



DENVER FIRE DEPARTMENT

2024

ACTIVE
BENEFITS
GUIDE

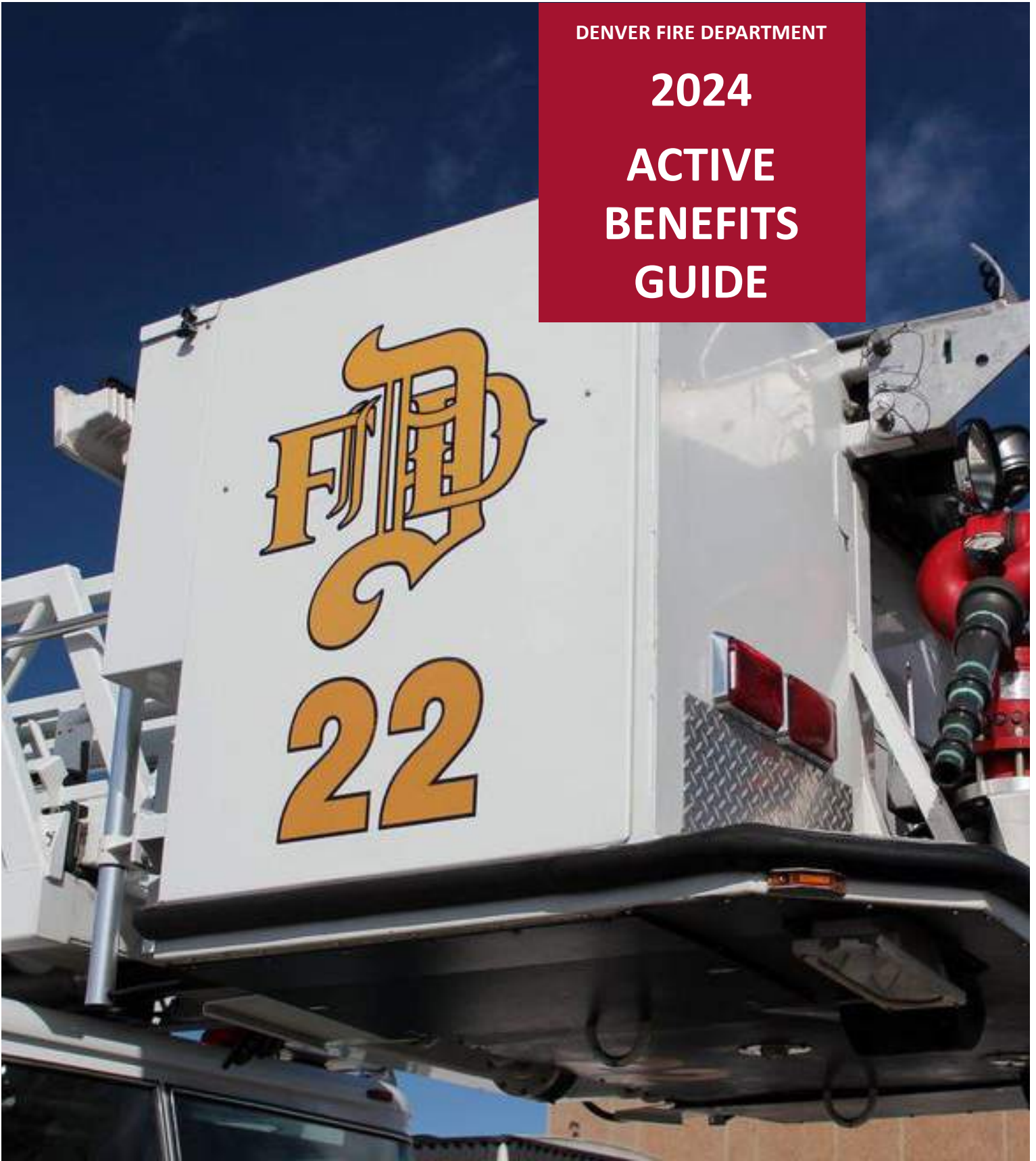


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EMPLOYEE BENEFITS OVERVIEW

Benefits are an integral part of the overall compensation package. Within this benefits guide you will find important information on the benefits available to you for 2024 (January 1, 2024, through December 31, 2024). Please take a moment to review the benefits offered to determine which plans are best for you.

Employee Benefits Overview

BENEFITS ELIGIBILITY

Employees scheduled to work at least 30 hours per week are eligible for medical and vision on their date of hire, and dental on the first day of the month following employment.

Many of the plans offer coverage to eligible dependents (with supporting documentation) including:

- » Your spouse (including legally married and common-law) or your Colorado State Civil Union spouse (premiums are paid on an after-tax basis)*
- » Your children to age 26, regardless of student, marital, or tax-dependent status including a stepchild or legally-adopted child
- » 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.

DEPENDENTS

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 by reviewing the [Dependents Document Checklist](#) or by contacting the Benefits Department

Note: The City and County of Denver is required to ensure that dependents enrolled in the plans meet the eligibility criteria for coverage. You are responsible for notifying the Benefits Department if one of your covered dependents no longer meets the eligibility requirements for coverage (e.g., divorce). Failure to notify the Benefits Department 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.

2024 BENEFIT PLAN CHANGES

Kaiser Permanente medical plans

- » New Kaiser Choice PPO plan will replace the Kaiser Triple Option plan effective January 1, 2024.
 - If you are currently enrolled in the Triple Option plan, you will be defaulted into the new Choice PPO plan unless you make a change in your Workday enrollment action.
- » New combined visits for therapy sessions.
 - The plans will cover a total of 60 visits across occupational, speech, and physical therapies.
- » The plans will offer chiropractic and acupuncture, with an annual visit limit of 20 visits each.

Flexible spending accounts (FSA)

- » Rocky Mountain Reserve (RMR) will be the 2024 FSA vendor. Any claims for 2023 will continue to be submitted to, and processed by, Alerus.

Voluntary benefits

- » New benefits and rates for the accident and critical illness plans, now offered through The Standard. See your benefits guide for plan details and costs.

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. Images provided by Denver Fire Department. All rights reserved.

When Can I Enroll or Make Changes?

AT OPEN ENROLLMENT

WHEN

During the annual open enrollment period, Monday, October 16, 2023, to Friday, November 3, 2023.

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

HOW

Log into Workday to make any benefit election changes for the following calendar year. After you log into Workday on your desktop, use the annual open enrollment action in your inbox or access Workday at www.myworkday.com/denver/d/home.html.

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 November 1, 2023.

AS A NEW HIRE OR REHIRE

WHEN

Within the first 30 days of employment with the City as a new hire or rehire. Medical* and vision 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 Fire, your health insurance will be effective the first of the following month, keeping current coverage to the end of the transfer month.

HOW

See your hire action in your inbox after logging into Workday.

Supporting documentation is required to be uploaded to the new hire enrollment action if adding a dependent.

Follow all steps below to enroll or change benefit elections in Workday:

- » Initiate action
- » Make elections
- » Add documentation (if required)
- » Click "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 coverages. Benefit elections are effective the first of the month following the event date. For birth/adoption or marriage, medical/FSA elections are effective the date of the event.

In the event an eligible employee dies while in the service of the Denver Fire 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.

HOW

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

Supporting documentation is required to be uploaded to the qualifying event action if adding a dependent.

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

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).

Visit the below websites for these resources and more:

- » **Mental health care:** kp.org/mentalhealth
- » **Coaching and self-care tools:** kp.org/coachingapps/co and kp.org/selfcare
- » **Healthy recipes:** kp.org/foodforhealth

Key Terms

Well-Being Resources

Additional benefits information listed on page 23.

Medical Insurance

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.

There are three medical plan options through Kaiser Permanente: a High-Deductible Health Plan (HDHP), an HMO Plan, and a Choice PPO plan.

Note: If you elect medical coverage, you are required to elect vision at the same coverage level as medical.

NEED HELP CHOOSING A PLAN?

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

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Kaiser HDHP ¹	Kaiser HMO	Kaiser Choice PPO	
	In Network Only	In Network Only	In Network	Out of Network
Plan Year Deductible Individual/Family	\$1,600/\$3,200	None	\$300/\$900	\$1,000/\$3,000
Out-of-Pocket Max Individual/Family	\$3,200/\$6,400	\$2,000/\$4,500	\$3,000/\$9,000	\$7,000/\$21,000
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	50% after ded.
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 \$35 copay \$50 copay	50% after ded. 50% after ded. 50% 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	\$20 copay/20% after ded. 20% after ded.	50% after ded. 50% after ded.
Hospital Services Inpatient Outpatient	20% after ded. 20% after ded.	\$750 copay \$300 copay	20% after ded. 20% after ded.	50% after ded. 50% after ded.
Emergency Room	20% after ded.	\$250 copay ³	\$250 copay ³	\$250 copay ³
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)	50% 50% 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	Refer to in-network and out-of-network benefits	

(1) If you enroll in the high-deductible health plan (HDHP), you may be eligible to open and fund a Health Savings Account (HSA). Ensure you open an HSA through the Denver Fire Department Federal Credit Union (DFDFCU). Contact the Benefits Department for more information.

(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.

KAISER HDHP AND HMO PLANS

Both the HDHP and HMO plans provide in-network coverage only. If you enroll in the HDHP, you must meet a 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.

KAISER CHOICE PPO PLAN

If you enroll in the Choice PPO plan, you will receive the highest level of benefits and pay less out of our pocket when using Kaiser or in-network PPO providers. You will pay more out of your pocket for services provided by non-Kaiser or non-Kaiser contracted providers. Locate a network provider at www.kp.org.

INFORMATION TO HELP YOU LIVE WELL AND THRIVE

Kaiser, in collaboration with the Denver Fire Department, has partnered to provide screening tests for Fire Suppression Personnel based on the additional health risks these individuals may have as well as requirements specified by the National Fire Protection Agency (NFPA). These screenings are not considered an occupational physical and no information from this examination will be shared with the member's employer without appropriate written consent. These screenings are only covered at Kaiser medical offices.

Coverage is limited to specific groups:

- » If you are enrolled in the HDHP some of the screenings will be subject to your deductible

PREVENTIVE CARE

The Kaiser medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when:

- » You receive them from a doctor or other health care provider in the Kaiser network
- » The main purpose of your visit is preventive care

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at www.kp.org.



Preventive care helps keep you healthier long-term.

An annual preventive exam can help **identify future health risks** and treat issues early when care is more manageable and potentially more effective.



Preventive care helps keep your costs low.

With a preventive care exam each year, you can **target health issues early** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **age- and gender-specific exams, vaccinations, and screenings** that could save your life.

Medical Insurance

COMPARING YOUR MEDICAL PLAN OPTIONS

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.

KAISER HDHP

- » Lowest cost per paycheck
- » Higher deductible
- » In-network coverage only*
- » You can fund a Health Savings Account (HSA) and limited use Flexible Spending Account (FSA)

KAISER HMO

- » Mid-range cost per paycheck
- » Lower deductible
- » In-network coverage only*
- » You can fund a Flexible Spending Account (FSA)

KAISER CHOICE PPO

- » Highest cost per paycheck
- » Lower deductible
- » Offers in- and out-of-network coverage
- » You can fund a Flexible Spending Account (FSA)

*Kaiser and their affiliated providers.

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
2. Or, do you prefer to pay less out of your paycheck, but more when you need care?
3. What planned medical services do you expect to need in the upcoming year?
4. Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in an HSA or FSA?
5. Do you or any of your covered family members take any prescription medications on a regular basis?

FIVE THINGS TO CONSIDER

NUMBERS TO KNOW

DEDUCTIBLE

The amount you must pay for medical services before the insurance plan will begin to pay. The only exception is preventive care, which is covered 100% by the plan when in-network providers are used.

HDHP In-Network Deductible:

Individual: \$1,600
Family: \$3,200

HMO In-Network Deductible:

Individual: None
Family: None

Choice PPO In-Network Deductible:

Individual: \$300
Family: \$900

OUT-OF-POCKET MAXIMUM

The maximum amount of money you will pay for medical services during the plan year. The out-of-pocket maximum is the sum of your deductible and coinsurance payments.

HDHP In-Network Out-of-Pocket Max:

Individual: \$3,200
Family: \$6,400

HMO In-Network Out-of-Pocket Max:

Individual: \$2,000
Family: \$4,500

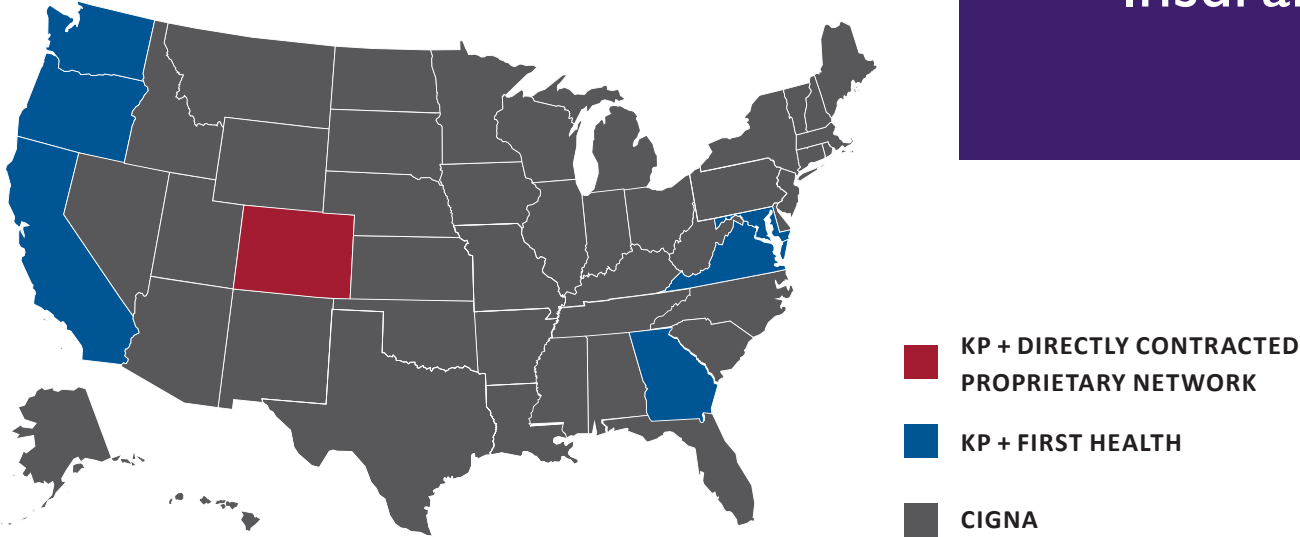
Choice PPO In-Network Out-of-Pocket Max:

Individual: \$3,000
Family: \$9,000

KAISER CHOICE PPO IN-NETWORK OPTIONS

Medical Insurance

NATIONWIDE COVERAGE



In-Network Care Inside of Kaiser Permanente Colorado Service Areas

If you live in Colorado within the Kaiser Permanente Colorado service area you may go to any Kaiser Permanente provider or Kaiser Permanente Choice PPO Network provider (red).

In-Network Care Outside of Kaiser Permanente Service Areas

If you live in Colorado but are outside of the Kaiser Permanente Colorado service area, you may go to a Kaiser Permanente Choice PPO Network provider (red). If you live outside of Colorado, you may go to a Cigna PPO Network provider if you live in a non-Kaiser Permanente state (gray). If you live in a Kaiser Permanente state you may go to a First Health provider (blue).

Use the Choice PPO Provider Finder: https://kpc.sapphirecareseselect.com/?network_id=4&ci=kpco-dft.

Providers outside the networks stated here will be considered out-of-network, and out-of-network benefits will apply.

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.

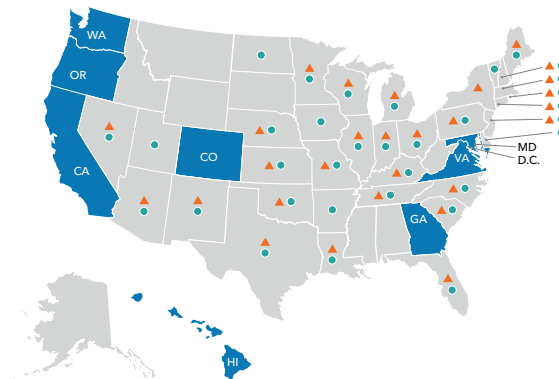
URGENT AND EMERGENCY CARE ANYWHERE IN THE WORLD

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



■ Kaiser Permanente ■ Cigna PPO Network
▲ Concentra ● MinuteClinic®, including pharmacies

OUT-OF-AREA DEPENDENTS

Kaiser will cover certain routine, continuing, and follow-up care while an eligible dependent is outside of any Kaiser Permanente service area. The limited out-of-area services an eligible dependent may receive are for covered, non-urgent medical needs. Medically necessary, urgent, and emergency care are always covered for eligible dependents while outside of the service area.

(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.

Denver Fire provides support services to ensure members understand and utilize their benefits with ease.

MEMBER EXPERIENCE SUPPORT FOR DENVER FIRE

- » **Welcome Transition for New Recruits:** 1:1 support to educate new recruits and their families as they transition to Denver Fire medical offerings through Kaiser Permanente.
- » **New Member Connect Team:** This team will partner with you, help you choose a doctor, transfer prescriptions, navigate and register on www.kp.org, and provide access to transition nurses.

KP COPILOT

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

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

Connect with a KP COpilot by calling 855-249-5005.

URGENT ISSUE ESCALATION PATH FOR LEADERSHIP

This personalized team consisting of a project manager and a clinical provider supports Denver Fire escalated member issues. When a member issue has been escalated to Human Resources or the Wellness Team, they will work with the escalation contact to determine the appropriate next steps for member satisfaction.

TOOLS AND RESOURCES

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.

A large orange rectangular graphic with the text "Member Support Services" in white, sans-serif font, positioned in the upper right corner of the page.

Member
Support
Services

Budgeting for Your Health Care

HEALTH SAVINGS ACCOUNT

A Health Saving 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 contribution 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 2024, you must have depleted your previous year’s health care Flexible Spending Account (FSA) by December 31, 2023.

Per the current Firefighter Agreement, the City of Denver will help you start saving by making contributions to your HSA if you are enrolled in the HDHP, providing you continue to be employed and remain enrolled in the HDHP. Refer to page 13 for details.

ENROLLED IN THE KAISER HDHP?

ENROLLED IN THE KAISER HMO OR KAISER CHOICE PPO?

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

A health care 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 care FSA.

HSA vs. Health Care FSA	HSA	FSA
Funds available at the beginning of the plan year	No, your employee contributions and the City and County of Denver contributions are available as deposited per paycheck.	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 you have a qualifying life event
Funds roll over from one year to the next	Yes	No, qualifying expenses must occur by March 15 and be submitted for reimbursement by March 31 of the following year or forfeit any unreimbursed funds.

If you enroll in the HDHP, you may be eligible to open and fund a Health Savings Account (HSA).

An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses.

Per the current Firefighter Agreement, the City and County of Denver will help you start saving by making contributions to your HSA if you are enrolled in the HDHP, providing you continue to be employed and remain enrolled in the HDHP. In order to receive the City and County of Denver contributions, you must open an account with the Denver Fire Department Federal Credit Union.

- » Employee-only coverage: \$50 per month (up to \$600 per year)
- » All other coverage tiers: \$100 per month (up to \$1,200 per year)

2024 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA (including the City and County of Denver contribution) cannot exceed the IRS allowed annual maximums.

- » Employee: \$4,150
- » All other tiers: \$8,300

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to open and fund an HSA if:

- » You are enrolled in the Kaiser HDHP
- » You are not covered by a non-HSA medical plan, health care FSA, or health reimbursement arrangement
- » You are not eligible to be claimed as a dependent on someone else's tax return
- » You are not enrolled in Medicare, TRICARE, or TRICARE for Life
- » You have not received Veterans Administration Benefits in the last three months, unless the condition for which you received care was service related

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA



USE HSA DOLLARS TODAY

Use your HSA dollars today to pay for qualified medical expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescriptions.



SAVE HSA DOLLARS FOR TOMORROW

Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money from year to year. The money in the account is always yours, even if you change health plans or jobs.



INVEST HSA DOLLARS FOR RETIREMENT

The money in your HSA can be invested and grown tax-free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent penalty free on any expense.

OPENING YOUR HSA

You can open your HSA at any financial institution that offers HSAs, however to receive the City and County of Denver's contribution you must have a Denver Fire Department Federal Credit Union account. There may be a monthly service fee associated with your account.

Denver Fire Department Federal Credit Union has agreed to administer HSAs for credit union members at no charge. To open your account with the credit union, you need to visit their location at 12 Lakeside Lane, Denver, CO 80212. If you have questions, please contact the credit union by calling 303-228-5300 (toll free at 866-880-7770), emailing webmail@dfdfcu.com, or visiting www.dfdfcu.com.

Health Savings Account

Flexible Spending Accounts

The City offers Flexible Spending Accounts (FSAs), through Rocky Mountain Reserve (RMR), which allow you to set aside pre-tax dollars from your paycheck to pay for eligible health care expenses not covered by insurance as well as eligible dependent day care expenses. The FSAs help you save federal income taxes, social security taxes, and most state income taxes on the amounts you contribute.

Before deciding how much of your pay to put into your FSA, consider carefully your expenses for the coming year. Due to IRS rules, FSA dollars are use it or lose it (no roll over allowed). However, you have an additional two and a half months to incur and be reimbursed for expenses after the end of the plan year (March 15, 2025). All claims must be submitted for reimbursement by March 31, 2025.

HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

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

2024 health care FSA minimum and maximum contributions:

- » Minimum of \$120 annually
- » Maximum of \$3,050 annually

Your entire contribution amount for the plan year is available for use on qualified expenses on the day your plan starts, even though your payroll deductions towards the contribution amount are spread over the calendar year.

LIMITED USE FSA (IF YOU FUND AN HSA)

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

2024 limited use FSA minimum and maximum contributions:

- » Minimum of \$120 annually
- » Maximum of \$3,050 annually

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 care 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.

2024 dependent day care FSA minimum and maximum contributions:

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

Examples of eligible dependent care expenses include:

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

You cannot be reimbursed from your dependent day care FSA for any expense that is also covered by a tax credit on your federal tax return. However, unlike the health care FSA, your entire contribution amount for the plan year is not available on the day your plan starts.

IMPORTANT CONSIDERATIONS

- » HDHP members who fund a Health Savings Account (HSA) are not eligible to fund a health care FSA. However, you may fund a limited use FSA, which can be used for dental and vision expenses
- » Per IRS regulations, if you have an FSA in 2023, the City and County of Denver is unable to fund your HSA in 2024 if there is a balance in your health care FSA as of December 31, 2023

Contact RMR by calling 888-722-1223, visiting www.rockymountainreserve.com, emailing infor@rmrbenefits.com, or downloading the RMR benefits mobile app.

Dental Insurance

There are three dental plan options through Delta Dental: a PPO Plus Premier Low Plan, PPO Plus Premier High Plan, and an EPO Plan.

For the Low Plan and High Plan, when you choose a participating PPO dentist you maximize the benefit plan with access to lower out-of-pocket expenses. The EPO plan provides benefits when you visit a Delta PPO dentist. The EPO plan provides subscribers with a copayment listing that details all covered services and their associated out of pocket costs.

PPO dentists have agreed to accept Delta Dental’s reimbursement as full payment for services rendered. If a Premier or Non-Participating provider is used, expenses are reimbursed on the maximum plan allowance. Any charges over the maximum plan allowance are your responsibility.

To find out more about Delta Dental, visit www.deltadentalco.com or call 800-610-0201.

The table below summarizes the dental plan benefits. The coinsurance percentages listed reflect what **you** pay.

Summary of Covered Benefits	Delta Dental PPO Plus Premier Low Plan Group #6026		Delta Dental PPO Plus Premier High Plan Group #6026		Delta Dental EPO Plan Group #6026
	PPO Provider	Premier or Non-Participating Providers	PPO Provider	Premier or Non-Participating Providers	PPO Providers Only
Annual Deductible Individual/Family	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	None
Annual Maximum Benefit	\$1,250	\$1,250	\$2,000	\$2,000	Unlimited
Preventive Care	Plan pays 100%	20%**	Plan pays 100%	Plan pays 100%**	Copay schedule
Basic Services	20%*	50%*	10%*	20%*	
Major Services	50%*	50%*	40%*	50%*	
Orthodontia	50%		50%		Copay applies
Lifetime Orthodontia Maximum	\$1,000 max	\$1,000 max	\$2,000 lifetime max	\$2,000 lifetime max	N/A

*Deductible applies.

**Deductible applies. Diagnostic and preventive services do not apply towards the annual maximum benefit.

Note: Implants are covered at 50% (in/out) on the Delta Dental PPO Plus Premier High Plan, once per tooth in a 60-month period, for 16 years and older.

NOTED PLAN FEATURES

- » Orthodontic lifetime maximums apply in the PPO Low and PPO High plans
- » Implant coverage in PPO Low and PPO High plans only
- » No annual maximum benefit in EPO plan
- » No lifetime maximum on orthodontics in EPO plan
- » Bone grafting covered beginning in 2024

ID CARDS

ID cards are not required to verify coverage and eligibility. Providers may view your coverage and eligibility through the provider portal using name, date of birth, and/or Social Security number.

Vision Insurance

Humana offers vision coverage at an affordable price. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. To locate a Humana network provider near you call 877-398-2980 or visit www.humana.com and click “Find an eye doctor” under the “Shop for Plans” tab, then click “Humana Vision (Humana Insight Network)” and enter your zip code on the following page.

Note: If you elect medical coverage, you are required to elect vision at the same coverage level or higher as your medical election. You can also elect vision only at any coverage level if you do not elect medical.

The table below summarizes the key features of the vision plan.

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

Note: Lower fixed prices are offered at designated TLC Vision Lasik Advantage Centers. Please refer to the official plan documents 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

Listed below are both the City and County of Denver (CCD) and your monthly costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

MONTHLY MEDICAL INSURANCE COSTS

Coverage Level Group Number: 74	Kaiser HDHP		Kaiser HMO		Kaiser Choice PPO	
	CCD	Firefighter	CCD	Firefighter	CCD	Firefighter
Employee Only	\$432.00	\$108.00	\$583.20	\$145.80	\$708.00	\$177.00
Employee + Spouse	\$888.00	\$222.00	\$1,192.00	\$298.00	\$1,449.60	\$362.40
Employee + Child(ren)	\$865.60	\$216.40	\$1,162.40	\$290.60	\$1,412.80	\$353.20
Employee + Family	\$1,248.80	\$312.20	\$1,679.20	\$419.80	\$2,039.20	\$509.80

MONTHLY DENTAL INSURANCE COSTS

Coverage Level	Delta Dental PPO Plus Premier Low Plan Group #6026		Delta Dental PPO Plus Premier High Plan Group #6026		Delta Dental EPO Plan Group #6026	
	CCD	Firefighter	CCD	Firefighter	CCD	Firefighter
Employee Only	\$24.51	\$4.98	\$24.51	\$15.78	\$24.51	\$6.13
Employee + Spouse	\$54.42	\$11.04	\$54.42	\$35.04	\$54.42	\$13.60
Employee + Child(ren)	\$49.02	\$9.94	\$49.02	\$31.56	\$49.02	\$12.26
Employee + Family	\$87.26	\$17.70	\$87.26	\$56.18	\$87.26	\$21.82

MONTHLY VISION INSURANCE COSTS

Coverage Level	Humana Vision Group #866351	
	CCD	Firefighter
Employee Only	\$4.03	\$1.01
Employee + Spouse	\$8.40	\$2.10
Employee + Child(ren)	\$8.14	\$2.03
Employee + Family	\$12.54	\$3.14

Post-Employment Health Plan

Your Post Employment Health Plan (PEHP) is a health reimbursement arrangement that puts aside money for you now to help pay for qualified medical expenses later. The account is administered through Nationwide. PEHP is a tax-free defined contribution health reimbursement arrangement (HRA) that allows employers to set aside money for the payment of medical expenses that retirees will incur after separation of service.

The account chosen at this time is the Insurance Premium Reimbursement Account. It reimburses qualified health insurance premiums you pay. This includes any qualified health insurance premium.

TYPE OF PLAN

- » Employee benefit plan
- » Internal Revenue Code Section 501(c)(9)

ASSETS HELD

- » Tax exempt multiple-employer VEBA trusts

TAX ADVANTAGES

- » Employee pays no FICA or federal income taxes on:
 - Contributions
 - Benefits paid by the plan
 - Investment earnings

PLAN CONTRIBUTIONS

- » Employer contributions only; salary reduction not permitted
- » Accrued sick and/or vacation leave at retirement

PLAN BENEFITS

- » Tax-free accumulation and reimbursement for qualified post-employment medical expenses as defined by the Internal Revenue Code Section 213 (d)

FUNDING OPTIONS

- » Insurance Premium Reimbursement Account (IPRA)

PLAN FEE

- » Employee: \$30 annual administrative fee; 0.50% asset fee
- Note: No charge for claims reimbursements

The current PEHP is under review and may have enhanced features and benefits in 2024.

Deferred Compensation 457(b) Plan

The Summit Savings Deferred Compensation 457(b) Plan is a voluntary retirement savings program offered to all employees. The plan is designed to supplement your pension plan and provide additional financial and retirement planning options. You may elect payroll deductions on a pre-tax and/or after-tax (Roth) basis. The City and County of Denver does not match deferred compensation contributions.

EMPLOYEE CONTRIBUTIONS

- » You may start, change, or stop contributing by initiating the change in Workday at any time. For instructions on how to do this, reach out to the Safety Benefits Team
- » Any contribution change will be effective the first of the following month
- » You may contribute up to 100% of your income or up to the IRS maximum annually, whichever is less. If you are age 50+, the annual maximum contribution will be higher

- » There is a one-time only special 457(b) “last 3-year catch-up” provision which allows you to defer in the three years before you reach the plan’s normal retire age
- » Limits for the 3-year catch-up are twice the annual 457(b) limit or the annual 457(b) limit, plus amounts allowed in prior years that you didn’t contribute
- » You are always 100% vested in your own contributions.

Additional contact information listed on page 24.

BASIC LIFE AND AD&D INSURANCE—THROUGH THE STANDARD

The City provides all employees with basic life and accidental death and dismemberment (AD&D) insurance **at no cost**. Eligible employees are automatically enrolled. Your life benefits are each equal to one and a half (1.5) times eligible annual base salary, to a maximum of \$300,000.

- » In the event of your death, your beneficiary will receive your basic life benefit
- » Please ensure to keep your beneficiary up to date

Imputed income

Any basic life insurance amount paid by an employer that provides a benefit greater than \$50,000 is considered imputed 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 the amount of coverage. The IRS considers this value to be income, and thus if your basic life and AD&D coverage is greater than \$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.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

You have the option to purchase supplemental life and 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 supplemental life insurance you will be automatically enrolled in supplemental 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 employee elected 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

SUPPLEMENTAL LIFE AND AD&D INSURANCE COSTS

Listed below are the monthly rates 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. Spouse rates are based on the spouse age.

Supplemental Life and AD&D Rates			
Age	Employee Per \$1,000 of coverage	Spouse Rate* Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
<25	\$0.088	\$0.088	\$0.244
25–29	\$0.088	\$0.088	
30–34	\$0.100	\$0.100	
35–39	\$0.111	\$0.111	
40–44	\$0.155	\$0.155	
45–49	\$0.199	\$0.199	
50–54	\$0.299	\$0.299	
55–59	\$0.477	\$0.477	
60–64	\$0.643	\$0.643	
65–69	\$1.099	\$1.099	
70–74	\$2.331	\$2.331	
75+	\$2.331	\$2.331	

*Spouse rate based on the spouse age



Voluntary Disability Insurance

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

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, or 60 Days)
- » **Benefit duration: 26 weeks (this includes the elimination period)**
- » **Enrollment options:** You may enroll in STD during your new hire enrollment or open enrollment. Life events do NOT qualify.
- » **Extended benefit waiting period/late enrollment penalty:** If you elect to decrease your waiting period or elect STD during an open enrollment after your hire date, 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 waiting period is 60 days. This does not apply to accidental injuries in the year after your election.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE COSTS

Listed below are the monthly rates for voluntary short-term disability insurance. The amount you pay for voluntary short-term disability insurance is deducted from your paycheck on a post-tax basis.

Voluntary Short-Term Disability Rates		
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

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 arrangements. 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 "assurance".
- » Travel Assistance through Assist America 800-872-1414 or www.standard.com/travel. Reference # 01-AA-STD-5201.

Voluntary Legal Insurance

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 support, child custody, and child visitation modification defense up to eight hours per event
- » Child custody and/or child support agreement up to eight hours per event
- » Child custody and child visitation modification up to eight hours per event
- » Criminal misdemeanor defense
- » Divorce up to 20 hours per event

The cost for UltimateAdvisor legal insurance is \$15.50 per month.

Learn more and enroll:

- » Watch a video to learn more about the benefits of legal insurance
- » Visit araglegal.com/myinfo (access code: 18168ccd)
- » Call 800-247-4184, Monday through Friday, 6 a.m. to 6 p.m. MT

The legal insurance plan is only offered during open enrollment. You may enroll or waive coverage in this plan during open enrollment only.

VOLUNTARY CRITICAL ILLNESS INSURANCE—THROUGH THE STANDARD

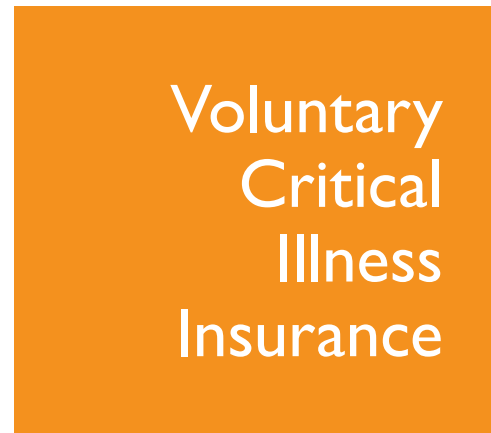
A serious illness shouldn't make your bank account sick.

Medical insurance doesn't usually cover everything. What happens if you need money for copays, deductibles, or other expenses while you are sick?

You can't predict cancer or a heart attack, but you can do something to prepare for the out-of-pocket expenses that come with being terribly ill.

Critical illness insurance:

- » Helps with out-of-pocket costs from a covered illness
- » Can help with whatever costs you decide—like groceries, child care, or other expenses
- » Pays you directly, so you can choose how to spend the money, not medical providers
- » Goes with you if you leave your employer
- » Provides coverage without answering any medical questions
- » Your children are automatically covered at 50% of your benefit amount at no additional cost
- » Benefit is portable if you leave your employer



INSURANCE IN ACTION

Shannon beat cancer, but there were many costs her medical insurance didn't cover. She had to pay her health plan's coinsurance for chemotherapy treatments and copays for doctor visits. Plus, her partner missed work to help care for her, which meant a loss of income. Fortunately, Shannon's critical illness insurance helped shield her family's finances during treatment.

Shannon used her critical illness insurance benefits to help cover:

- » Medical insurance deductible
- » Doctor visit copays
- » Out-of-pocket expenses for six months
- » Her partner's lost wages
- » Transportation to medical appointments and treatments

VOLUNTARY CRITICAL ILLNESS INSURANCE COSTS

Employee Monthly Attained Age Premiums						
Coverage Amount	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$10,000	\$1.60	\$2.90	\$6.90	\$15.20	\$28.80	\$71.00
\$20,000	\$3.20	\$5.80	\$13.80	\$30.40	\$57.60	\$142.00
\$30,000	\$4.80	\$8.70	\$20.70	\$45.60	\$86.40	\$213.00

Spouse Monthly Attained Age Premiums (Based on Employee's Age)						
Coverage Amount	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$5,000	\$0.80	\$1.45	\$3.45	\$7.60	\$14.40	\$35.50
\$10,000	\$1.60	\$2.90	\$6.90	\$15.20	\$28.80	\$71.00
\$15,000	\$2.40	\$4.35	\$10.35	\$22.80	\$43.20	\$106.50

Voluntary Accident Insurance

VOLUNTARY ACCIDENT INSURANCE—THROUGH THE STANDARD

An accident shouldn't injure your finances.

We all want to be ready for bills we don't see coming—especially accident-related costs not covered by medical insurance.

You can't predict a car crash, a fall, a bike accident, or a child getting hurt playing soccer. But you can take action to help prepare your finances.

Accident insurance:

- » Helps with out-of-pocket costs from a covered accident
- » Pays you or a covered family member directly, not medical providers
- » Can help with whatever costs you decide—like deductibles, copays, or other expenses
- » Covers a wide range of treatments due to an accident
- » Pays an extra 25% of total benefits for injuries during youth organized sports up to age 18

INSURANCE IN ACTION

Mike was struck by a car while on vacation. An ambulance took him to the hospital, and multiple fractures kept him in the hospital for five days.

Benefits from his accident insurance helped cover his health plan's copays and deductible. Mike also used the money to pay for out-of-pocket costs, like his family's travel to and from the hospital.

Mike used his accident plan benefit to help cover:

- » Ground ambulance
- » Emergency room
- » Hospital admissions
- » Five-day hospital stay
- » Two physician follow-ups

Accident insurance additional key features:

- » 24-hour coverage: Includes coverage for accidents that occur on and off the job
- » Provides coverage with no medical questions asked
- » 70+ benefits for covered injuries and treatment
- » Health maintenance screening benefit: Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which includes a novel infectious disease test (including COVID-19) or a mammogram.

VOLUNTARY ACCIDENT INSURANCE COSTS

Voluntary Accident Rates	
Enrollment Tier	Monthly Premium
Employee Only	\$11.02
Employee + Spouse	\$17.24
Employee + Child(ren)	\$20.80
Employee + Family	\$32.59

Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM

Personal issues, planning for life events, or simply managing daily life can affect your work, health and family. The City and County of Denver 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 well-being and the security of your family.

GuidanceResources is confidential and provided at no cost 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).

RETIREMENT PLANNING PENSION PLAN—FIRE & POLICE PENSION ASSOCIATION OF COLORADO (FPPA)

Firefighters contribute to the Statewide Defined Benefit Plan (SWDB), a traditional retirement plan that pays a monthly retirement benefit based on age and total years of service. For the 2024 calendar year, your member contribution rate is 12%. The employer contribution rate is 9.5%, for a total of 21.5% contributed to your SWDB 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.

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:

- » Individual, couple, and family counseling
- » Critical incident interventions
- » Training and workshops
- » Assisting in hostage negotiations
- » Substance abuse counseling
- » Adolescent counseling

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.

Visit www.traumathreatandpublicsafetypsychology.com or call 303-989-1617 for more information.

PEER SUPPORT

Peer Support is a free and CONFIDENTIAL resource available to all Denver Fire Department members and their immediate families. Their team is ready to listen to you. They can relate to your experiences as they have likely felt the same way you have at one point in time while on the job. The Denver Fire Department Peer Support Team is devoted to supporting their fellow firefighters and their families in times of personal and professional crisis with a confidential and trustworthy presence whenever called upon.

Peer Supporters are prepared to provide referrals to other sources for help such as confidential, certified, professional psychologists/counselors who specialize in dealing with members in the fire service. For more information, visit www.denverfirepeersupport.com or call 720-588-2491.

FIRST RESPONDER CRISIS PHONE AND TEXT LINES

The following crisis phone and text lines are available to support first responders:

- » Safe Call Now: 206-459-3020 or 877-230-6060
- » Emergency Responder Crisis Text Line: Text BADGE to 741741

Important Contact Information

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

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

MEDICAL

Kaiser Permanente
Group #74
303-338-3800 or 855-249-5005
www.kp.org

DispatchHealth
303-500-1518
www.dispatchhealth.com

HEALTH SAVINGS ACCOUNT

Denver Fire Department Federal
Credit Union
303-228-5300 or 866-880-7770
www.dfdcu.com
Email: webmail@dfdcu.com

FLEXIBLE SPENDING ACCOUNT

Rocky Mountain Reserve (RMR)
888-722-1223
www.rockymountainreserve.com
Email: infor@r mrbenefits.com
Mobile app: RMR benefits mobile

DENTAL

Delta Dental of Colorado
Group #6026
303-741-9305 or 800-610-0201
www.deltadentalco.com

VISION

Humana
Group #866351
877-398-2980
www.humana.com

RETIREMENT PLANNING

Post-Employment Health Plan
Nationwide
833-268-7079
www.nrsforu.com

**Summit Savings 457(b) Deferred
Compensation Plan**
720-913-9308
www.denvergov.org/457

Fire and Police Pension Association
303-770-3772 or 800-332-3772
www.fppaco.org

LIFE AND DISABILITY

The Standard
Group #643483
800-759-8702 or 800-628-8600
www.standard.com

VOLUNTARY LEGAL

ARAG
800-247-4184
araglegal.com/myinfo (code:
18168ccd)

VOLUNTARY ACCIDENT

The Standard
Group #643483
833-228-0118
www.standard.com

VOLUNTARY CRITICAL ILLNESS

The Standard
Group #643483
833-228-0118
www.standard.com

ADDITIONAL BENEFITS

Employee Assistance Program
877-327-3854
www.guidanceresources.com
(Enter Denver web ID: DENVEREAP)

**Denver Firefighters Protective
Association**
303-295-3659
www.dffpa.com

Nicoletti-Flater Associates
303-989-1617
[www.traumathreatandpublic
safetypsychology.com](http://www.traumathreatandpublic
safetypsychology.com)

**Denver Fire Department Federal
Credit Union**
303-228-5300
www.dfdcu.com