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Public Hearing Notice – No 501

2016 Plan Medical Carrier/Plan Design Changes

May 22, 2015

In compliance with the Revised Municipal Code of the City and County of Denver (the “City”), Section 18-2, subsection (a), part (3), the Career Service Board hereby gives notice that a public hearing will be conducted regarding the proposed premium and plan design changes to the medical plans for the 2016 plan year beginning on January 1, 2016.

The City’s Employee Health Insurance Committee (the “Committee”), established by DRMC Sect. 18-184, is responsible for advising the Career Service Board and the Office of Human Resources, regarding any recommended changes to the employee medical, life, dental and long-term disability insurance benefit programs. The Committee has proposed the following changes to the employee medical plans offered to Careers Service Employees effective January 1, 2016:

1. Retain United HealthCare (UHC), Kaiser Permanente and Denver Health Medical plans as the City’s Medical carriers.
2. Offer one Deductible HMO (DHMO) plan and one High Deductible Health Plan (HDHP) per carrier, for a total of 6 medical plans in 2016.
3. For enrollees in the HDHP, the City will cover monthly: 95% of the employee only premium, 87.5% of the employee plus spouse premium, 90% of the employee plus child(ren) premiums and 85% of the family premium.
4. For enrollees in the HDHP, the City will provide employees a Health Savings Account (HSA) contribution in the following amounts: \$600 for employees electing employee only coverage and \$1200 for employees electing employee plus spouse coverage, employee plus children coverage or family coverage.
5. For enrollees in the Kaiser DHMO plan, the United HealthCare Navigate plan and the Denver Health DHMO plan, the City will cover monthly: 85% of the employee only premium, 77.5% of the employee plus spouse premium, 80% of the employee plus child(ren) premiums and 75% of the family premium.

The committee is proposing no changes to the premiums or plan designs for dental, vision, life insurance or disability for 2016.

A Career Service Board Hearing is scheduled for **Thursday, June 4, 2015**. The public hearing starts **at 5 pm** in the Webb Building, Room 4.G.4, 4th floor, at 201 W Colfax Ave, Denver CO 80202.

If anyone wishes to be heard by the Board on this item, please contact Alisha Gronniger at (720) 913-5609 no later than 12:00 noon on Tuesday, June 2. This notice was published on May 22, 2015.

2015 to 2016 Proposed Career Service Medical Premiums

2015					
DHMO: 5%/12.5%/10%/15%					
HMO: 25%/32.5%/30%/35%					
Carrier	Total Monthly Cost	% EE Cont	Monthly City Cost	Monthly Employee Cost	Annual Liability
Employee					
Kaiser HMO	\$543.68	25%	\$407.76	\$135.92	\$4,631.04
Kaiser DHMO	\$400.19	5%	\$380.18	\$20.01	\$3,240.11
Denver Health HMO	\$572.88	25%	\$429.66	\$143.22	\$4,718.64
Denver Health DHMO	\$401.89	5%	\$381.80	\$20.09	\$2,741.13
UHC HMO	\$877.44	25%	\$658.08	\$219.36	\$5,632.32
UHC Navigate	\$638.27	5%	\$606.36	\$31.91	\$2,882.96
Employee Plus Spouse					
Kaiser HMO	\$1,196.11	12.5%	\$807.37	\$388.74	\$10,664.83
Kaiser DHMO	\$880.42	32.5%	\$770.37	\$110.05	\$7,320.63
Denver Health HMO	\$1,194.04	12.5%	\$805.98	\$388.06	\$10,656.76
Denver Health DHMO	\$837.65	32.2%	\$732.94	\$104.71	\$6,256.48
UHC HMO	\$1,930.39	12.5%	\$1,303.01	\$627.38	\$13,528.52
UHC Navigate	\$1,404.21	32.5%	\$1,228.68	\$175.53	\$7,106.32
Employee plus Child(ren)					
Kaiser HMO	\$1,087.37	30%	\$761.16	\$326.21	\$9,914.53
Kaiser DHMO	\$800.39	10%	\$720.35	\$80.04	\$6,960.47
Denver Health HMO	\$925.95	30%	\$648.17	\$277.79	\$9,333.42
Denver Health DHMO	\$649.59	10%	\$584.63	\$64.96	\$5,779.51
UHC HMO	\$1,754.93	30%	\$1,228.45	\$526.48	\$12,317.75
Navigate	\$1,276.58	10%	\$1,148.92	\$127.66	\$6,531.90
Family					
Kaiser HMO	\$1,739.79	35%	\$1,130.86	\$608.93	\$13,307.12
Kaiser DHMO	\$1,280.62	15%	\$1,088.53	\$192.09	\$8,305.12
Denver Health HMO	\$1,655.65	35%	\$1,076.17	\$579.48	\$12,953.73
Denver Health DHMO	\$1,161.48	15%	\$987.26	\$174.22	\$7,090.66
UHC HMO	\$2,808.31	35%	\$1,825.40	\$982.91	\$17,794.90
Navigate	\$2,042.82	15%	\$1,736.40	\$306.42	\$8,677.08

2016					
HDHP: 5%/12.5%/10%/15%					
HSA: \$600 Individual/\$1200 Plus one					
DHMO 15%/22.5%/20%/25%					
Carrier	Total Monthly Cost	% EE Cont	Monthly City Cost	Monthly Employee Cost	Annual EE Liability*
Employee					
Kaiser DHMO	\$454.00	15.0%	\$385.90	\$68.10	\$3,817.20
Kaiser HDHP	\$369.44	5.0%	\$350.97	\$18.47	\$2,321.66
Denver Health DHMO	\$563.44	15.0%	\$478.92	\$84.52	\$3,514.19
Denver Health HDHP	\$450.01	5.0%	\$427.51	\$22.50	\$2,370.01
UHC Navigate	\$638.27	15.0%	\$542.53	\$95.74	\$3,648.89
UHC HDHP	\$600.35	5.0%	\$570.33	\$30.02	\$2,460.21
Employee plus Spouse					
Kaiser DHMO	\$998.80	22.5%	\$774.07	\$224.73	\$8,696.76
Kaiser HDHP	\$808.86	12.5%	\$707.75	\$101.11	\$5,413.29
Denver Health DHMO	\$1,239.58	22.5%	\$960.67	\$278.91	\$8,346.87
Denver Health HDHP	\$990.03	12.5%	\$866.28	\$123.75	\$5,685.05
UHC Navigate	\$1,404.21	22.5%	\$1,088.26	\$315.95	\$8,791.37
UHC HDHP	\$1,320.80	12.5%	\$1,155.70	\$165.10	\$6,181.20
Employee plus Child(ren)					
Kaiser DHMO	\$908.00	20%	\$726.40	\$181.60	\$8,179.20
Kaiser HDHP	\$735.62	10%	\$662.06	\$73.56	\$5,082.74
Denver Health DHMO	\$1,126.89	20%	\$901.51	\$225.38	\$7,704.54
Denver Health HDHP	\$900.02	10%	\$810.02	\$90.00	\$5,280.02
UHC Navigate	\$1,276.58	20%	\$1,021.26	\$255.32	\$8,063.79
UHC HDHP	\$1,200.73	10%	\$1,080.66	\$120.07	\$5,640.88
Family					
Kaiser DHMO	\$1,452.80	25%	\$1,089.60	\$363.20	\$10,358.40
Kaiser HDHP	\$1,175.05	15%	\$998.79	\$176.26	\$6,315.09
Denver Health DHMO	\$1,803.02	25%	\$1,352.27	\$450.76	\$10,409.06
Denver Health HDHP	\$1,440.04	15%	\$1,224.03	\$216.01	\$6,792.07
UHC Navigate	\$2,042.82	25%	\$1,532.12	\$510.71	\$11,128.46
UHC HDHP	\$1,921.12	15%	\$1,632.95	\$288.17	\$7,658.02

* DHMO OPM of \$3000/\$6000 individual/family for Kaiser, \$2500/\$5000 individual/family for UHC and DHMP. HDHP OPM of \$2700/\$5400 Ind/fam and \$600/\$1200 HSA contribution

High Deductible Health Plans

Summary of Covered Benefits	Denver Health HDHP		Kaiser HDHP		United Healthcare HDHP	
	In-Network	Cofinity Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1,350/\$2700	\$2,700/\$5400	\$1,350/\$2,700	\$3,000/\$5,400	\$1,350/\$2,700	\$3,000/\$6,000
Out-of-Pocket maximum Includes deductible, coinsurance, and copays Individual/Family	\$2,700/\$5,400	\$2,700/\$5,400	\$2,700/\$5,400	\$6,000/\$12,000	\$2,700/\$5,400	\$6,000/\$12,000
Preventive Care	Plan pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Physician Services Primary Care Specialist Urgent Care	90% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	90% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible
Hospital Services Inpatient Outpatient	90% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible
Emergency Room	90% After Deductible	80% After Deductible	80% After Deductible	50% After Deductible	80% After Deductible	50% After Deductible
Prescription Drugs (30- day supply) Generic Preferred Brand Non-preferred Brand	Deductible, then: * \$10 copay \$15 copay \$30 copay	Deductible, then: * \$20 copay \$40 copay \$60 copay	Deductible, then: * \$10 copay \$35 copay \$60 copay	Deductible, then: *	Deductible, then: * \$10 copay \$35 copay \$60 copay	Deductible, then: *
Mail Order (up to 90-day supply)	\$20 copay \$30 copay \$60 copay	\$40 copay \$80 copay \$120 copay	2x retail copay		2x retail copay	

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

2016 Deductible HMO Plans

Summary of Covered Benefits	Kaiser DHMO	Denver Health DHMO	United Healthcare Navigate
Deductible			
Single	\$500	\$500	\$500
Family	\$1,500	\$1,500	\$1,500
Out-of Pocket Max			
Single	\$3,000	\$2,500	\$2,500
Family	\$6,000	\$5,000	\$5,000
Lifetime Max	No max	No max	No max
Office Visits			
Primary Care Physician	\$30**	\$25**	\$25**
Specialist	\$50**	\$50**	\$50**
Preventive	\$0	\$0	\$0
Maternity			
Prenatal	\$0**	\$25	\$25
Delivery	20% coinsurance after deductible	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible
Prescription Drugs			
Generic/ Formulary/ Non-formulary	\$20/40/60 up to a 30 day supply	\$12/40/50* DHealth Pharm \$20/50/80 Non DHealth Pharm	\$15/45/60 co-pay
Inpatient Hospital (per admission)	20% coinsurance after deductible	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible
Outpatient Hospital	20% coinsurance after deductible	20% coinsurance after Per Occurrence Deductible of \$75 and Annual Deductible	20% coinsurance after Per Occurrence Deductible of \$75 and Annual Deductible

2016 Deductible HMO Plans

Lab and x-ray	\$0 lab/20% coinsurance after deductible for X-Ray	20% coinsurance after deductible	20% coinsurance after deductible
MRI/Cat/Etc.	20% coinsurance after deductible	\$150 co-pay	\$150 co-pay
Emergency Care	\$200**	\$300 co-pay	\$300 co-pay
Urgent Care	\$75** Kaiser After Hours Medical Offices	\$75 co-pay deductible/ coinsurance apply for certain services; see plan document for details	\$75 co-pay. deductible/ coinsurance apply for certain services; see plan document for details
Mental Health			
Inpatient	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient	\$30 co-pay/visit**	\$50 co-pay	\$50 co-pay
Alcohol /Substance Abuse			
Inpatient	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after Deductible
Outpatient	\$30 co-pay/visit**	\$50	\$50
Phys/ Occ/ Speech Therapy	\$30 co-pay/visit, 20 visits/year*	\$25 co-pay, 20 visits/year	\$25 co-pay, 20 visits/year
Vision Care	\$30 exam co-pay, one exam every 12 mos. No materials benefit.	\$25 exam co-pay, one exam every 24 months	\$25 exam co-pay, one exam every 24 months
		No materials benefit.	No materials benefit.
Chiropractic	\$30 co-pay, max 20 visits/year	\$50 co-pay, max 20 visits/year	\$50 co-pay, max 20 visits/year
Acupuncture	25% discount	Discount program \$40/visit no max	Not covered; visit website for discount benefits

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