



DENVER FIRE DEPARTMENT

2023

RETIREE BENEFITS GUIDE



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Within this benefits guide you will find important information on the benefits available to you for 2023 (January 1, 2023, through December 31, 2023). Please take a moment to review the benefits the City and County of Denver (CCD) offer to determine which plans are best for you.

RETIREE BENEFITS OVERVIEW

In this guide, you will find a comprehensive overview of eligibility, the election period, and premiums. 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.

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BENEFITS ELIGIBILITY

We offer a variety of benefits to retired Denver firefighters and their eligible dependents.

If you waive or cancel coverage, you may be able to re-enroll if you lose coverage. However, **there may be a one-time surcharge of \$500** and you may need to furnish proof of group coverage in order to re-enroll. Keep in mind that individual plans and Medicare coverage will not suffice as group coverage.

Retiree Benefits Overview

WHO IS ELIGIBLE TO ENROLL IN RETIREE INSURANCE?

City and County of Denver (CCD) Department of Safety Fire retiree benefit recipients and their eligible dependents may enroll in medical, dental, and/or vision insurance with pension deductions through Fire and Police Pension Association (FPPA).

A benefit recipient is someone receiving a monthly pension benefit payment from FPPA that is large enough to cover the premium deductions from plan(s) elected. A benefit recipient includes a surviving spouse of a retiree. The benefit recipient must be enrolled in insurance in order for any dependents to be enrolled.

If the benefit recipient is enrolled, he/she may enroll the following dependents:

- » Spouse (including those defined as common-law* and same-sex legally married)
- » Colorado State Civil Union spouse
- » Surviving spouse and children (as defined)
 - These plans do not include coverage for a surviving spouse's new spouse
- » Your children to age 26, regardless of student, marital or tax-dependent status including a stepchild, legally-adopted child, or a child placed with you for adoption
- » Your dependent children of any age who are physically or mentally unable to care for themselves

*By submitting a 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.

When adding dependents, approved supporting documents are required to prove dependency within the required time frame.

A list of acceptable supporting documentation for dependents can be found at www.denvergov.org/content/dam/denvergov/portals/671/documents/benefits/dependent%20document%20checklist.pdf or by contacting the Benefits Department.

The CCD is required to ensure that dependents enrolled in the plans meet the eligibility criteria for coverage. You are responsible for notifying the Benefits Administrator of CCD if one of your covered dependents no longer meets the eligibility requirements for coverage (e.g. divorce, etc.). Failure to notify the Benefits Administrator of the qualifying event may result in insurance fraud and the member being responsible for the cost of any claims incurred by an ineligible dependent not timely removed from the plan.

2023 KAISER PERMANENTE BENEFIT PLAN ENHANCEMENTS

- » Pre 65 Kaiser members have access to urgent and emergency care at Cigna facilities when out of the Kaiser Permanente service area
- » Pre-65 and Senior Advantage plans now include a hearing aid benefit

This summary of benefits is not intended to be a complete description of the terms and insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although the City and County of Denver in collaboration with the IAFF Local 858 maintains its benefit plans on an ongoing basis, we reserve the right to terminate or amend each plan, in its entirety or in any part at any time.

When Can I Enroll or Make Changes?

AT OPEN ENROLLMENT

WHEN

During the annual open enrollment period, Monday, October 10, 2022, to Friday, October 28, 2022.

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

HOW

Attend the open enrollment benefits fair and complete the enrollment form provided. If you are unable to attend, the City and County of Denver is now using Secure Share Proofpoint to upload your information securely and protect your Personal Identifiable Information (PII). Register at seureshare.proofpoint.com/share/main.html#verifyuserplace. Once registered, email your completed enrollment form(s) to safetybenefits@denvergov.org.

If you are currently enrolled in a Denver Fire Department retiree plan, **you only need to complete an enrollment form if you are making plan or coverage level changes for 2023.**

Supporting documentation is required to be attached to the retiree enrollment form if adding a dependent.

AS A NEW RETIREE

WHEN

Within 30 days of retirement, benefit elections are effective the first of the month following your date of retirement.

HOW

If enrolling in the retiree benefits, you must complete and submit an enrollment form. The Benefits Team will assist you and answer questions at your retirement appointment.

Supporting documentation is required to be attached to the retiree enrollment form if adding a dependent.

Qualifying life events include but are not limited to:

- » Marriage
- » Death
- » Divorce
- » Gain/loss of other coverage
- » Change in Medicare eligibility
- » Birth or adoption

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. Benefit elections are effective the first of the month following the event date. For birth/adoption, medical elections are effective the date of the event.

If you or your dependents become eligible for Medicare, contact your Benefits Team up to three months prior to turning 65 for assistance and to request a Kaiser Sr. Advantage enrollment form. We will require a copy of your Medicare card.

HOW

All election changes must be submitted to the Benefits Team via an enrollment form within 30 days of the qualifying life event. Changes made after 30 days will not be accepted.

To submit your changes, register at seureshare.proofpoint.com/share/main.html#verifyuserplace. Once registered, email your completed enrollment form(s) to safetybenefits@denvergov.org.

Supporting documentation is required as proof of any qualifying event.

Key Terms

KEY TERMS

Coinsurance: After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

Copay: A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service.

Deductible: The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.

Explanation of benefits (EOB): A statement from your health plan that lists the services you received and charges added toward your annual deductible and out-of-pocket maximum. An EOB is not a bill.

Out-of-Pocket Maximum: Includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

Premium: The amount that you pay each month in order to be enrolled in the medical, dental, and/or vision insurance plans.

Well-Being Resources

WELL-BEING RESOURCES

DispatchHealth

- » Dispatch Health provides on-demand health care in the convenience of your home for pains, sprains, cuts, wounds, high fevers, upper respiratory infections, and much more
- » Service is available 7 days a week, 7 a.m.–10 p.m. (including holidays) in limited service areas
- » To contact DispatchHealth call 303-500-1518 or visit www.dispatchhealth.com

Kaiser Permanente Member Services

Kaiser Permanente offers a wide range of mental health and addiction services, no referral needed.

Get the mental and emotional support you need:

- » **Ginger app:** Text an emotional support coach for anxiety, stress, relationships, and more.
- » **Calm and myStrength app:** Get help with sleep, stress, anxiety, depression, meditation, and resilience.

- » **Kaiser mental health therapist or psychiatrist:** Schedule a visit or choose from an extensive network of more than 5,000 affiliated providers (including Denver Family Therapy Center, Krupnick Counseling Associates, SonderMind, and Westside Behavioral Care).

KP COpilot

Beginning January 2023, Denver Fire will be providing you with a new, specialized concierge team, KP COpilot.¹

KP COpilot can help you find answers to your questions about:

- » Care options
- » Plan benefits
- » Cost estimates

Connect with a KP COpilot by calling 855-447-6555.²

(1) Available to non-Medicare members only.

(2) The KP COpilot phone number will remain inactive until January 1, 2023—calls made prior will not go through.

Medical Insurance Overview

NON-MEDICARE (UNDER AGE 65)

We offer non-Medicare eligible retired firefighters (under age 65) and their eligible dependents three medical plan options through Kaiser Permanente (Kaiser). Retired firefighters not living in the Kaiser service area of Denver, Boulder, Colorado Springs, and Pueblo can enroll in the Kaiser Out-Of-Area plan. You will maximize your benefits and reduce your out-of-pocket expenses by using a First Health network provider. Please contact Kaiser for a zip code listing of the service area. If you have questions, please contact OHR Safety Benefits.

- » Both the HDHP and HMO plans provide in-network coverage only, utilizing Kaiser and their affiliated providers
 - If you enroll in the HDHP, you must meet your deductible before the plan will begin to pay for covered services (including prescriptions and office visits)
 - If you elect dependent coverage, the family deductible must be met—either by one individual or by a combination of family members—before the plan begins to pay
 - Locate a Kaiser network provider at www.kp.org
- » If you enroll in the Triple Option plan, you will receive the highest level of benefits and pay less out of your pocket by using a Kaiser network provider
 - You also have the option to use a First Health network providers and/or out-of-network providers; however, you will pay more out of your pocket for services provided by non-Kaiser providers, locate a First Health network provider at choiceproducts-colorado.kaiserpermanente.org/3-tier-point-of-service-plan

Refer to page 7 for benefits information.

If you or a family member elect the Kaiser Triple Option plan or the Kaiser Out-Of-Area plan, you are NOT eligible to enroll in the Kaiser Senior Advantage plan as well.

CONNECTED CARE WITH KAISER PERMANENTE

When you choose Kaiser Permanente, you're choosing personalized, convenient care that combines exceptional coverage with quality providers. Access world-class care, anytime, anywhere with support available at your fingertips.

MEDICARE ELIGIBLE (AGE 65 AND OLDER)

We offer two Medicare Advantage plans to retirees and dependents that are eligible for Medicare and are actively enrolled in both Medicare Part A and B.

To enroll in one of the Kaiser Senior Advantage plans, you must reside in the Kaiser Service Area:

- » **Denver-Boulder area:** Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties
- » **Northern Colorado:** Larimer and Weld counties
- » **Southern Colorado:** El Paso, Fremont, Pueblo, and Teller counties

In Colorado, Kaiser is an HMO plan with a Medicare contract.

When you turn age 65, you are no longer eligible to be enrolled in an under age 65 plan. Instead, you become eligible to enroll in the Medicare/Senior Advantage plan. If, for any reason, you do not enroll in the Senior Advantage plan when first eligible, your non-Medicare coverage plan will be terminated. Refer to page 9 for benefits information. **You must notify OHR Safety Benefits immediately if you enroll in a different Medicare plan or move out of the service area.**

Members can get answers to Medicare questions by calling 800-633-4227 or visiting www.medicare.gov.

If you or a family member elect the Kaiser Triple Option plan or the Kaiser Out-Of-Area plan, you are not eligible to enroll in the Kaiser Senior Advantage plan as well.

Members who enroll in Medicare Part A and Part B are no longer eligible to contribute into a health savings account (HSA). However, funds currently held in an HSA can be used to pay for medical services, prescription drugs, and even plan premiums. If your family member continues to be enrolled in an HSA compatible plan, their contributions into the HSA may continue.

NEED HELP CHOOSING A PLAN?

The Kaiser Permanente pre-enrollment line is available to you. Call 800-324-9208 to get started.

Medical Plans—Non-Medicare (Under 65)

The table below summarizes the key features of the medical plans for non-Medicare eligible retired firefighters (under age 65). The coinsurance amounts listed reflect the amount you pay. Please refer to the Summary of Benefits and Coverage documents for additional information on coverage and exclusions.

- » If you or a family member elect the Kaiser Triple Option plan or the Kaiser Out-Of-Area plan, any Medicare eligible family members are not eligible to enroll in a Kaiser Senior Advantage plan.
- » If you or your dependents are enrolled in a non-Medicare and Medicare plan, you will receive two ID cards, one for each the different plans.

Summary of Covered Benefits	Kaiser HDHP	Kaiser HMO	Kaiser Triple Option			Kaiser Out-of-Area Plan ¹	
	In-Network Only	In-Network Only	In-Network (Tier 1)	First Health Network (Tier 2)	Out-of-Network (Tier 3)	First Health Network	Out-of-Network
Plan Year Deductible Individual/Family	\$1,500/\$3,000	None	None	\$300/\$900	\$400/\$1,200	\$300/\$900	\$400/\$1,200
Out-of-Pocket Max Individual/Family	\$3,000/\$6,000	\$2,000/\$4,500	\$2,000/\$3,500	\$3,000/\$9,000	\$6,000/\$18,000	\$3,000/\$9,000	\$6,000/\$18,000
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	40%	Plan pays 100%	40%
Physician Services Primary Care Physician Specialist Urgent Care/After Hours	20% after ded. 20% after ded. 20% after ded.	\$20 copay \$30 copay \$50 copay	\$20 copay \$30 copay \$50 copay	\$20 copay ² \$35 copay ² \$50 copay	40% after ded. 40% after ded. \$50 copay	\$20 copay \$20 copay 20% after ded.	40% after ded. 40% after ded. 40% after ded.
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	20% after ded. 20% after ded.	No charge \$100 copay/ procedure	No charge \$100 copay/ procedure	20% after ded. 20% after ded.	40% after ded. 40% after ded.	20% after ded. 20% after ded.	40% after ded. 40% after ded.
Hospital Services Inpatient Outpatient	20% after ded. 20% after ded.	\$750 copay \$300 copay	\$750 copay \$300 copay	20% after ded. 20% after ded.	40% after ded. 40% after ded.	20% after ded. 20% after ded.	40% after ded. 40% after ded.
Emergency Room	20% after ded.	\$250 copay ³	\$250 copay ³	\$250 copay ³	\$250 copay ³	20% after ded.	20% after ded.
Prescription Drugs Generic Brand Mail Order	Ded., then: \$15 copay \$40 copay 1x retail copay (up to 60-day supply)	\$15 copay \$30 copay 2x retail copay (up to 90-day supply)	\$15 copay \$30 copay 2x retail copay (up to 90-day supply)	\$25 copay \$35 copay 2x retail copay (up to 90-day supply)	50% 50% N/A	\$20 copay \$30 copay 2x retail copay (up to 90-day supply)	Not covered
Out-of-Area Student Benefit⁴	5 office visits, 5 x-rays, 5 Rx refills	5 office visits, 5 x-rays, 5 Rx refills	Out-of-area students benefit by utilizing the First Health network or out-of-network option			Not covered	

(1) Only for retirees who live outside of the Kaiser service area.

(2) 20% coinsurance for covered services received during a visit.

(3) There may be a separate copayment for imaging performed within the emergency department for CT/PET scans and MRIs.

(4) Services are subject to benefit copays or coinsurance. Eligible out-of-area students must be registered each year. To register, you must complete and submit an Out-of-Area Student Benefit Certification Form to Kaiser. Please contact the Benefits Department for more information.

NEW BENEFIT FOR 2023—\$1,000 hearing device allowance, per ear, every three years.

Kaiser Permanente and Cigna Partnership

SUPPORT WHILE YOU'RE AWAY

Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at 951-268-3900 (TTY 711),⁶ visit www.kp.org/travel, or scan the QR code below.



More care options are available when you are away from home or out of the Kaiser Permanente service area. Cigna network access is only available for Pre-65 retirees and their non-Medicare dependents.

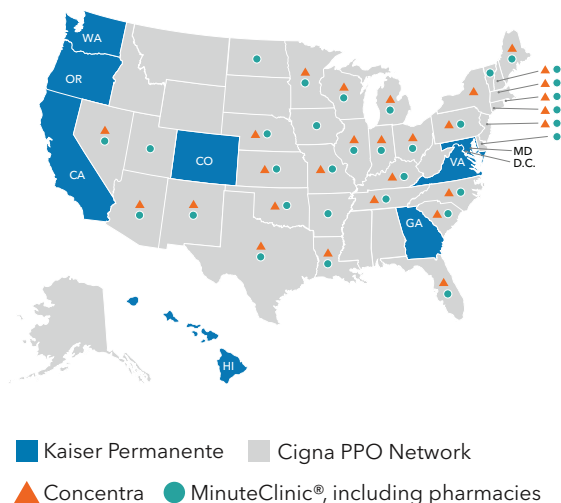
URGENT AND EMERGENCY CARE ANYWHERE IN THE WORLD

No matter when or where you need to receive urgent or emergency care³, you can file a claim for reimbursement. At many locations outside of Kaiser Permanente service areas, you will only pay your copay or coinsurance with no claim required.

Access these clinics and providers when outside of the Kaiser Permanente service area to get care when you need:

- » Cigna PPO Network⁴ providers—visit www.cigna.com to find providers in this network
- » MinuteClinics, including pharmacies⁵
- » Concentra clinics⁵

FIND CARE NEAR YOU



You have tools and services available to help you manage your health with ease:

- » Use the Kaiser Permanente mobile app to schedule appointments, view your medical records, pay medical bills, email your doctor's office, and more
- » Visit with a clinician by video or phone, 24/7
- » Skip the trip to the pharmacy with same-day or next-day delivery of medication*
- » Take advantage of cost estimator tools to help you keep an eye on your budget and plan for the cost of care

*Shipping fee and some restrictions apply.

To learn more about your plan information, visit select.kaiserpermanente.org/denver-fire.

(1) When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. (2) If you have an HSA-qualified deductible plan, you may need to pay the full charges for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits. (3) If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents. (4) The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. (5) MinuteClinic and Concentra payment experiences vary by plan. (6) This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

To enroll in one of the Kaiser Senior Advantage HMO plans, you must reside in the Kaiser service area (see page 6 for a list of the counties in the service area). **If you move out of the coverage area while enrolled, let your Medicare A & B coverage lapse, or enroll in another plan, your coverage will be terminated.** You must notify OHR Safety Benefits immediately.

- » If a member or eligible dependent is in a Medicare eligible plan, and the other member is not Medicare eligible, the Kaiser Triple Option and Kaiser Out-of-Area plans are not available.
- » If you or your dependents are enrolled in a non-Medicare and Medicare plan, you will receive two different ID cards, one for each plan.

The table below summarizes the key features of the medical plans for Medicare eligible retirees (age 65 and older). Please refer to the Summary of Benefits and Coverage for additional information on coverage and exclusions.

Medical Plans— Medicare Eligible (Over 65)

Summary of Covered Benefits	Kaiser Senior Advantage DFD Silver Plan In-Network Only	Kaiser Senior Advantage DFD Gold Plan In-Network Only
Deductible	None	None
Out-of-Pocket Maximum	\$2,500 per individual	\$2,500 per individual
Preventive Care Routine Physical Exam Preventive Services Hearing Services Vision Exam with Optometrist Vision Exam with Ophthalmologist	No charge No charge \$15 copay per exam; \$1,000 hearing device allowance per ear \$15 copay per visit \$30 copay per visit	No charge No charge \$10 copay per exam; \$1,000 hearing device allowance, per ear \$10 copay per visit \$25 copay per visit
Physician Services Primary Care Physician Specialist Urgent Care/After Hours Durable Medical Equipment	\$15 copay per visit \$30 copay per visit \$30 copay per visit 20%	\$10 copay per visit \$25 copay per visit \$25 copay per visit 20%
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	No charge \$100 per procedure	No charge \$100 per procedure
Hospital Services Inpatient/Outpatient Skilled Nursing Ambulance Services	\$250 copay per day ¹ /\$200 copay per surgery No charge 20% up to \$195 per trip	\$250 copay per day ¹ /\$100 copay per surgery No charge 20% up to \$195 per trip
Emergency Room	\$75 copay per visit	\$65 copay per visit
Optical Allowance	\$100 (every two years)	\$200 (every two years)
Prescription Drugs Preferred Generic Non-Preferred Generic Preferred Brand Non-Preferred Brand Specialty Mail Order	No Medicare Part D gap \$5 copay \$10 copay \$25 copay \$30 copay \$30 copay 2x retail copay (90-day supply)	No Medicare Part D gap \$5 copay \$5 copay \$20 copay \$20 copay \$40 copay 2x retail copay (90-day supply)
Out-of-Area Visits	\$1,500 allowance for out-of-area office visits, labs/x-rays, physical therapy, and mental health care. ²	
Over-the-Counter Credit	\$70 credit per quarter for items such as cold medicine, band-aids, and aspirin. Credit does not roll over	
Transportation Services	20 one-way trips per year with approved service provider	

(1) \$500 maximum. (2) Service copayments will apply.

Note: If you travel outside of the Kaiser Permanente Colorado service area, you are covered for urgent and emergency care anywhere in the world. Additionally, you will be able to access most of the same services you would get in your home area when visiting another Kaiser Permanente service area. Kaiser Permanente service areas include all or part of: California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington D.C. Please call the Away from Home Travel line at 951-268-3900 or visit www.kp.org/travel.

NEW BENEFIT FOR 2023—\$1,000 hearing device allowance, per ear, every three years.

Dental Plans

Three dental plans are available to you and your eligible dependents through Delta Dental.

For all three dental options, when you visit a participating PPO dentist you maximize your benefits and lower your out-of-pocket expenses. In-network PPO dentists have agreed to accept Delta Dental's reimbursement as full payment for services rendered. If a Premier or non-network provider is used, expenses are reimbursed based on the PPO scheduled fees. For Premier providers, you will be responsible for any amount billed between the PPO scheduled fee amount and the Premier maximum plan allowance. For non-network providers, you will

be responsible for any amount remaining between the PPO scheduled fee amount and the billed amount. Please be advised that implants are not covered under these plans.

To find a PPO provider, please visit www.deltadentalco.com.

The first table below summarizes the dental plan benefits. The coinsurance percentages listed reflect what you pay. The following table lists the monthly premiums for dental insurance.

Summary of Covered Benefits	Delta Dental Low Plan Group #7984	Delta Dental Medium Plan Group #7984	Delta Dental High Plan Group #7984
Annual Deductible Individual	\$100	\$75	\$75
Annual Max. Benefit	\$1,000 per member	\$1,000 per member	\$1,500 per member
Preventive Care	30% after ded.	20% after ded.	0% after ded.
Basic Services	50% after ded.	40% after ded.	40% after ded.
Major Services*	70% after ded.	60% after ded.	50% after ded.

*12–24-month waiting period. Length of waiting period based on services provided. Waiting period waived for retirees that enroll within 60 days of retirement, or loss of other eligible coverage.

Vision Plan

We offer you and your eligible dependents vision insurance through Humana. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a Humana network provider at www.humana.com.

The first table below summarizes the key features of the vision plan. The following table lists the monthly premiums for vision insurance. Please refer to the Summary of Benefits and Coverage for additional information on coverage and exclusions.

Summary of Covered Benefits	Humana Vision Group #866351	
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 copay	Up to \$30 allowance
Retinal Imaging	Up to \$39 allowance	Up to \$20 allowance
Standard Plastic Lenses (every 12 months) Single/Bifocal/Trifocal Child Polycarbonate (under age 19) Adult Polycarbonate	\$15 copay \$0 copay \$40 copay	Allowance up to \$25/\$40/\$60 Not covered Not covered
Frames (every 24 months)	Up to \$130 allowance, then 20% off balance over \$130	Up to \$65 allowance
Contacts Lenses (every 12 months) Elective Medically Necessary	Up to \$130 allowance, then 15% off balance over \$130 Plan pays 100%	Up to \$104 allowance Up to \$200 allowance
Laser Correction	Discounts available	N/A

*Lower fixed prices are offered at designated TLC Vision Lasik Advantage Centers. Please refer to the Summary of Benefits and Coverage for additional information.

FIND A VISION PROVIDER

To get started, visit www.humana.com and follow the instructions below.

New Member Registration and Returning Members

- » Once at www.humana.com, select “Find a doctor” under the Member Resources menu
- » Next, click on Vision care and select “Vision coverage through your employer or that you purchased on your own”
- » Select “Continue”
- » Select “Humana Vision PLUS (Humana Insight Network)”
- » Enter your ZIP code and select “Search by ZIP”

Members

- » Once at www.humana.com, select “Sign in”
- » Enter your username and password then select “Sign in”
- » Select the Vision tab and choose “Humana Vision PLUS (Humana Insight Network)”
- » Select “Locate a provider”
- » Enter your ZIP code and select “Search by ZIP”

Benefit Plan Monthly Premiums

MEDICAL INSURANCE—NON-MEDICARE ELIGIBLE RETIREES

Group #00074 Coverage Level	Sub Group #42 Kaiser HDHP	Sub Group #76 Kaiser HMO	Sub Group #14 Kaiser Triple Option	Sub Group #15 Kaiser Out-of-Area PPO
Retiree Only	\$500.00	\$675.00	\$819.00	\$819.00
Retiree + Spouse	\$1,027.00	\$1,379.00	\$1,677.00	\$1,677.00
Retiree + Child(ren)	\$1,001.00	\$1,345.00	\$1,635.00	\$1,635.00
Retiree + Family	\$1,445.00	\$1,943.00	\$2,360.00	\$2,360.00

MEDICAL INSURANCE—MEDICARE ELIGIBLE RETIREES (COMBINED WITH THE HIGH DEDUCTIBLE HEALTH PLAN)*

Group #00074 Coverage Level	Sub Group #108 Kaiser Senior Advantage DFD Silver Plan w/ HDHP	Sub Group #097 Kaiser Senior Advantage DFD Gold Plan w/ HDHP
Subscriber Only (One Senior Advantage)	\$150.47	\$211.97
Subscriber + One dependent (Two Senior Advantage)	\$300.94	\$423.94
Subscriber + One dependent (One Senior Advantage)	\$650.47	\$711.97
Subscriber + Two or more dependents (One Senior Advantage)	\$1,048.37	\$1,109.87
Subscriber + Two or more dependents (Two Senior Advantage)	\$800.94	\$923.94
Part B Only Rate	\$577.90	\$639.40

MEDICAL INSURANCE—MEDICARE ELIGIBLE RETIREES (COMBINED WITH THE HMO)*

Group #00074 Coverage Level	Sub Group #100 Kaiser Senior Advantage DFD Silver Plan w/ HMO	Sub Group #098 Kaiser Senior Advantage DFD Gold Plan w/ HMO
Subscriber Only (One Senior Advantage)	\$150.47	\$211.97
Subscriber + One dependent (Two Senior Advantage)	\$300.94	\$423.94
Subscriber + One dependent (One Senior Advantage)	\$825.47	\$886.97
Subscriber + Two or more dependents (One Senior Advantage)	\$1,359.37	\$1,420.87
Subscriber + Two or more dependents (Two Senior Advantage)	\$975.94	\$1,098.94
Part B Only Rate	\$577.90	\$639.40

*Combined rates may not include every combination of members on Medicare and number of children covered. Please contact the Benefits Department if there are questions.

Benefit Plan Monthly Premiums

MONTHLY DENTAL INSURANCE PREMIUMS—ALL RETIREES

Coverage Level	Delta Dental Low Plan Group #7984; Sub Group: Low	Delta Dental Medium Plan Group #7984; Sub Group: Medium	Delta Dental High Plan Group #7984; Sub Group: High
Retiree Only	\$17.71	\$24.32	\$30.29
Retiree + 1	\$33.64	\$46.20	\$57.55
Retiree + 2 or More	\$49.37	\$66.69	\$80.71

MONTHLY VISION INSURANCE PREMIUMS—ALL RETIREES

Coverage Level	Humana Vision Group #866351
Retiree Only	\$5.04
Retiree + Spouse	\$10.50
Retiree + Child(ren)	\$10.17
Retiree + Family	\$15.68

Additional Benefits

POST-EMPLOYMENT HEALTH PLAN

Eligible retirees have a Post Employment Health Plan (PEHP). The PEHP is a health reimbursement arrangement that puts aside money for you to help pay for qualified medical expenses when you retire. The plan is a tax-free defined contribution health reimbursement arrangement (HRA). The account is administered through Nationwide.

The PEHP allows for money to be set aside to pay for qualified post-employment medical expenses as defined by the Internal Revenue Code Section 213(d). All contributions, accumulations, and reimbursements are tax exempt.

Current eligible expenses include:

- » Health insurance premiums
- » Medicare Part B premiums
- » Medicare supplemental insurance premiums
- » Qualified long-term care insurance premiums

The current PEHP is under review and may have enhanced features in 2023.

Please work directly with Nationwide regarding submission of reimbursement requests. Claim forms are available by contacting Nationwide. See page 16 for additional contact information.

EMPLOYEE ASSISTANCE PROGRAM

GuidanceResources® services are available 24 hours a day, seven days a week online and by telephone; and counselors can arrange for in-person services to be provided as needed.

The GuidanceResources employee assistance program offers City and County of Denver employees and their families free confidential support in the following areas:

- » Confidential consultation on personal issues
- » Legal information and resources
- » Information, referrals and resources for work-life needs
- » Financial information, resources, and tools
- » Online information, resources, and tools

GuidanceResources services are available to employees and their families 90 days following the employee's last day of employment with the City and County of Denver.

RETIRED FIREFIGHTERS ASSOCIATION OF DENVER

The Retired Firefighter's Association was founded in 1947 to promote fellowship and camaraderie of the fire service for retired Denver firefighters. The Association has grown over the years and has become involved with numerous charities, union activities, and social events.

Visit www.dfdretired.org or call 720-216-7024 for more information.

SUMMIT SAVINGS 457(b)

Summit Savings is a separate, personal, deferred compensation retirement savings (457b) plan program that was offered by the City and County of Denver and administered by Nationwide. Your Summit Savings investments can be customized as your needs require, and you can work with an investment advisor to tailor your investment options. To learn more about Summit Savings, call 833-268-7079 or visit www.denvergov.org/457.

Notes

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Important Contact Information

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

OFFICE OF HUMAN RESOURCES (OHR) SAFETY BENEFITS TEAM

Address: 200 W 14th Ave, 3rd floor, Denver, CO 80204

Email: safetybenefits@denvergov.org

Phone: 720-913-6741, option 1 or 720-913-5697

MEDICAL

Kaiser Permanente

RETIREE SUBGROUPS

Gold HMO RT: #098

Gold HDHP RT: #097

Silver HMO RT: #100

Silver HDHP RT: #108

303-338-3800 or 855-249-5005

[select.kaiserpermanente.org/
denver-fire](https://select.kaiserpermanente.org/denver-fire)

DispatchHealth

303-500-1518

www.dispatchhealth.com

Medicare

800-MEDICARE (633-4227)

www.medicare.org

DENTAL

Delta Dental of Colorado

Group #7984

303-741-9305 or 800-610-0201

www.deltadentalco.com

VISION

Humana

Group #866351-02

877-398-2980

www.humana.com

POST-EMPLOYMENT HEALTH PLAN

Nationwide

833-268-7079

www.nrsforu.com

EMPLOYEE ASSISTANCE PROGRAM

877-327-3854

www.guidanceresources.com

(Enter Denver web ID: DENVEREAP)

RETIRED FIREFIGHTERS ASSOCIATION OF DENVER

720-216-7024

www.dfdretired.org

SUMMIT SAVINGS 457(b) DEFERRED COMPENSATION PLAN

Nationwide

833-268-7079

www.denvergov.org/457

FIRE AND POLICE PENSION ASSOCIATION

303-770-3772 or 800-332-3772

www.fppaco.org

DENVER FIRE DEPARTMENT FEDERAL CREDIT UNION

303-228-5300 or 866-880-7770

www.dfdcu.com

This summary of benefits is not intended to be a complete description of the terms and insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although the City and County of Denver in collaboration with the IAFF Local 858 maintains its benefit plans on an ongoing basis, we reserve the right to terminate or amend each plan, in its entirety or in any part at any time.

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