.org to review your DERP beneficiary and to make any changes.

**LIFE INSURANCE**

Your life insurance beneficiary information is tracked in Workday. You can update your beneficiary information for your life insurance in Workday at any time, including basic life insurance paid by the city, and additional life insurance paid by you. The most recent beneficiary designations become the official beneficiaries if the need for a claim should arise. Be sure to keep your beneficiary information in Workday up to date! Search "Beneficiary Designation" in DenverHub.org for a helpful job aid.

**SUMMIT SAVINGS**

If you are a Summit Savings plan participant, beneficiary information for your Summit Savings account is tracked by Nationwide. You have access to update your beneficiary info by logging into your account at denver457.com.

**HEALTH SAVINGS ACCOUNT (HSA)**

If you have an Optum Bank HSA, your beneficiary information is tracked by Optum Bank. You have access to update your beneficiary information by logging into your account at optumbank.com and navigating to “Account Management.”
Work-Life Balance

Paid time off to support work-life balance.

All employees hired or rehired after January 1, 2010 accrue paid time off (PTO). The amount of PTO you receive each year is based on the following chart taken from Career Service Rule 10: Paid Leave.

<table>
<thead>
<tr>
<th>COMPLETED YEARS OF SERVICE</th>
<th>PTO HOURS ACCRUED PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–0.5 years</td>
<td>10 hours per month</td>
</tr>
<tr>
<td>0.5–5 years</td>
<td>12 hours per month</td>
</tr>
<tr>
<td>5–10 years</td>
<td>15 hours per month</td>
</tr>
<tr>
<td>10–15 years</td>
<td>18 hours per month</td>
</tr>
<tr>
<td>15 + years</td>
<td>19 hours per month</td>
</tr>
</tbody>
</table>

Maximum PTO bank: 400 hours

All employees hired prior to January 1, 2010 may still accrue both sick and vacation leave. Sheriffs accrue both sick and vacation leave. The amount of sick and vacation you receive each year is based on the following charts taken from Career Service Rule 10.

<table>
<thead>
<tr>
<th>COMPLETED YEARS OF SERVICE</th>
<th>SICK HOURS ACCRUED PER MONTH</th>
<th>VACATION HOURS ACCRUED PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years</td>
<td>8 hours per month</td>
<td>8 hours per month</td>
</tr>
<tr>
<td>5–10 years</td>
<td>8 hours per month</td>
<td>10 hours per month</td>
</tr>
<tr>
<td>10–15 years</td>
<td>8 hours per month</td>
<td>12 hours per month</td>
</tr>
<tr>
<td>15 + years</td>
<td>8 hours per month</td>
<td>14 hours per month</td>
</tr>
</tbody>
</table>

Maximum vacation bank: Under 10 years = 288 hours, 10 years and over = 336 hours

Maximum sick bank: 960 hours

<table>
<thead>
<tr>
<th>2021 PAID HOLIDAY SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
</tr>
<tr>
<td>Presidents’ Day</td>
</tr>
<tr>
<td>Cesar Chavez Day</td>
</tr>
<tr>
<td>Memorial Day</td>
</tr>
<tr>
<td>Independence Day</td>
</tr>
<tr>
<td>Labor Day</td>
</tr>
<tr>
<td>Veterans Day</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Christmas Day</td>
</tr>
<tr>
<td>Personal holiday (upon an agreed date by you and your supervisor)</td>
</tr>
</tbody>
</table>

Paid Volunteer Leave Program

Employee Volunteer Program

#DenverGoodDeeds

Denver Good Deeds is a paid leave that employees can use to give back to their community. Employees can use one eight-hour day or two four-hour periods to volunteer through city-sponsored and approved volunteer projects as outlined in Career Service Rule 9: Pay Administration.
To determine the cost of each plan, you must consider the monthly premium, out-of-pocket expenses and the possible city contribution to a health savings account (HSA). The example below shows the maximum annual medical liability for Kaiser Permanente at each coverage level. Below the example is a worksheet to calculate the maximum annual medical liability for Denver Health Medical Plan and UnitedHealthcare.

### Carrier & Coverage Level

<table>
<thead>
<tr>
<th>Carrier &amp; Coverage Level</th>
<th>ANNUAL PREMIUM</th>
<th>OUT-OF-POCKET MAXIMUM</th>
<th>CITY HSA MATCH</th>
<th>YOUR ANNUAL MAXIMUM</th>
<th>WELLNESS INCENTIVE</th>
<th>YOUR ANNUAL MAXIMUM (WITH WELLNESS)</th>
</tr>
</thead>
</table>

**Kaiser Permanente**

- **Employee only DHMO**
  - ANNUAL PREMIUM: $1,100.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $1,100.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $1,100.00

- **Employee only HDHP**
  - ANNUAL PREMIUM: $1,300.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $1,300.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $1,300.00

- **Employee + spouse DHMO**
  - ANNUAL PREMIUM: $1,500.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $1,500.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $1,500.00

- **Employee + spouse HDHP**
  - ANNUAL PREMIUM: $1,700.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $1,700.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $1,700.00

- **Employee + child(ren) DHMO**
  - ANNUAL PREMIUM: $1,900.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $1,900.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $1,900.00

- **Employee + child(ren) HDHP**
  - ANNUAL PREMIUM: $2,100.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $2,100.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $2,100.00

- **Family DHMO**
  - ANNUAL PREMIUM: $2,300.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $2,300.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $2,300.00

- **Family HDHP**
  - ANNUAL PREMIUM: $2,500.00
  - OUT-OF-POCKET MAXIMUM: $0.00
  - CITY HSA MATCH: $0.00
  - YOUR ANNUAL MAXIMUM: $2,500.00
  - WELLNESS INCENTIVE: $0.00
  - YOUR ANNUAL MAXIMUM (WITH WELLNESS): $2,500.00

(1) Employees electing employee only HDHP will receive a city HSA match up to $300. Employees must contribute $6.25 per paycheck (twice per month) to receive a city match of 37.50 per paycheck (twice per month). Employees electing employee with dependents HDHP will receive a city HSA match up to $900. Employees must contribute $18.75 per paycheck (twice per month) to receive a city match of 37.50 per paycheck (twice per month).

(2) Employees who complete the Wellness Incentive requirements by December 31, 2020 will receive a $600 incentive, distributed in 2021 as follows depending upon their 2021 medical plan election:

- DHMO and HMO participants will receive a $5 per month premium reduction.
- HDHP participants will receive a one-time $50 health savings account (HSA) contribution.

(3) For every $1 an employee deposits into their HSA, the city will match $2 up to $25 per month for individual coverage, or up to $75 per month for all other coverage tiers. To receive the maximum city HSA match, you must deposit at least $6.25 per paycheck (twice per month) for individual coverage, or at least $12.50 per paycheck (twice per month) for all other coverage tiers.

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**Worksheet:**

Use this worksheet to calculate the maximum annual medical liability based on the carrier you choose and the coverage level you require. Find the monthly premium rates for Denver Health Medical Plan and UnitedHealthcare on the Benefit Plan Premiums page 11.
If you have any questions, feel free to contact any of our providers directly.

**BENEFIT OFFICE**
Office of Human Resources
201 W. Colfax Ave., Dept. 412
Denver, CO 80202
denvergov.org/benefits
benefits@denvergov.org
720.913.5697
Fax: 720.913.5548
Text: 720.515.6457

**DENTAL**
Delta Dental of Colorado
deltadentalco.com
EPO Plan
PPO High Plan
PPO Low Plan
800.610.0201
Group: 6026
Mobile app: Delta Dental

**EMPLOYEE ASSISTANCE PROGRAM**
GuidanceResources®
guidanceresources.com
Web ID: DENVEREAP
877.327.3854
Mobile app: GuidanceResources® Now

**EMPLOYEE HEALTH & WELL-BEING**
Denver Wellness
denvergov.org/wellness
wellness@denvergov.org
720.913.5690

My Secure Advantage
denver.mysecureadvantage.com
888.724.2326

Vitality
powerofvitality.com
wellness@powerofvitality.com
877.224.7117
Mobile app: Vitality Today

**FLEXIBLE SPENDING**
24HourFlex
24hourflex.com
303.369.7886 or 800.651.4855
Mobile app: 24HourFlex

**HEALTH SAVINGS ACCOUNT**
Optum Bank®
optumbank.com
800.791.9361
Group #: UnitedHealthcare 717340A,
Denver Health Medical Plan and Kaiser
Permanente 717340B
Mobile app: Optum Bank

**LEGAL**
ARAG
ARAGLegalCenter.com
Website Access Code: 18168ccd
service@ARAGlegal.com
800.247.4184
Mobile app: ARAG Legal

**LIFE AND DISABILITY INSURANCE**
Standard Insurance Company
standard.com
Group# 615855
888.937.4783

**MEDICAL**
Denver Health Medical Plan
denverhealthmedicalplan.org
303.602.2100
Mobile app: MyChart

Kaiser Permanente
kp.org
Group# 0075
303.338.3800 or 303.338.4545
Mobile app: Kaiser Permanente

UnitedHealthcare
myuhc.com
Group# 0717340
800.842.5520
Mobile app: Health4Me

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Mobile app: 24HourFlex

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Group# 615855
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derp.org
303.839.5419

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720.337.4357
Mobile app: Workday

**VISION**
VSP
vsp.com
800.877.7195
Mobile app: VSP