DENVER
PUBLIC SAFETY

DENVER POLICE DEPARTMENT

2026

ACTIVE BENEFITS GUIDE

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EMPLOYEE BENEFITS OVERVIEW

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

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

This is a summary of benefits drafted in plain language to assist you in understanding what benefits are offered and does not constitute a policy. Detailed provisions are contained in each provider's summary of benefit coverage (SBC). If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.

WHO IS ELIGIBLE FOR BENEFITS?

Eligible employees include any full-time (30–40 hours per week) employee.

Benefits Eligibility

WHAT DEPENDENTS ARE ELIGIBLE FOR HEALTH CARE COVERAGE?

Eligible dependents include the following with approved documentation:

- Your spouse (including those defined as common-law and same-sex legally married)*
  By submitting common-law marriage affidavit, you understand that in the state of Colorado, it is the same as a ceremonial or civil marriage, and can only be terminated by death, divorce, legal separation or declaration of invalidity of marriage
- Your Colorado State Civil Union spouse (premiums are paid on an after-tax basis)
- Your children up to age 26, regardless of student, marital or tax-dependent status (including a stepchild, legally-adopted child)
- Your dependent children of any age who are physically or mentally unable to care for themselves.

When adding dependents, supporting documents are required for verification within 30 days of employment or within 30 days of a qualifying life event. A qualifying life event includes the following:

- » Birth or adoption
- » Death
- » Marriage (Common Law or Civil Union), Divorce
- » Gain or loss of other coverage
- » Over age 26 - disabled child

A list of acceptable documents can be found at the following link: dependent documents

*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 cannot have dual coverage as both an employee and a dependent under the City and County of Denver's employee benefit plans. Dependent children can only be covered by one parent for medical and dental.

2026 BENEFIT PLAN UPDATES AND INFORMATION

Health Plan Changes

- Medical plan premiums will increase in 2026
- Medical plan structure, copays, city premium subsidy percentage will not change
- UHC Denver Health PPO added to health plan options

Flexible Spending Account

IRS increasing 2026 Dependent care contributions limit to $7,500

Health Savings Accounts

- IRS increasing 2026 HSA contributions limits to $4,400 for employee only HDHP coverage and $8,750 for family HDHP coverage. The age 50+ catch-up remains the same.

To learn more about your benefit plan options, please visit our Police Benefit website for benefit summaries, Q&A section, videos, and other information or click on the Benefits link from the DPD Web sharepoint

Benefits Enrollment

When can I enroll or change my benefit elections?

AT OPEN ENROLLMENT

WHEN: During the annual open enrollment period, Monday, October 27, 2025 to Wednesday, November 12, 2025.

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

HOW: Log in to Workday to make any benefit election changes for the following calendar year. After you log in to Workday on your desktop, use the annual open enrollment action in My Tasks to access Workday.

Supporting documentation is required** to be uploaded to the Open Enrollment **action if adding a dependent.

If you do not have Workday access contact Technology Services at 720.337.7357 by October 24, 2025.

AS A NEW HIRE OR REHIRE

WHEN: Within 30 days of employment with the City as a new hire or rehire. Medical benefit elections and basic life insurance are effective on your date of hire, other elections are effective the first of the following month.

If you are a Denver career service employee transferring to Denver Police, your health insurance will be effective the first of the following month.

HOW: See your hire action in My Tasks after logging in to Workday.

***Supporting documentation is** required to be uploaded to the New **Hire Enrollment action if adding a** dependent.*

Follow all steps listed below to process new hire or open enroll in benefit elections in Workday:

- Open Action in My Tasks
- Make Elections
- Add Documentation (if required)
- Click "I Accept"
- Submit
- *Print*
- Done

DURING THE YEAR

WHEN: Within 30 days of a qualifying life event such as a birth or adoption of a child, marriage or divorce, or gain or loss of other coverage, dependents may be added or dropped from existing coverage(s). Benefit elections are effective the first of the month following the event date. For birth/adoption or marriage, medical elections are effective the date of the event.

HOW: Contact Benefits with the event date. An action will be added to your Workday My Tasks for you to complete and submit.

Supporting documentation of the** event is required to be uploaded to **the qualifying event action.

In the event an eligible employee dies while in the service of the Denver Police Department, the City shall provide the surviving spouse and/or eligible dependent(s), who were enrolled at the time of the employee's death, 12 months of paid medical and dental coverage in the plan the employee was enrolled in at the time of death. A longer time period may apply if the CBA indicates.

PER IRS REGULATIONS, ANY QUALIFYING LIFE EVENT CHANGE MUST BE INITIATED AND COMPLETED WITHIN 30 DAYS OF THE EVENT IN WORKDAY WITH SUPPORTING DOCUMENTATION

For benefit questions or assistance:

Phone: 720.913.6741, option 1

Email: safetybenefits@denvergov.org

Key Terms

Benefit Basics

What is a premium? The amount you pay out of your paycheck in order to be enrolled in the medical, dental and/or vision insurance plans.

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

For high-deductible health plan (HDHP) enrollees, the deductible applies to all non-preventative care costs, including prescriptions, before insurance will pay. Note the deductible is aggregate, meaning all expenses of the plan- from all enrollees- count toward the family deductible. An individual deductible does not apply when enrolled in family coverage on an HDHP, all family members pay towards the family deductible. One family member alone could reach the deductible, leaving the rest of the family to pay just coinsurance expenses. The same applies to the out-of-pocket maximums on the HDHP.

For deductible health maintenance organization (DHMO) enrollees, participants have an embedded deductible, where each of the family member's expenses are tracked individually and separately. The individual deductible and out-of-pocket maximums apply in the DHMO plan, even with family coverage.

What is a copayment or copay? A fixed dollar amount that you pay for a covered health service.

For HDHP enrollees, copays are due AFTER reaching the annual deductible for prescription costs only. DHMO enrollees will pay for some services in the form of a copay and the full cost of other services until the annual deductible is reached.

What is coinsurance? Your share of service costs after the annual deductible is met, typically a percentage.

For HDHP enrollees, coinsurance starts once your expenses reach your annual deductible. You stop paying coinsurance once you reach your out-of-pocket maximum. For DHMO enrollees, coinsurance applies for procedure and hospitalization costs only after you pay your deductible.

What is out-of-pocket maximum? The most you will pay for covered health services during the calendar year. All copay, deductible, and coinsurance payments count toward the out-of-pocket maximum. Once you've met your out-of-pocket maximum, your insurance plan will pay 100% of covered health services.

What is a health savings account (HSA)? An individual 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.

What is a health **fl**exible spending account (FSA)? A spending account that you can use to pay for health care costs 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 a health savings account (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 expenses.

On-Demand Healthcare - DispatchHealth

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 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 7 days a week, 7:00 a.m. - 10:00 p.m., including holidays. It is offered in specific services areas. To contact DispatchHealth call 303.500.1518 or go online to www.dispatchhealth.com.

Medical Plans

Choose the right plan

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

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

- Lower premium paycheck cost
- Higher deductible
- Generally pay the full cost of all care until the annual deductible is reached
- After the annual deductible is reached, pay coinsurance or copay until the annual out-of-pocket maximum is reached
- Lower out-of-pocket maximum
- You can budget for your out-of-pocket expenses by funding a health savings account (HSA) through Optum Bank®
- If you select a high deductible plan and also elect to open a Health Savings Account (HSA), the city will contribute $720 per year for individual coverage, or $1,440 per year for all other coverage tiers

VS.

DEDUCTIBLE HMO (DHMO) PLAN

- Higher premium paycheck cost
- Lower deductible
- Will pay for some services in the form of a copay and the full cost of other services until the annual deductible is reached
- After the annual deductible is reached, pay either copay or coinsurance until the annual out-of-pocket maximum is reached
- Higher out-of-pocket maximum
- You can budget for your out-of-pocket expenses by funding a health flex spending account (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.

NUMBERS TO KNOW

DEDUCTIBLE

HDHP in-network deductible:
Individual deductible: $1,700
Family deductible: $3,400[1]

DHMO in-network deductible:
Individual deductible: $500
Family deductible: $500 per member up to $1,000

OUT-OF-POCKET MAXIMUM

HDHP in-network out-of-pocket maximum:
Individual out-of-pocket maximum: $3,300
Family out-of-pocket maximum: $6,600[1]

DHMO in-network out-of-pocket maximum:
Individual out-of-pocket maximum: $4,500
Family out-of-pocket maximum: $4,500 per member up to $9,000[2]

COINSURANCE

HDHP in-network coinsurance:
Kaiser Permanente: 20%
UnitedHealthcare: 20%
UnitedHealthcare out of network: 50%

DHMO in-network coinsurance: 20%

(1) With an HDHP, when you elect family coverage, the individual deductible does not apply. You must satisfy the full family deductible before the plan begins to pay toward covered services. The same rule applies to the out-of-pocket maximum, you must satisfy the full family out-of-pocket maximum before the plan will cover all expenses for the remainder of the plan year.
(2) The amount that each member of the family must meet prior to claims being paid. Claims will not be paid for any other individual until their individual deductible of the family deductible has been met.

2026 Medical Plan Comparisons
DHMO vs. HDHP

Comparison of the annual premiums with the plan's out-of-pocket maximum
Maximum liability = Annual Paycheck Cost + OPM - City Contribution* to HSA (if enrolled in a high deductible health plan)

Single	Annual Premiums	Annual OPM	City HSA **Contribution***	Total Liability
Kaiser HDHP	$913.34	$3,300	$720	$3,493.34
Kaiser DHMO	$2,258.23	$4,500	$0	$6,758.23
United HDHP	$887.92	$3,300	$720	$3,467.92
United DHMO	$2,108.86	$4,500	$0	$6,608.86
United DHMP	$1,365.32	$5,000	$0	$6,365.32

Employee +Spouse	Annual Premiums	Annual OPM	**City HSA Contribution**	Total Liability
Kaiser HDHP	$2,000.87	$6,600	$1,440	$7,160.87
Kaiser DHMO	$4,968.32	$9,000	$0	$13,968.32
United HDHP	$1,953.43	$6,600	$1,440	$7,113.43
United DHMO	$4,639.54	$9,000	$0	$13,639.55
United DHMP	$3,003.68	$10,000	$0	$13,003.68

Employee +Child(ren)	Annual Premiums	Annual OPM	**City HSA Contribution**	Total Liability
Kaiser HDHP	$1,818.65	$6,600	$1,440	$6,978.65
Kaiser DHMO	$4,516.45	$9,000	$0	$13,516.45
United HDHP	$1,775.87	$6,600	$1,440	$6,935.87
United DHMO	$4,217.75	$9,000	$0	$13,217.75
United DHMP	$2,730.64	$10,000	$0	$12,730.64

Employee +Family	Annual Premiums	Annual OPM	**City HSA Contribution**	Total Liability
Kaiser HDHP	$2,905.08	$6,600	$1,440	$8,065.08
Kaiser DHMO	$7,226.33	$9,000	$0	$16,226.33
United HDHP	$2,841.36	$6,600	$1,440	$8,001.36
United DHMO	$6,748.43	$9,000	$0	$15,748.43
United DHMP	$4,369.01	$10,000	$0	$14,369.01

*City HSA Contribution amounts based on approval of the 2026 collective bargaining agreement.

Employee Only HSA contribution limit for 2026 = $3,680.00 (IRS maximum $4,400-$720 Employer Contribution)

Employee + 1 (or more) HSA contribution limit for 2026 = $7,310.00 (IRS maximum $8,750-$1,440 Employer Contribution)

2026 Kaiser Permanente Medical Plan Comparisons

Summary of Covered Services	KAISER DHMO	KAISER HDHP	
	In-Network Only	In-Network Only	
		Single	Family
Deductible	$500 per individual / $1,000 family	$1,700	$3,400
Out-of-Pocket Max Single/Family	$4,500 per individual / $9,000 family	$3,300	$6,600
Office Visits			
Primary Care Physician	$0 copay[1]	20% after deductible	
Specialist	$75 copay[1]	20% after deductible	
Preventive	$0	$0	
Prescription Drugs			
Generic/Formulary/Non-formulary	$10/$35/$60/$100 copay (up to a 30-day supply) 90 day supply for price of 2 months (Mail order)	$10/$35/$60 copay after deductible 90 day supply for price of 2 months (Mail Order)	
Outpatient Hospital	20% after deductible	20% after deductible	
Ambulatory Surgery Center	$500 copay	10% after deductible	
Inpatient Hospital (per admission, including birth)	20% after deductible	20% after deductible	
Lab and X-Ray	$25 lab copay/$0 X-ray copay	20% after deductible	
MRI/CAT/High Tech Radiology	$250 copay	20% after deductible	
Emergency Care	20% after deductible [1]	20% after deductible	
Urgent Care	$0 copay[1]	20% after deductible	
Mental Health			
Inpatient	20% after deductible	20% after deductible	
Outpatient	$0 copay/visit then 20% after deductible[1]	20% after deductible	
Alcohol/Substance Abuse			
Inpatient	20% after deductible	20% after deductible	
Outpatient	$0 copay/visit then 20% after deductiblet[1]	20% after deductible	
Phys/Occ/Speech Therapy	20% after deductible (max 60 visits/year)	20% after deductible (max 60 visits/year)	
Vision Exam	$0 copay	20% after deductible	
Chiropractic	$30 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)	

(1) The annual deductible and the 20% coinsurance apply for procedures performed during a office visit copay, urgent care, or emergency room visit. Members should use in-network facilities when in CO, but if traveling outside of the state, coverage for Urgent Care & Emergency Care are at the in-network level.

ABOUT KAISER PERMANENTE

When you choose Kaiser Permanente, you're choosing both health care and coverage - a personalized, smart, convenient experience, without the guesswork. That means easy access to world-class care, anytime, virtually anywhere. And tools to manage your care and coverage, all at your fingertips. It's health care the way it's meant to be.

ACCESS TO WORLD-CLASS CARE

Choose from more 1,100 Kaiser Permanente doctors in 46 specialties and change at any time (referrals not needed in most cases).
Stop by one of Kaiser Permanente's medical offices to see a doctor, fill prescriptions, and get labs and x-rays done - all under one roof.

Need help choosing a plan?
Visit kp.org/ccd-dpd-benefits/co
or call 1-800-324-9208.

CONVENIENT AND PERSONALIZED OPTIONS FOR A MORE SEAMLESS EXPERIENCE.

Use the Kaiser Permanente mobile app to schedule appointments, view your medical records, pay medical bills, email your doctor's office and more.

2026 UnitedHealthcare Medical Plan Comparisons

Summary of Covered Services	UNITEDHEALTHCARE DHMO	UNITEDHEALTHCARE HDHP				UHC DENVER HEALTH PPO	
	In-Network Only Colorado Doctors Plan (CDP)	In-Network (Nationwide)		Out-of-Network (Nationwide)		Denver Health In-Network Only	Denver Health UHC Choice Plus
		Single	Family	Single	Family	Tier 1	Tier 2
Deductible	$500 per individual / $1,000 family	$1,700	$3,400	$3,300	$6,600	$250 per individual/ $500 family	$1,250 per individual/ $2,500 family
Out-of-Pocket Max Single/Family	$4,500 per individual / $9,000 family	$3,300	$6,600	$6,600	$13,200	$5,000 per individual/ $10,000 family	$5,000 per individual/ $10,000 family
		In and out-of-network ded. and out-of-pocket maximum do not cross apply					
Office Visits Primary Care Physician Specialist	 $0 copay[1] $75 copay[1]	 20% after deductible 20% after deductible		 50% after deductible 50% after deductible		 $15 copay $30 copay	 20% after deductible 20% after deductible
Preventive	$0	$0		Not covered		$0	$0
Prescription Drugs Tier 1/Tier 2/Tier 3	$10/$35/$60/$100 copay	$10/$35/$60 copay after deductible		$10/$35/$60 copay after deductible		$10/$35/$60/$100 copay	$10/$35/$60/$100 copay
Inpatient Hospital (per admission, including birth)	20% after deductible	20% after deductible		50% after deductible[2]		$500 copay	20% after deductible
Outpatient Hospital	20% after deductible	20% after deductible		50% after deductible[2]		$250 copay	20% after deductible
Lab and X-Ray	$25 lab copay/$25 X-ray copay	20% after deductible		50% after deductible[2]		10% after deductible	20% after deductible
MRI/CAT/etc.	$250 copay	20% after deductible		50% after deductible[2]		10% after deductible	20% after deductible
Emergency Care	20% after deductible	20% after deductible		20% after deductible		$300 copay	$300 copay
Urgent Care	$0 copay[1]	20% after deductible		50% after deductible		$50 copay	$50 copay
Mental Health Inpatient Outpatient	 20% after deductible No charge	 20% after deductible 20% after deductible		 50% after deductible[2] 50% after deductible[2]		 $500 copay $15 copay	 20% after deductible 20% after deductible
Alcohol/Substance Abuse Inpatient Outpatient	 20% after deductible No charge	 20% after deductible 20% after deductible		 50% after deductible[2] 50% after deductible[2]		 $500 copay $15 copay	 20% after deductible 20% after deductible
Phys/Occ/Speech Therapy	$75 copay (max 60 visits/year)	20% after deductible (max 60 visits/year)		50% after deductible[2] (max 60 visits/year)		$15 copay (max 60 visits/year)	
Vision Exam	$50 copay (one exam every 24 months)	20% after deductible (one exam every 24 months)		Not covered			
Routine Chiropractic	$75 copay (max 20 visits/year)	20% after deductible (max 20 visits/year)		50% after deductible		$15 copay (max 20 visits/year)	$30 copay (max 20 visits/year)

(1) The annual deductible and the 20% coinsurance apply for procedures performed during a copay office, urgent care, or emergency room visit.
(2) Prior authorization required for certain services.

UNITEDHEALTHCARE COLORADO DOCTORS PLAN DHMO (CDP)

If you enroll in the United Healthcare CDP, you must:

- See Common Spirit, Advent Health, HealthOne or Banner Health doctors, specialists and hospitals.
- To choose a PCP within Common Spirit, Advent Health, HealthOne or Banner Health network, go to whyuhc.com/denver to select a PCP. Click Benefits then Find a Doctor or Facility and then Colorado Doctors Plan. Once you find a PCP, email their 14-digit Physician ID number to CCDenrollment@uhc.com.
- Participants should reside in the eleven-county Denver Metro service area, which includes: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Weld, Morgan and Larimer - If you are traveling outside the Denver metro area or you have a dependent who lives outside the Denver metro area, you may access UHC's broad network of providers to receive care.

To learn more about UnitedHealthcare, visit www.whyuhc.com/denver or call 800.349.0574 (DHMO members) or 800.842.5520 (HDHP & PPO)

Budgeting for Your Health Care

Health Savings Account (HSA) vs. Flexible Spending Account (FSA)

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 account, 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 an HSA in 2026, you must have depleted your previous year's health flexable spending account (FSA) by December 31, 2025.

Enrolled in the HDHP?

YOU MUST OPEN YOUR HSA THROUGH OPTUM BANK AT OPTUMBANK.COM WITHIN 30 DAYS TO RECEIVE YOUR CITY CONTRIBUTIONS

Per the Collective Bargaining Agreement (CBA) Article 25, the City and County of Denver will help you by contributing the following amount to your HSA in 2026:

Individual coverage: $720

All other coverage tiers: $1,440

Enrolled in the DHMO?

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.

HSA VS. HEALTH FSA	HSA	FSA
Funds available at the beginning of the plan year	✗ ✓ No, your employee contributions are available as deposited per paycheck. Yes, your city contributions are available at the beginning of the plan year or after hire date.	✓ Yes
Annual IRS maximum different depending on coverage level	✓ Yes	✗ No
You must re-enroll annually	✓ Yes	✓ Yes
You can change your election throughout the year	✓ Yes	✗ No, unless for a qualifying life event.
Funds roll over from one year to the next	✓ Yes	✗ No, qualifying expenses must occur by March 15 and submitted for reimbursement by March 31 of the following year or forfeit any unreimbursed funds.

Health Savings Account (HSA)

An HSA is a personal bank account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Money deposited in the account stays with you regardless of employer or health plan, and unused balances roll over from year-to-year.

HSA ELIGIBILITY

You are eligible to open and fund an HSA if:

- You are enrolled in the city HDHP
- You have not contributed to a health FSA or health reimbursement arrangement in 2026
- *Health FSA must be a zero balance as of December 31, 2025*
- You and/or your dependents are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, Medicaid, TRICARE for Life, or a non-HDHP

YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses
- You can change your contribution at any time during the plan year without a qualifying event
- Like a bank account, you must have a balance in order to pay for eligible health care expenses
- There is a nominal monthly fee if balance drops below $500
- Keep all receipts for tax documentation
- An HSA allows you to save and roll over money from year to year, without any forfeiture of HSA funds
- The money in the account is always yours, even if you change health plans or employers

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 within 30 days. The City cannot begin contributing to your HSA until your account is opened.

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

HOW TO OPEN YOUR HSA ACCOUNT

You must open an account with Optum **Bank within 60 days of election in order to receive the contribution by the City and/** or yourself.

Optum Banks's phone number is 866-234-8913 and their website is www.OptumBank.com.

- Click "Enroll" to begin, then enter **your information**
- **The Verification Code is a 10 letter** word you create
- When you enter the Group number, the Group Name will populate. Members with United HDHP the group number is 717340G. Members with Kaiser HDHP the group number is 717340H
- You can order a second card for a family member
- Check the box to accept the Terms **and Conditions**
- Check the box to have your Welcome Pack emailed or mailed to you
- **Click "Continue" - the system will** check for errors, then show you the process is complete

2026 IRS HSA contribution maximums

- Individual coverage: $4,400
- **All other tiers: $8,750**
- **Catch-up contribution** (if age 55+): $1,000

You are allowed to contribute the **difference between the city contributions** 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®

If you fund an HSA, you cannot contribute pre-tax dollars to the health FSA.

However, you can fund a limited use FSA. See page 11 for limited use FSA details.

- 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

USE YOUR HSA TO PAY FOR YOUR QUALIFIED MEDICAL EXPENSES

- Use your HSA money to pay for eligible expenses now or in the future
- Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by the city HDHP
- Eligible expenses include deductibles, doctor's office visits, dental expenses, eye exams, prescription expenses and LASIK eye surgery
- Refer to IRS Publication 502 at https://www.irs.gov/pub/irs-pdf/p502.pdf for a complete list of eligible expenses

THREE WAYS TO ACCESS YOUR HSA MONEY

- Debit card—Draws directly from your HSA and can be used to pay for eligible expenses at your doctor's office, pharmacy or other locations where you purchase health-related items or services
- Pay bills online—Send payments directly to your health care providers, pharmacy or other payees for eligible expenses you paid out of your pocket
- Reimburse yourself—Request a check or schedule an electronic account transfer to pay yourself back for eligible

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 www.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.

Beginning January 1, 2024, the City offers these flexible spending accounts through Rocky Mountain Reserve, whose services include:

- Help center at 888.722.1223, 8:00 a.m. - 5:00 p.m. MST
- Access to account info at rockymountainreserve.com
- Online and mobile claim submission
- Automatic direct deposit in your bank or savings account
- Complimentary debit card to all participants.

HEALTH FSA

Use FSA to pay for eligible health care expenses, including medical, dental and vision expenses with pre-tax dollars.

2026 health FSA minimum and **maximum contributions*:**

- Minimum of $120 annually
- Maximum of $3,400 annually

Another advantage of enrolling in the health FSA is that your entire contribution amount for the plan year is available for qualified expenses on the day your plan starts, even though your payroll deductions are spread out over the calendar year.

If you enroll in a high-deductible health plan (HDHP) for 2026, your health FSA dollars must be spent by December 31, 2025.

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 eligible dental and vision expenses.

2026 limited use FSA minimum and **maximum contributions*:**

- Minimum of $120 annually
- Maximum of $3,400 annually

FSA dollars are use it or lose it (no roll over allowed). However, you have an additional two and a half months to incur (March 15, 2026). All claims must be submitted for reimbursement by March 31, 2026. Due to IRS rules, you'll forfeit any unused funds.

With easy payroll deductions and convenient debit cards, FSAs provide a flexible and easy way to cover expenses.

DEPENDENT DAY CARE FSA

If you have child care expenses, 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.

2026 dependent day care FSA minimum **and maximum contributions:**

- Minimum of $120 annually
- Maximum of $7,500 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. However, unlike the health FSA, your whole contribution 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 $340 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.

2026 qualified parking FSA minimum **and maximum contributions:**

- Minimum of $60 annually
- Maximum of $4,080 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!

FSA dollars are use it or lose it (no roll over allowed). However, you have an additional two and a half months to incur (March 15, 2026). All claims must be submitted for reimbursement by March 31, 2026. Due to IRS rules, you'll forfeit any unused funds.

**These limits are subject to change for 2026 (2026 IRS limits not released at time of production).*

Dental Plans

Proper dental care is important and taking care of your oral health is an investment in your overall wellbeing. The City and County of Denver's dental coverage is through Delta Dental of Colorado (Delta Dental), which provides employees with three plan options.

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. Implant coverage in PPO low and PPO High plans only.

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: Delta Dental EPO Copays. If you receive treatment from a Delta Dental non-PPO dentist, you will be responsible for all fees charged. No annual maximum benefit and no lifetime maximum on orthodontics.

FIND A DENTIST

Visit www.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 when you visit the dentist. 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.

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 to submit a pre-treatment estimate, allowing you to understand your full financial responsibility before committing to services.

Summary of Covered Services	DELTA DENTAL PPO LOW PLAN	DELTA DENTAL PPO HIGH PLAN	DELTA DENTAL EPO PLAN
Annual Maximum Benefit	$1,250 per person	$2,000 per person	Unlimited
Deductible Single/Family	$25 individual[1] / $75 family[1]	$25 individual / $75 family[1]	None
Preventive Services[3] Two Routine Cleanings in a calendar year Oral Evaluation Bitewing X-rays Full Mouth X-rays or Panoramic Fluoride Treatment (through age 15) Space Maintainers (through age 13) Sealants (through age 14)	$0 PPO Dentist 20% Premier Dentist (after deductible) 20% Non-Participating Dentist[2] (after deductible)	$0 PPO Dentist $0 Premier Dentist (after deductible) $0 Maximum plan allowance/ Non-Participating Dentist[2] (after deductible)	Copay (see copay listing found in the "Dental" section of the Police Benefit webpage)
Basic Services Amalgam Fillings Resin, Composite Oral Surgery (Extractions) General Anesthesia Surgical Periodontal (gums) Root Canal Therapy	20% PPO Dentist 50% Premier Dentist 50% Non-Participating Dentist[2] (after deductible)	10% PPO Dentist 20% Premier Dentist 20% Non-Participating Dentist[2] (after deductible)	Copay (see copay listing)
Major Services Crowns Dentures, Partials, Bridges	50% PPO Dentist 50% Premier Dentist 50% Non-Participating Dentist[2] (after deductible)	40% PPO Dentist 50% Premier Dentist 50% Non-Participating Dentist[2] (after deductible)	Copay (see copay listing)
Orthodontics Complete Orthodontic Evaluation Active Orthodontic Treatment	50% PPO Dentist 50% Premier Dentist 50% Non-Participating Dentist2 (deductible waived for orthontia)	50% PPO Dentist 50% Premier Dentist 50% Non-Participating Dentist[2] (deductible waived for orthontia)	Copay (see copay listing)
Orthodontics Lifetime Maximum	$1,000 per person	$2,000 per person	Unlimited (see copay listing)
Network	Delta Dental PPO plus Premier	Delta Dental PPO plus Premier	Delta Dental PPO

(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.
(3) The PPO High and Low plans include Prevention First- preventive care does not apply toward the annual maximum benefit.

Vision Plan

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 VISION PLAN INFORMATION

- Find a VSP provider at www.vsp.com or call 800.877.7195.
- Plan information located at vspforme.com

Summary of Covered Services	VSP GROUP #30050633 In-Network
Routine Exams (every calendar year)	$10 copay
Prescription Glasses (every calendar year) Lenses	$25 copay
Lenses (every calendar year) Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for dependent children	Included in prescription glasses copay
Lens Enhancements (every calendar year) Standard progressive lenses Premium progressive lenses Custom progressive lenses	 Covered in full $95–$105 copay $150–$175 copay
Frames (every calendar year)	$160 allowance + 20% off balance $90 allowance at Costco + 20% off balance
Contact Lenses (every calendar year) Contact lenses instead of frames/Exam and fitting	$160 allowance, copay does not apply/ Up to $60 copay
Easy Options Members can choose from one of the options outlined as an additional option to the regular benefits above.	Choice of Additional $90 Frame Allowance or Anti-Reflective covered in Full or Progressives Covered in Full or Photochromics Covered in Full or Additional $40 Contact Lens Allowance

VSP has special pricing for LASIK with participating centers, a savings that can add up to hundreds of dollars for VSP members. Visit www.vsp.com or call 800.877.7195

Benefit Plan Monthly Premiums

Listed below are the monthly premiums for full-time employees for medical 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.

MEDICAL	Employee Only		Employee + spouse		Employee + child(ren)		Family	
	City	Employee	City	Employee	City	Employee	City	Employee
Kaiser DHMO Group #0068-01	$648.19	$188.19	$1,426.09	$414.03	$1,296.39	$376.37	$2,074.23	$602.19
Kaiser HDHP Group #0068-01	$685.01	$76.11	$1,500.65	$166.74	$1,363.99	$151.55	$2,178.81	$242.09
United CDP Group #717340	$605.32	$175.74	$1,331.72	$386.63	$1,210.65	$351.48	$1,937.05	$562.37
United HDHP Group #717340	$665.94	$73.99	$1,465.07	$162.79	$1,331.90	$147.99	$2,131.02	$236.78
United - Denver Health PPO	$644.73	$113.78	$1,418.40	$250.31	$1,289.47	$227.55	$2,063.15	364.08

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.

DENTAL Group #6026	Employee only		Employee + spouse		Employee + child(ren)		Family	
	City	Employee	City	Employee	City	Employee	City	Employee
Delta PPO Low Option	$26.33	$5.39	$58.45	$11.97	$52.66	$10.76	$93.73	$19.17
Delta PPO High Option	$26.33	$17.01	$58.45	$37.78	$52.66	$34.02	$93.73	$60.57
Delta EPO	$26.33	$6.58	$58.45	$14.61	$52.66	$13.16	$93.73	$23.43

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.

VISION	Employee only	Employee + spouse	Employee + child(ren)	Family
VSP Group #30050633	$9.54	$19.41	$17.90	$32.72

Basic Life Insurance

BASIC LIFE INSURANCE

The City provides all employees with basic life insurance at no cost, Eligible employees are automatically entolled.

BASIC LIFE INSURANCE

The City pays for your basic life insurance benefit equal to 1.5 times your annual salary, up to a maximum of $300,000. You are automatically enrolled and this policy is effective upon hire. There is no termination of benefits due to age.

IMPUTED INCOME - Basic Life insurance paid for by an employer that provides a benefit greater than $50,000 is considered impited income by the IRS. Imputed income is the value the IRS assumes you would pay to purchase a similar policy in the private market-based on your age and amount of coverage. The IRS considers this value to be income, and thus if your Basic Life and Additional Life amount of coverage is greater that $50,000, the imputed income associated with the plan will be added to your pay for tax purposes and the additional taxes you owe as a result will be withheld from your paycheck.

Additional Life and AD&D Insurance

ADDITIONAL LIFE AND AD&D INSURANCE

You have the option to purchase supplemental life/AD&D insurance for yourself, your spouse/civil union partner, and your child(ren) through after-tax payroll deductions. Should you choose to enroll in supplimental life insurance you will be automatically enrolled in AD&D for the same coverage amount.

For employee supplemental life insurance, the monthly premium cost is based on the coverage level and age.

If you elect coverage within 30 days of becoming eligible, you may purchase up to the guarantee issue amounts without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Standard.

- Employee:$10,000 increments up to a maximum of 5x annual salary or $500,000 whichever is less; Guarantee Issue$250,000
- Spouse: $10,000 increments up to $500,000, not to exceed 100% of the combined employee's Basic and Additional ife amount:Guarantee issue: $50,000
- Dependent children (live birth to age 26): $1,000 increments up to a maximum of $10,000; Guarantee issue: $10,000
- The benefits reduce to 65% at age 70; and to 50% at age 75. Your spouse's benefits reduce based on your age.

ADDITIONAL LIFE AND AD&D INSURANCE COSTS

Listed below are the monthly premiums for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis.

Voluntary Life/AD&D Rates Group# 144127		
(Employee or Spouse) Age on January 1st	Employee or Spouse Rate Per $1,000 of coverage	Child Rate Per $1,000 of coverage
Under 30	$0.088	$0.244
30-34	$0.100	
35-39	$0.111	
40-44	$0.155	
45-49	$0.199	
50-54	$0.299	
55-59	$0.477	
60-64	$0.643	
65-69	$1.099	
70-74	$2.331	
75+	$2.331	
80-84	$2.331	
85+	$2.331	

*Keeping your beneficiary **designation current is an** important part of your family's future wellbeing.*

*Be sure to designate your life insurance beneficiaries in **Workday, instructions can be** found in the learning app/job aids icon.*

Voluntary Disability Insurance

VOLUNTARY SHORT-TERM DISABILITY

You have the option to purchase voluntary short-term disability (STD) insurance through The Standard. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

» Benefit: 70% of base salary up to $1,500 per week

» Elimination period: The City provides you the option to choose the elimination period that best fits your needs
- 7 Days
- 14 Days
- 30 Days
- 60 Days

» Benefit duration: 26 weeks (this includes the elimination period)

» Enrollment options: You may enroll in STD durning you new hire enrollment or open enrollment. Life events do NOT qualify. See Additonal Information below regarding enrollment.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE COSTS (THE STANDARD)

Voluntary Short-Term Disability Rates Group# 144127		
Plan Choice	**Benefit Elimination Period**	Rate Per $100 of Monthly Income
Option 1	7 days	$1.020
Option 2	14 days	$0.807
Option 3	30 days	$0.553
Option 4	60 days	$0.353

ADDITIONAL INFORMATION & SERVICES (STANDARD)

The Standard benefit options have the following enrollment options:

» Short-Term Disability: You may enroll in Short-Term disability during your New Hire Enrollment, or Open Enrollment. Life Events do NOT qualify.

» **Extended Benefit Waiting Period or Late Enrollment Penalty:** If you elect to decrease your Benefit Waiting Period or elect Short Term Disability during an Open Enrollment after your hire, an Extended Benefit Waiting Period will apply for the next 12 months beginning on the date you elect the change (January 1 of the following year) for the following claims: physical disease, pregnancy, or mental disorder. The Extended Benefit Waiting Period is 60 days. This does not apply to accidental injuries in the year after your election.

» **Additional Life and AD&D Insurance:** During Open Enrollment, if you are already enrolled in Additional Life, you and/or your spouse may increase your election by $10,000 or $20,000 as long as you stay under the guaranteed issue amount. If you wish to increase your coverage over the guarantee issue amount you will need to submit evidence of insurability.

The Standard offers the following additional services:

Life Service Toolkit through Health Advocate offers assistance with health and wellness, wills and estate planning, financial services and funeral arragements. Individuals now have access to receive counseling sessions via text with the option to schedule their own appointment or have Health Advocate schedule.
Go to www.standard.com/mytoolkit Username “support” or call 800-378-5742.
Travel Assistance through Assist America 1.800.872.1414 or download the Assist America Travel App.

Reference #01-AA-STD-5201

Voluntary Critical Illness Insurance - Standard

VOLUNTARY CRITICAL ILLNESS INSURANCE IS OFFERED BY STANDARD

Life can change in a heartbeat! Are you financially prepared? Critical Illness insurance pays a lump sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. The diagnosis must occur on or after the individual's coverage effective date. If the first diagnosis was prior to this coverage effective date, the critical illness may not be benefit eligible. It can be used any way you choose for the expenses health insurance doesn't cover. The City provides you the option to purchase Voluntary Critical Illness Insurance through The Standard. In order to purchase coverage for spouse you must have coverage for yourself. Dependent children are covered at 50% of your benefit amount at no additional cost

- Employee: choice of $10,000, $20,000 or $30,000
- Spouse: choice of $5,000, $10,000, or $15,000

Types of illnesses covered by base plan include:

- Heart Attack
- Stroke
- Major organ failure
- End-Stage renal (Kidney) failure
- Coronary artery disease (pays 25% of lump sum benefit)
- Blindness
- Occupational Infectious HIV or Hepatitis B, C or D
- Carcinoma In-Situ (pays 25% of lump sum benefit)
- Paralysis (must be a permanent paralysis)

VOLUNTARY CRITICAL ILLNESS INSURANCE COSTS (STANDARD)

Listed below are the monthly premiums for voluntary critical illness insurance. The amount you pay for voluntary critical illness insurance is deducted from your paycheck on a post-tax basis.

Voluntary Critical Illness Employee Coverage Rates Group# 144127			
Age	$10,000	$20,000	$30,000
18-29	$1.60	$3.20	$4.80
30-39	$2.90	$5.80	$8.70
40-49	$6.90	$13.80	$20.70
50-59	$15.20	$30.40	$45.60
60-69	$28.80	$57.60	$86.40
70+	$71.00	$142.00	$213.00

Voluntary Critical Illness Spouse Coverage Rates* Group# 144127			
Age	$5,000	$10,000	$15,000
18-29	$0.80	$1.60	$2.40
30-39	$1.45	$2.90	$4.35
40-49	$3.45	$6.90	$10.35
50-59	$7.60	$15.20	$22.80
60-69	$14.40	$28.80	$43.20
70+	$35.50	$71.00	$106.50

*Spouse rate based on spouse age

Voluntary Critical Illness Group# 144127 Children Coverage Rates
If Employee is covered for critical illness, children are automatically covered at 50% of your benefit amount at no additional cost to you.

VOLUNTARY ACCIDENT INSURANCE IS OFFERED BY STANDARD

Voluntary Accident Insurance - Standard

Life can take a tumble. What if you-or a family member-are hurt in an accident? Are you prepared to deal with the strain on your personal finances if something happens to you or a loved one?

The accident insurance plan provides benefits for covered accidents that occur on and off the job. The City provides you the option to purchase Voluntary Accident Insurance through The Standard. In order to purchase coverage for spouse and dependent children you must have coverage for yourself.

Some covered expenses include:

- Emergency room treatments
- Hospitalization
- Doctor office, accident follow up visits

Examples of covered injuries include:

- Broken Bones
- Torn ligaments
- Eye Injuries
- Cuts repaired by stitches
- Burns
- Concussion
- Ruptured Discs

Health Maintenance Screening Benefit - Pays $50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Below are the monthly premiums for voluntary accident insurance. The amounts are deducted after tax.

Voluntary Accident Rates Group# 144127	
Employee	$11.02
Employee and Spouse	$17.24
Employee and Child(ren)	$20.80
Family	$32.59

LEGAL SERVICES PLAN-ARAG

Voluntary Legal Insurance

When you're enrolling in benefits, you're looking for ones that will work the hardest for you and provide you real value on a regular basis. With legal insurance from ARAG®, not only will you benefit from paid-in-full Network Attorney fees for most covered legal matters, but you'll also be able to take advantage of these new enhancements that offer even more protection for you and your family:

- Alimony, Child Custody and Child Visitation Enforcement and Modification Defense up to 8 hours per event
- Child Custody and/or Child Support Agreement and Modificiation up to 8 hours per event
- Hospital visitation authorization & funeral directives
- Domestic partnership agreements
- Criminal Misdemeanor Defense
- Divorce up to 20 hours per event & Postnuptial agreements
- Gender identifier changes
- Changes only allowed at Open Enrollment

UltimateAdvisor® Legal insurance

- $15.50 monthly

Learn more and enroll

- Watch a video to learn more about the benefits of legal insurance.
- Visit ARAGlegal.com/myinfo (access code: 18168ccd).
- Call ARAG Customer Care at 800-247-4184, Monday through Friday, 6:00 a.m. to 6:00 p.m. Mountain time.

Retirement Planning

PENSION PLAN- FIRE & POLICE PENSION ASSOCIATION OF COLORADO (FPPA)

Police contribute to the Defined Benefit component of the Statewide Retirement Plan (SRP), a traditional retirement plan that pays a monthly retirement benefit based on age and total years of service. For the 2026 calendar year, your member contribution rate is 12%. The employer contribution rate is 11%, for a total of 23% contributed to the DB account per paycheck.

For more information on retirement eligibility, vesting, to update your beneficiary, or purchase service credit, please reach out to the FPPA at 303.770.3772 or by logging into your account at www.FPPAco.org.

SUMMIT SAVINGS DEFERRED COMPENSATION 457(b)

Summit Savings is a separate, personal, deferred compensation retirement savings (457b) program offered by the City and County of Denver administered by Nationwide. The plan is designed to supplement the City's pension plan and Social Security, providing additional financial and retirement planning options. Summit Savings is a public-sector equivalent to the private sector's 401k plans. You may choose to have your payroll deductions either made pre-tax and/or after-tax (Roth). Your Summit Savings investments can be customized as your needs require, and you can work with an investment advisor to tailor your investment options. The City does not match deferred compensation contributions.

Employee contributions

- You may enroll, increase or decrease your contributions at any time through Workday.
- Contributions of as little as $11 or 1% per paycheck may be invested in the plan.
- You may contribute up to 100 percent of your income up to the IRS annual maximum. The IRS allows for additional annual contributions if you are age 50 or older.
- You are always 100 percent vested in your own contributions.
- Funds from Summit Savings may be rolled over into another employer's retirement plan or an IRA in the event that you leave your job at the City and County of Denver.
- You can get personalized retirement plan advice on the plan's investment options from a Nationwide plan administrator, at no additional cost to you.

To learn more about Summit Savings, call 833.268.7079 or visit denvergov.org/457.

DENVER POLICE RETIREE HEALTH FUND

The Denver Police Retiree Health Fund (DPRHF) provides a monthly benefit to retires who are receiving a pension, deferring receipt of their pension or the surviving spouse of the recipient who is purchasing health insurance. The monthly benefit is to be used for the exclusive purpose of paying for health insurance cost.

The maximum monthly benefit is currently $300 and is pro-rated based on years of service.

- 10-14 years of service -40%
- 15-19 years of service -60%
- 20-24 years of service - 80%
- 25+ years of service - 100%

Benefit is payable for 10 years or to age 65, whichever occurs first; however, the monthly benefit is payable for a minimum of 3 years regardless of age.

Additional questions, please contact the OnePoint Financial Partners (formerly known as Assurance Financial) at 303.426.9244 or 303.867.6916.

*Well-being is more than being healthy. It includes physical **fi**tness, but it incorporates mental, **fi**nancial, and social **fi**tness, too. The City and County of Denver has expanded the assistance for mental health services and peer support. Many of these services are just a click or call away. Contacts are listed below.*

PEER SUPPORT

Peer Support is designed to assist officers during times of personal and professional crisis. Peer Support provides officers with the opportunity to vent in a confidential environment. Peer Support Advisors are selected for their reputation of being trusted, approachable and compassionate. They have the ability to help fellow officers through difficult times and get them back on track. Many police, fire and EMS 1st responders experience many traumatic events throughout their career. It is recognized that Peer Support programs are effective for active police officers if the officer in crisis is identified and seeks support of a Peer Support member.

Peer support members have received training from Dr. John Nicoletti. Dr. Debra Tasci is the clinical supervisor Peer Advisors are not trained therapists or licensed counselors and the Peer Support Program is not designed to take the place of professional treatment. We will listen, provide support & assistance, and refer when necessary. Peer Advisors will be wearing the button shown left on their uniform, or if in plain-clothes, on their Department ID Card.

Contact: Sergeant Bobby Waidler (720) 641-1190 or Officer Gabriel Jordan (720) 814-7513

OTHER RESOURCES

Copline: National hotline that provides a safe, confidential place to speak to trained retired law enforcement Peer Support Officers. Call (800)267-5463

Responder Strong:

www.ResponderStrong.org and app – you.ResponderStrong, app resource: ResponderRel8

GUIDANCE RESOURCES (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 GuidanceResources® 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 wellbeing and the security of your family. GuidanceResources® is confidential and provided at no charge to you and your dependents for up to six sessions per occurrence, per year.

To find out more about GuidanceResources, visit www.guidanceresources.com and enter Denver Web ID: DENVEREAP or call 877.327.3854 or 800.697.0353 (TDD).

MEDICAL PROVIDER RESOURCES

Kaiser Permanente

- Mental Health Providers and information are on their website at kp.org/mentalhealth or by calling 303.471.7700
- Over 5,000 providers have been added to support mental health needs.
- Service supported by Amwell video visits, Ginger online coaching, MyStrength and Calm apps

United Healthcare

- Call 800.842.5520 to speak with an advocate and learn more about behavioral health programs that may be available to you or visit their website at liveandworkwell.com
- This is supported by AbleTo with UHC.

Well-being Resources

NICOLETTI-FLATER ASSOCIATES

Nicoletti-Flater Associates has specialized in the fields of police and public safety psychology, crisis intervention, trauma recovery, and violence prevention since 1975. The following services are available to all sworn Police Officers:

- Individual, couple and family counseling to officers and their immediate family members
- Critical incident interventions
- Training and workshops
- Assisting in hostage negotiations
- Substance abuse counseling
- Adolescent counseling

Nicoletti-Flater Associates understands that consultative services need to be easily accessible and expedient.

Emergencies happen unexpectedly, without notice, and during all times of day and night. We offer a 24-hour, 7 days per week, immediate response during an emergency.

To find out more about Nicoletti-Flater Associates, visit www.traumathreatandpublicsafetypsychology.com or call 303.989.1617.

CONTACT INFORMATION

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

OFFICE OF HUMAN RESOURCES (OHR) SAFETY BENEFITS TEAM

201 W Colfax Ave, Dept 412, Denver, CO 80202
Email: safetybenefits@denvergov.org
Phone: 720-913-6741, option 1 or 720-913-5697
Fax: 720-913-7050

DENTAL

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

EMPLOYEE ASSISTANCE PROGRAM

GuidanceResources®
www.guidanceresources.com
Web ID: DENVEREAP
877.327.3854
Mobile app: GuidanceResources® Now

FLEXIBLE SPENDING ACCOUNTS

Rocky Mountain Reserve (RMR)
www.rockymountainreserve.com
888.722.1223
email: info@rmr.com
Mobile app: RMR Benefits Mobile

HEALTH SAVINGS ACCOUNT

Optum Bank
www.optumbank.com
United HDHP Group #717340G
Kaiser HDHP Group #717340H
800.791.9361
Mobile app: Health Advantage by Optum

LIFE AND DISABILITY INSURANCE

Standard Insurance Co.
www.standard.com
Group #144127
833.228.0118

Accidental - Standard Insurance Co.
www.standard.com
Group# 144127
800.634.1743

Critical Illness - Standard Insurance
www.standard.com
Group #144127
800.634.1743

MEDICAL

UnitedHealthcare
www.myuhc.com
Group #717340
800.842.5520 HDHP
800.842.5520 UHC Denver Health PPO
800.349.0574 Colorado Doctors Plan
Monday - Friday, 8 a.m - 8 p.m. MT

Kaiser Permanente
www.kp.org
Group #0068-01
303.338.3800 or 303.338.4545
Mobile app: Kaiser Permanente

Dispatch Health
www.dispatchhealth.com
303.500.1518
Mobile app: DispatchHealth

RETIREMENT PLANNING

Fire and Police Pension Association (FPPA)
www.fppaco.org
303.770.3772 or 800.332.3772

Summit Savings
457(b) Deferred Compensation Plan
www.denvergov.org/457
833.268.7079

VISION

VSP
www.vsp.com
800.877.7195
Mobile app: VSP

ADDITIONAL CONTACTS

ARAG
www.ARAGlegal.com/myinfo
access code: 18168ccd
800.247.4184

Nicoletti_Flater Associates
www.traumathreatandpublicsafetypsychology.com
303.989.1617

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