



2012

BenefitsGuide

Employee Benefits Guide for the City and County of Denver

www.denvergov.org/benefits

2012 Plans and Premiums

2012 Benefits Enrollment and Changes

The Health Insurance Advisory Committee, on behalf of the City and County of Denver, is excited to announce the addition of two new medical plans in 2012. In addition to the current Kaiser, UnitedHealthcare and Denver Health HMO plans, both Kaiser and UnitedHealthcare are introducing new low premium plans that allow for more cost sharing when medical care is received.

New Medical Plans

The Kaiser plan, called a **Deductible HMO or DHMO Plan**, allows members to use all the Kaiser facilities available to those in the Kaiser HMO plan, but instead of paying a copay at the time of service, member first must meet a \$500 deductible and then pay 20% of remaining costs, called coinsurance. Kaiser Permanente DHMO plan features include:

- Free preventive visits
- Copays for primary care and specialist visits
- Prescription copays
- \$500 deductible and 20% coinsurance for all other services including procedures, labs, hospitalization and surgeries
- Low monthly premiums
- Access to the full Kaiser provider network

UnitedHealthCare's new plan, called **Navigate**, is also a deductible/coinsurance plan. The Navigate plan allows members to enjoy some of the same providers available to them under the United HMO plan, but at a lower premium. Navigate members do have a smaller network of providers available than that available in the HMO, but the network is very robust. Navigate plan features include

- Free preventive visits
- Copays for primary care and specialist visits
- Prescription copays
- \$500 deductible and 20% coinsurance for all other services including procedures, labs, hospitalization and surgeries



- Low monthly premium
- Access to United Health Care Navigate Balanced Network of doctors
- Primary Care doctor referrals for specialty visits

Employees interested in either of these new medical plans should also explore enrollment in the City's Medical Flexible Spending Account plan through 24HourFlex.

EPO enrollees will now see a premium that better reflects the benefits available at time of service.

New Vision Plan

The last change will be the replacement of the Superior vision plan with Anthem vision. Members will experience the same level of benefits with lower premium costs and a broader network. If you're currently enrolled in Superior vision, you will be automatically enrolled in the Anthem vision plan in 2012.

Dental Plan Changes

There are also some important changes to the premiums you pay for Dental. Traditionally, the City has paid a percentage of the lowest cost dental plan, and then contributed the same dollar amount to the higher cost plans. The EPO plan has traditionally been the lowest cost plan. Because of the robust benefits available through the EPO plan and Delta's expanding network, the premium for the EPO plan does not reflect the true cost of the benefit. The PPO Low plan will now be considered the lowest cost plan and employees interested in enrolling in either the EPO or PPO High plan will be responsible for any premium differentials. This means, unless employees change plans, if they're enrolled in either of the PPO plans, their premiums will decrease in 2012.

What's new with Health Care Reform? See the update on page 11

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DenverWellness

2013 INCENTIVE PROGRAM



The DenverWellness Incentive Program is beginning its third year and has helped many City employees live a healthy lifestyle, as well as save money!
To be eligible for a wellness credit in 2013, three actions are required:

1. Complete an Online Health Assessment Through Your Health Care Provider

(Denver Health, Kaiser Permanente or UnitedHealthcare)

2. Complete a Physical Activity Challenge

Choose one of the following programs or challenges:

>> **DenverWellness Worksite Programs**

Participate in one of the following:

- America on the Move - 2011 (ends Oct. 30, 2011)
- Stairwell Challenge - 2012

>> **Self-Paced Physical Activity Challenge**

for details, visit www.denvergov.org/denverwellness

Look for this seal on eligible programs, challenges, and activities!

DenverWellness
Incentive
Program
Approved

3. Complete a Nutrition Challenge or Weight Watchers "At Work" Program

Choose one of the following programs:

>> **Nutrition Challenge: "A Healthy Plate"**

For details, visit www.denvergov.org/denverwellness

>> **Weight Watchers "At Work" Program**

Weight Watchers at City and County of Denver worksite locations only

Employees will have until August 31, 2012 to complete all three actions of the Incentive Program to earn the wellness credit for 2013.

For more information, contact your Wellness Champion or visit www.denvergov.org/denverwellness.



AT DENVER HEALTH MEDICAL PLAN, WE WANT TO HELP YOU NAVIGATE YOUR HEALTH BENEFITS—

We have a whole team of personal navigators ready to help when you need us.



IN MEMBER SERVICES, OUR NUMBER ONE JOB IS TO ANSWER TO YOU. HERE ARE A FEW WAYS WE'RE PROVING HOW SERIOUSLY WE TAKE THAT GOAL:

Member Services

Member Services is available to answer all of your questions from 8:00 a.m. – 5:00 p.m. Monday – Friday. Representatives are specially trained to:

- Answer questions about your health benefits and network
- Provide access to a wide variety of information, such as handbooks and provider directories, in both electronic and printed formats
- Complete address, phone number or PCP changes

Care Support Service

Within Care Support Services, health care navigators are available Monday – Friday, 8 a.m. – 5 p.m. to assist members with all aspects of receiving care in the Denver Health network. Having a “medical home” has been shown to have a positive effect on a person’s health and well-being; Care Support Services strives to assist members in navigating within their “medical home.” Care Support Services staff can also assist members with appointments, both primary care and specialty, as well as many other member needs.

YOUR DENVER HEALTH MEDICAL PLAN COMES WITH SO MUCH MORE THAN THE BENEFITS YOU SEE ON YOUR MEDICAL PLAN SUMMARY. WE'RE HERE TO HELP AND COACH YOU TO BETTER HEALTH.



Curves

Offering a \$20 credit for every month that Curves has a record of 8 or more workouts.

WeightWatchers

DHMP has teamed with Weight Watchers to offer not only special prices but also, DHMP offers a subsidy of 35% to all members who join.

Jenny Craig

- FREE 30-day Trial Program
- 25% off a Premium Enrollment
- 25% off Monthly Program Cost



Denver Health NurseLine

is available 24 hours a day, 7 days a week, to provide DHMP members with answers, advice and peace of mind without ever leaving home. Members will speak directly to a qualified medical professional who will have access to his or her medical history through the Denver Health electronic medical record system. For certain conditions the NurseLine can even call in a prescription for you. When you need a nurse after hours call: 303-739-1261.

Health Coaches

Health coaches are trained professionals who partner with members to identify goals and action plans to achieve those goals. Complimentary Health and Wellness classes as well as an array of classes for disease management are also offered.

5280 magazine names 29 Denver Health Physicians Top Docs in 2011

YOU SHOULD BE ABLE TO USE YOUR DENVER HEALTH MEDICAL PLAN, EASILY, CONVENIENTLY AND ON YOUR TERMS. WE UNDERSTAND THAT—AND WE'RE MAKING IT ALL POSSIBLE.



Emergency Care

Denver Health, renowned for its emergency and trauma center, also offers a pediatric emergency room. The Denver Emergency Center for Children (DECC) cares for the emergency needs of your children. The DECC includes a separate waiting area for children and their families, private exam rooms and is staffed by highly qualified physicians specializing in pediatric emergency, trauma and urgent care. Your child will be cared for by experts, which will give you peace of mind to know you are getting the best medical care available.

Level One Physicians Clinic

Level One Physicians Clinic is a primary care clinic serving privately insured patients. With access to on-site laboratory, radiology, and pharmacy services, the Level One Physicians Clinic provides a comfortable, caring atmosphere for you and your family to receive convenient, high quality health care.

Pharmacy

Denver Health offers five pharmacy locations, and four pick-up locations as well as online refills and mail order.

Eight Community Health Centers

Choose to receive your care at one of eight community health centers throughout Denver or on the main Denver Health campus. **We realize how valuable your time is. That is why beginning in 2012, CSA plan members will receive FREE parking at all Denver Health facilities.**



Believes in Good Health



Good health is at the heart of what we do. It's being connected to high-quality doctors, finding what you need quickly and easily, and investing in your mind, body, and spirit. From our ground breaking prevention programs to helping you manage chronic conditions, our online tools and commitment to coordinated care means there are GOOD things that you can ALWAYS count on.

Good health at your fingertips

With us by your side, you get what you need to take an active role in your health. Our online tools and resources are right at your fingertips, day or night—ready to help you be the best you can be. Sign on to kp.org, for access to your secure, personal health record and convenient, time-saving services.

- E-mail your doctor's office
- Order prescription refills
- Schedule, view, or cancel routine appointments
- View most lab results
- Know the cost of your next visit with our Cost Estimator tool
- Help take care of a family member using the features above
- And, much more

Getting more from your health plan

It's our mission to help you make lasting improvements to your health. With our focus on preventive care and total wellness, we offer many tools—at low or no cost—to help you get the most out of your health care dollar. Discover what may be affecting your overall health by taking our free online Total Health Assessment (THA). Once you've provided confidential answers to questions on such topics as stress, physical activity, as well as lifestyle choices, you'll get a personalized action plan to help you succeed in creating a healthier lifestyle. To learn more and get started, visit kp.org/healthylifestyles. Please check with your City Wellness Consultant for additional programs available in order to save additional money.

We're also known for our strong emphasis on prevention because we've proven it again and again that it not only improves your health, it also reduces your health care costs. That's why your Kaiser Permanente plans offers a 100% copayment for prevention services. Prevention services include: routine well-woman or child visits, annual physicals, routine prenatal and post-natal visits, as well as adult and child immunizations, to name a few.

We've also expanded our footprint in Colorado with three new medical offices now open in – Evergreen, Brighton and Castle Rock. Our new medical office expansion plans are intended to serve patients and employers alike with top-notch care. Our goal is to decrease drive time and make it easier and more convenient for you to access primary and specialty care, pharmacy, lab, and other high quality medical services close to home. With Kaiser Permanente, you can choose an HMO copay plan with predictable costs that you can rely on throughout the year.

Announcing A New Plan Option

In addition to offering our traditional HMO plan in 2012, you also have a **deductible coinsurance HMO — DHMO plan** available. This plan features a lower monthly premium with a \$500 individual annual deductible (\$1500 family). However, this plan does have more member cost-sharing at time of service.

An up front deductible is the set amount you are required to pay for certain covered services, i.e. inpatient and outpatient hospital admissions within a calendar year. Deductible does not apply for some services like "routine" office visits, emergency room, after-hours care and prescription medications.

Coinsurance applies after your individual deductible has been satisfied for covered services. Until you reach your deductible, you'll pay the full charges for most of the care you receive, until your annual out-of-pocket maximum has been met. We encourage you to stop by and see a Kaiser Permanente representative during one of your upcoming benefit fairs. It is important to understand how this new deductible coinsurance program works compared to a traditional HMO.

For office visits, you'll pay only a copayment provided there are no diagnostic procedures. These services include routine physical exams, prenatal visits, and well-baby visits. Just think of them as care you receive when you're healthy—to help you maintain a healthy life and stay that way.

Plan Options:

HMO Plan

HMO Plan Service	Copayment
Prevention	\$0 copay
Primary care office visits	\$30 copay
Specialty care office visits (no referral necessary)	\$50 copay
Hospital – Inpatient/Outpatient	\$1,000/\$250 copay
Emergency room (waived if admitted)	\$200 copay
After-Hours care	\$100 copay
Vision (incl. \$100 credit for lenses/frames/contacts)	\$30 copay

NEW - DHMO Plan

DHMO Plan Service	Copayment
Service Copayment and/or Deductible & Coinsurance Annual Deductible: Individual/Family	\$500/\$1,500
Prevention	\$0 copay
Primary care office visits	\$30 copay
Specialty care office visits (no referral necessary)	\$50 copay
Hospital – Inpatient/Outpatient	20% coinsurance after deductible is met.
Emergency room (waived if admitted)	\$200 copay
After-Hours care	\$75 copay
Note: If procedures are conducted during a copayment visit, these services are subject to deductible and coinsurance.	

Put this all together, and you've got a total health partner that works for you and your family. That's because it's good to have choices and we understand that you have your own unique health care needs. We truly appreciate your continued partnership on the road to GOOD HEALTH for you and your family!



As the leaves start to change, and the air becomes crisp, we know fall is approaching. For most of us, this means Open Enrollment is right around the corner. We are very excited to share with you the two health plans offered in 2012. While we will be keeping the EPO/HMO Choice Plan in the coming year, we are happy to announce the arrival of our newest plan, Navigate.

The EPO/HMO Choice Plan will continue to be a copayment based plan. Navigate will also offer a copayment type structure, but at the same time introduce the world of Deductibles and Coinsurance.



Navigate Plan

Navigate is a new lower cost option that focuses on primary care as the key to helping people live healthier lives. Members choose a primary care physician as their trusted partner to help them navigate an increasingly complex health care system by actively promoting quality and more efficient care. Upon enrollment in Navigate, members must select a primary care physician from the Navigate network. Primary care physicians can be general practitioners, family practitioners, internists or pediatricians. The primary care physician will provide care for the majority of the member's needs – routine care, such as annual well visits and preventive care. Since the primary care physician will be the member's first and foremost source of care and will understand the member's health needs thoroughly, they can best refer the member to other network physicians or specialist when additional care is needed. Members must obtain a referral from their primary care physician before seeing another network physician.

Deductibles and Coinsurance

With the many health insurance terms out

there today, we thought it might be helpful to give a brief description of deductibles and coinsurance.

Deductible - The amount you pay out of your own pocket before your insurance pays. The deductible is on a calendar year and once you have met that dollar amount, you have met the requirement for the year.

Coinsurance - You and your health plan share expenses. Each of you pays part of the total bill.

As an example, on the Navigate Plan, if you selected employee only coverage, you would have a \$500 deductible. If you required Lab or X-ray services, you would be responsible for the first \$500 of the bill (if you had not met your deductible thus far) and then UnitedHealthcare would pay 80% of the remaining balance. You would be responsible for the remaining 20% (coinsurance) of the total bill. No copayment.

- Take a personal health quiz
- Learn more about a health condition
- Find out how much a treatment might cost ahead of time
- Read up on common symptoms and what they might mean
- Look up pharmacy payment, pricing and coverage information as well as a list of lower cost alternatives

Health Discount Program - UnitedHealth Allies

Be healthy. Save money. Even if you already have medical, dental and vision coverage, as an enrolled health plan member, you can save even more money by using your health discount program for:

- Dental care – Cosmetic procedures such as teeth whitening
- Vision care – Laser eye surgery
- Alternative care – Acupuncture, massage therapy and natural medicine
- Infertility treatment
- Hearing devices
- Discounts on a wide range of health and wellness related products and services, including fitness clubs and JennyCraig.

Value-added Benefits for All UnitedHealthcare Members

NurseLine Services

When you have a health concern, it can be difficult and time-consuming to find the information you need. NurseLine services can help you make smart health care decisions with immediate telephone access to experienced registered nurses who can assist you and your family with a wide range of health care questions and concerns. Get trusted information and support anytime – 24 hours a day, seven days a week. Call **1-800-846-4678**.

Myuhc.com can help

Once you are a UnitedHealthcare member, you get a private, personal Web site – myuhc.com. Log on to take advantage of benefits like these:

- See the details of your coverage
- View your current claims
- See your whole family's claims history in one view
- Find a doctor in your area (in the Navigate Balanced Network)

For details on how to access the discounts, login at www.myuhc.com, click **Extra Programs and Discounts**, on the next page click **UnitedHealth Allies** link.

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2012 Career Service Medical Plan Summary

Provider Benefits	Denver Health Medical Plan (HMO)	Kaiser Permanente (HMO)	NEW! Kaiser Permanente DHMO <i>Details on pg. 4</i>	UnitedHealthcare Choice (HMO/EPO)	
Annual Deductible					
Single	N/A	N/A	\$500	N/A	
Family	N/A	N/A	\$1,500	N/A	
Out-of Pocket Maximum					
Single	None	\$2,000 per individual	\$2,500 per individual	\$3,000 per individual	
Family	None	\$4,500 per family	\$5,000 per family	\$6,000 per family	
Lifetime Maximum	No maximum	No maximum	No maximum	No maximum	
Office Visits					
Primary Care Physician (PCP)	\$35 copay	\$30 copay	\$30 copay**	\$35 copay	
Specialist	\$50 copay	\$50 copay	\$50 copay**	\$60 copay	
Preventive	No Charge	No Charge	No Charge	No Charge	
Maternity (Healthy baby care)					
Prenatal	\$35 copay	No Charge	No Charge**	\$35 copay	
Delivery	\$500 copay	\$1,000 copay	20% coinsurance after deductible	\$1,000 copay	20% coinsurance
Prescription Drugs	At DHMC	Outside DHMC			
Generic	\$15 copay	\$25 copay	\$15 copay	\$20 copay	\$15 copay
Formulary	\$25 copay	\$45 copay	\$30 copay	\$40 copay	\$45 copay
Non-formulary	\$45 copay	\$65 copay	up to a 30 day supply	\$60 copay	\$60 copay
	\$8 select maintenance meds. at DHMC		up to a 30 day supply	up to a 30 day supply	
Inpatient Hospital	\$1,000 copay per admission	\$1,000 copay	20% coinsurance after deductible	\$1,000 copay per admission	20% coinsurance
Outpatient Hospital	\$350 copay	\$250 copay	20% coinsurance after deductible	\$350 copay	20% coinsurance
Lab and X-ray	No charge	No charge	No charge	No Charge	20% coinsurance
MRI/Cat/Etc	\$200 copay	\$100 copay	20% coinsurance after deductible	\$100 copay	
Emergency Care	\$300 copay	\$200 copay	\$200 copay	\$200 copay	
Urgent Care	\$100 copay	\$200 copay	\$75 copay**	\$100 copay	\$75 copay certain services
Mental Health					
Inpatient	\$1,000 copay	\$1,000 copay	20% coinsurance after deductible	\$1,000 copay	20% coinsurance
Outpatient	\$50 copay per visit	\$30 copay per visit	\$30 copay/visit**	\$50 copay	
Alcohol/Substance Abuse					
Inpatient	\$1,000 per admission	\$1,000 per admission	20% coinsurance after deductible	\$1000 copay	20% coinsurance
Outpatient	\$50 per visit	\$30 copay per visit	\$30 copay/visit**	\$50 copay	
Physical, Occupational and Speech Therapy	\$50 copay 20 visits per year	\$30 copay 20 visits per year	\$30 copay/visit, 20 visits/year**	\$60 copay 20 visits/year	
Vision Care	Not covered	\$30 per exam, \$100 materials benefit every 24 months	\$30 exam copay, one exam every 24 months. No materials benefit.	\$60 copay, one exam/every 24 months	
Chiropractic	\$50 copay 20 visits per year	\$30 copay max 20 visits per year	\$30 copay max 20 visits per year	\$60 max 20 visits per year	
Acupuncture	Discount program \$40 copay per visit. No max	25% discount w/ American Specialty Health	25% discount with American Specialty Health	Not covered. Visit www.unitedhealthwellness.com for discount benefits	

This is a summary of benefits and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.

** 20% coinsurance for procedures performed during a copay office visit

2012 Dental Plan Summary

NEW! UnitedHealthcare
Navigate *Details on pg. 5*

\$500
\$1,500
\$2,500 per individual
\$5,000 per family
No maximum
\$25 copay
\$50 copay
No Charge

	Delta EPO		Delta PPO Low Plan		Delta PPO High Plan	
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider
Maximum Benefit						
Calendar Year	No Maximum	No Coverage	\$1,250	\$1,250	\$2,000	\$2,000
Orthodontic Lifetime	No Maximum	No Coverage	\$1,000	\$1,000	\$1,000	\$1,000
Calendar Year Deductible	Copay varies based on service. See "EPO List of Patient Basic Services" at www.denvergov.org/benefits .	No Coverage	\$25 individual/ \$75 family	\$25 individual/ \$75 family	\$25 individual/ \$75 family	\$25 individual/ \$75 family
Preventive and Diagnostic Services		No Coverage	100%	80%	100%	100%
Basic Services		No Coverage	80%	50%	90%	80%
Major Services		No Coverage	50%	50%	60%	50%
Orthodontics	No Coverage	No Coverage	50%	50%	50%	50%

\$25 copay
Insurance after per occurrence deductible of \$150 and annual deductible
\$15 copay
\$45 copay
\$60 copay

2012 Benefit Rates

Employee contributions to medical and dental premiums are deducted equally from the first two paychecks of each month. Vision premiums will only be deducted* from the first paycheck of each month. *Deductions are made in the first two paychecks even in a month when employees receive three paychecks.

If you would like to compare benefit rates/plans from last year, please visit www.denvergov.org/benefits to view the 2011-12 Rate/Plan Comparisons.

coinsurance after per occurrence deductible of \$150 and annual deductible
coinsurance after per occurrence deductible of \$75 and annual deductible
% coinsurance after deductible
\$150 copay
\$300 copay

Benefit Plan Rate Schedule

Benefit Provider	Single Employee Bi-Weekly Rate		Employee and Spouse Bi-Weekly Rate		Employee and Children Bi-Weekly Rate		Family Bi-Weekly Rate	
	City Pays	Employee Pays	City Pays	Employee Pays	City Pays	Employee Pays	City Pays	Employee Pays
UnitedHealthcare HMO	\$305.02	\$53.83	\$611.85	\$177.63	\$574.18	\$143.55	\$861.39	\$287.13
UnitedHealthcare Navigate	\$273.88	\$14.41	\$554.97	\$79.28	\$518.94	\$57.66	\$784.30	\$138.41
Kaiser Permanente	\$192.97	\$34.05	\$387.07	\$112.37	\$363.23	\$90.81	\$544.85	\$181.62
Kaiser Permanente DHMO	\$164.94	\$8.68	\$334.22	\$47.75	\$312.52	\$34.72	\$472.24	\$83.34
Denver Health Medical Plan	\$218.14	\$38.50	\$412.95	\$119.89	\$330.91	\$82.73	\$553.58	\$184.53

Delta Dental Plan Bi-Weekly Rate Schedule (deducted from first two paychecks of each month)

Delta EPO	\$11.27	\$2.69	\$22.80	\$8.19	\$21.20	\$6.72	\$35.39	\$14.32
Delta PPO Low Option	\$11.27	\$1.99	\$22.80	\$6.62	\$21.20	\$5.30	\$35.39	\$11.80
Delta PPO High Option	\$11.27	\$6.40	\$22.80	\$16.43	\$21.20	\$14.14	\$35.39	\$27.53

Anthem Vision Monthly Plan Rate Premium (deducted from the first paycheck of each month)

Anthem Vision	\$5.78	\$12.39	\$9.33	\$17.02
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Day. Deductible/coinsurance apply for services; see plan document for details.

0% coinsurance after deductible
\$50 copay

0% coinsurance after deductible
\$50 copay

\$25 copay
20 visits/year
\$25 exam copay
one exam/24 months

\$50
max 20 visits per year
Not covered. Visit www.unitedhealthwellness.com for discount benefits

2011 Employee Health Insurance Committee

Appointed Members

Don Andriese – Public Works
 Arthur Gilkison - Denver Parks and Recreation
 Lauri Dannemiller – City Council
 Jeanne Faatz – City Council
 Roni Kirchhevel – DERP
 Mike Mosco – Police
 Steven Oliver – Community Planning & Dev

Ed Scholz – Budget and Management
 Steven Sandoval – Denver Human Services
 Michael Trivette– DIA

Career Service Authority, Benefits Staff

Bruce Backer Heather Britton NeOma Sidner
 Laura Fuentes

Just as access to medical care results in better general health, access to dental care results in both improved oral and overall health. The most commonly reported individual health related service not received because of cost is dental care. Oral health may be improved by regular visits to the dentist---and dental benefits play an important role in ensuring that people take advantage of their access to affordable dental care. Delta Dental of CO continues to advocate for preventive efforts to improve America's oral health. Our mission is to improve the oral health of the communities we serve.

The City and County of Denver continues to promote wellness among their employees as well. They rely on their vendor partners to help with this endeavor. That said, the City will continue to offer dental benefits to its employees and their families. The same three options will be offered for 2012.

When you choose the Delta Dental EPO plan

- You are required to see a dentist who participates in the Delta Dental PPO network
- You will not receive benefits unless you see Delta Dental PPO dentist



- No plan maximums or deductibles

When you choose the Delta Dental PPO Low plan:

- You may visit any licensed dentist; those who choose a PPO dentist will see the greatest savings
- You will receive slightly lower benefit levels (Basic services are covered at 80% if you see a PPO dentist; Major services are covered at 50% when you see a PPO dentist) and a lower annual maximum (\$1250)

- NEW FOR 2012: composite (white) fillings in the posterior of the mouth will now be covered (Basic services at 80%)

When you choose the Delta Dental PPO High plan

- You may visit any licensed dentist; those who choose a PPO dentist will see the greatest savings
- You will receive higher benefit levels (Basic services are covered at 90% if you see a PPO dentist; Major services are covered at 60% when you see a PPO dentist) and a higher maximum (\$2000).
- NEW FOR 2012: composite (white) fillings in the posterior of the mouth will now be covered (Basic services at 90%)

If you have questions about these options, please visit Delta Dental's web site at www.deltadentalco.com, or call Customer Service at 1-800-610-0201 Monday through Friday from 8 a.m. to 6 p.m.

If you are already enrolled in a Delta Dental plan, you may view your specific benefit information online at www.deltadentalco.com and click on the Subscriber icon.

Hyatt Legal Plan

Whether you're buying a new home, drawing up a will or just need some legal advice, the City and County of Denver Legal Plan can give you easy access to experienced, local network attorneys.

Now you have a resource at your fingertips for important everyday legal services. What's more, you'll also have someone to turn to for unexpected legal matters. You can now enroll in a great new voluntary benefit legal plan offered through Hyatt Legal Plans.

Legal Benefits

The legal services covered by the plan are fully covered legal services when you see a Plan Attorney. You can use the plan as often as you need legal representation, and there are no dollar limits on your use of a Plan Attorney. Also, if you wish to use an attorney that does not participate in the Hyatt plan, Hyatt will reimburse you according to a set fee schedule.

Some of the services provided include:

- Purchase or Sale of a Primary Residence
- Wills and Estate Planning



- Document Preparation
- Debt Matters
- Civil Litigation Defense
- Telephone & office consultations for an unlimited number of matters

Don't miss your chance to enroll in this important and worthwhile benefit – it can pay for itself the first time you use it.

Access

The Hyatt Legal Plan provides members with access to a national network of more than 10,000 attorneys. If you prefer, you may use your own attorney and be reimbursed according to a set fee schedule. If you find yourself in need of legal

assistance while traveling within the U.S., call our Client Service Center. You will be referred to an attorney in the area.

Exclusions

The legal plan excludes appeals, class actions, matters which Hyatt Legal Plans deems frivolous, non-meritorious or unethical, divorce (except for telephone and office consultations) and any employment-related matters. For a complete list of exclusions, contact your local human resources representative for a copy of the plan document.

Questions

Call (800) 821-6400 Monday through Thursday from 8 a.m. to 7 p.m. (Eastern Time). A client service representative will help you understand coverage, find a plan attorney in the location most convenient to you, offer information about using an out-of-network attorney, and answer any other questions.

For more information about our legal plans, go to www.legalplans.com.



Routine eye examinations can lead to the early detection of serious eye conditions, including glaucoma and cataracts as well as other health issues such as diabetes, high blood pressure and high cholesterol. Because early detection is key for treatment, regular eye examinations play a vital role in helping to ensure a healthy life with healthy sight. Keeping a close watch on eye health could be one of the smartest overall health decisions you can make.

2012 Vision Plan Benefit Summary

Vision Care Services	Plan Design	Details	In-Network	Out-Of-Network
Routine Eye Exam	Once every 12 months		\$10 copay, then covered in full	\$34 allowance
Eyeglass Frames	Select an eyeglass frame and receive an allowance toward the purchase price once every 24 months		\$100 allowance then 20% off any remaining balance	\$50 allowance
Eyeglass Lenses	Once every 12 months, members may receive any one of the lens options. Factory Scratch coating included. Polycarbonate lenses and or "Transitions" lenses included for children under 19 years old.	Plastic Lens Options: <ul style="list-style-type: none"> • Standard single vision (1 pair) • Standard bifocal (1 pair) • Standard trifocal (1 pair) • Standard lenticular (1 pair) 	All lens options are \$25 copay, then covered in full	Allowance: <ul style="list-style-type: none"> • \$35 • \$50 • \$60 • \$95
Eyeglass Lens Upgrades	Upgrade new eyeglass lenses at a discounted cost. Eyeglass lens copay applies.	Upgraded Lens Options: <ul style="list-style-type: none"> • UV Coating • Tint (Solid and Gradient) • Standard Polycarbonate • Transitions • Standard Progressive Lenses • Premium P.L. - Tier 1, 2, or 3 • Standard Anti-Reflective Coating • Premium Tier 1 & 2 Anti-Reflective Coating • Other Add-ons and Services 	Cost: <ul style="list-style-type: none"> • \$15 • \$15 • \$40 • \$75 • \$65 • \$91, \$97, \$103 • \$45 • \$57, \$68 20% off retail price	Discounts on lens upgrades are not available out-of-network.
Contact Lenses	Once every 12 months. Allowance is only for members with contacts instead of eye glasses, and can only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, or carried over.	Contact Lens Options: <ul style="list-style-type: none"> • Elective Conventional Lenses • Elective Disposable Lenses • Non-Elective Contact Lenses 	Allowance: <ul style="list-style-type: none"> • \$120 Conventional, then 15% discount on balance • \$120 Disposable (no discount) • Non-elective contacts are covered in full 	Allowance: <ul style="list-style-type: none"> • \$100 Conventional • \$100 Disposable • \$210 Non-elective
Contact Lens Fitting & Follow-up	A contact lens fitting and two follow-up visits are available once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard lens fitting includes spherical clear contact lenses and planned replacement (i.e. disposable). • Premium lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses (ex. multifocal). 	<ul style="list-style-type: none"> • Up to \$55 (standard) • 10% off retail price (premium) 	Discounts on lens upgrades are not available out-of-network.

Find an in-network provider by going to www.anthem.com and click "Find a doctor". Then click "View national vision provider directory". Or, call Anthem customer service at (866) 723-0515. Anthem Vision offers additional discounts that can be found at www.specialoffers@anthem.com. View your account details by creating your user name and password at www.anthem.com.

Standard Insurance: Life and Disability Insurance

Over 8 million people across the country depend on Standard Insurance Company (The Standard) for financial products and services to help them confidently pursue their dreams. But even more than insurance products, The Standard is recognized for their expertise, financial strength and singular focus on their customers.

As part of your City and County of Denver benefits package, you are automatically enrolled in the Long Term Disability (LTD) and Basic Life/Accidental Death and Dismemberment (AD&D) insurance plans. The City pays 100 percent of these premiums.

Additional Life, Dependents Life and Voluntary Accidental Death and Dismemberment (AD&D) insurance plans are offered from The Standard and are available on an optional basis. The premiums for STD, Additional Life, Dependents Life and Voluntary AD&D insurance are paid by the employee.

If you are interested in electing one of these plans, enroll during open enrollment or during your new hire period.

Long Term Disability (LTD) Insurance

Group LTD insurance from The Standard provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The benefit pays 60% of your monthly predisability earnings to a maximum of \$6,000. Benefits are payable after 180 days of disability.

Short Term Disability (STD) Insurance

Group STD insurance is designed to pay a weekly benefit when you cannot work because of a disability. This benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.

Paid Time Off (PTO) plan

Your STD plan is paid for by the City and County of Denver. The benefit pays 70% of your weekly predisability earnings to a maximum of \$1,500. Benefits are payable after a fourteen calendar day Benefit Waiting Period.

Sick and Vacation plan

The STD plan is optional and paid by you, the employee. The STD plan offers great flexibility by allowing you to select from five plans:

- **Plan 1** – Pays 70% of your weekly earnings up to \$350 per week after a 7 calendar day



Benefit Waiting period.

- **Plan 2** – Pays 70% of your weekly earnings up to \$1,500 per week with a Benefit Waiting Period of 7 days.
- **Plan 3** – Pays 70% of your weekly earnings up to \$1,500 per week with a Benefit Waiting Period of 14 days.
- **Plan 4** – Pays 70% of your weekly earnings up to \$1,500 per week with a Benefit Waiting Period of 30 days.
- **Plan 5** – Pays 70% of your weekly earnings up to \$1,500 per week with a Benefit Waiting Period of 60 days.

Please note: If you choose to enroll/change your plan options during open enrollment, you will be subject to a late entrant or change penalty. If you are enrolling in the STD plan for the first time and applying more than 31 days after you became eligible, your benefits waiting period for disabilities caused by illness will be 60 days for the first year of insurance regardless of the waiting period option you choose. If you change your STD plan option during open enrollment, you will have the lesser plan option for disabilities caused by illness, until you have been insured for 12 consecutive months beginning January 1, 2012.

Additional and Dependent Life Insurance

In addition to your Basic Life insurance you may select additional insurance to help further protect your loved ones at a time of loss.

- Additional Life coverage in units of \$5,000 to a maximum of \$300,000.
- Additional Life coverage for your spouse in units of \$5,000 to a maximum of \$300,000, but not to exceed 100% of your combined Basic and Additional Life coverage.
- Dependents Life Insurance for your eligible children in the amounts of \$5,000 or \$10,000. This amount may not exceed 100% of your Additional Life coverage.
- Completion of a medical history statement and physical exam is required if enrolling more than 30 days from date of hire.

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

You may elect Voluntary AD&D coverage for any amount from \$10,000 to \$500,000 in increments of \$10,000. Amounts in excess of \$250,000 cannot exceed 10 times your annual earnings.

If you are insured for Voluntary AD&D insurance, you may elect to insure your eligible dependents. The amount of insurance for each dependent is determined as follows:

- Spouse Only - 60% of your amount
- Child Only - 15% of your amount, not to exceed \$25,000 for each child
- Spouse and Child - 50% of employee amount for spouse and 10% of employee amount for each child.

For more information, visit www.denvergov.org/benefits.





Flexible Spending Account (FSA)

Flex cash is a way for you to set aside money on a pre-tax basis from your paycheck for uninsured medical expenses, day care expenses or qualified parking expenses.

- **Medical/Dental/Vision spending:** Pay for medical expenses not covered by insurance with pre-tax dollars (\$7,500 max).
- **Dependent Care spending:** Pay for dependent care for your children so you and your spouse can work with pre-tax dollars (\$5,000 max).
- **Qualified parking:** Pay for parking expenses while you are at work with pre-tax dollars, in a non-City owned facility.

You may enroll only during open enrollment, within 30 days of your hire date, or if you experience a family status change and you must re-enroll each year.

24HourFlex Services:

- **Help Center:** You can call the 24HourFlex Help Center at **(303) 369-7886** or

(800) 651-4855 from 8 a.m. to 5 p.m. MST and receive assistance.

- **Internet:** You can access your account information via www.24hourflex.com.
- **Online Claim Form Submission:** Using 24hourflex.com, you can complete and submit your claim form online.
- **Automatic Direct Deposit:** Rather than printing and mailing a manual check, 24HourFlex can deposit your reimbursement directly into your bank or savings account.
- **Debit Card:** All participants receive a complimentary VISA debit card for eligible expenses.
- **Debit Card Interface:** The 24HourFlex Benefits Card provides immediate access



to your Flex account. If the card is used at certain locations such as King Soopers, Safeway, Walgreens (and most other pharmacies), Wal-Mart, and many other locations, no receipts are required to be submitted to 24HourFlex.

- **Fast Claims Processing:** Claims are reviewed and reimbursed usually within 24 hours, excluding weekends and holidays.

You will have the opportunity to enroll in this flexible spending account program during open enrollment.

Health Care Reform Updates

The Patient Protection & Affordable Health Care Act (healthcare reform) has become law. Although many of the major provisions of this law will not take effect for several years, the below changes to your benefits with the City and County of Denver were effective January 1, 2011:

No cost-sharing for preventive services.

This means no copayments, coinsurance, or deductibles for preventive services recommended by the US Preventive Services Task Force. Some examples of preventive services include:

- Blood pressure, cholesterol, and diabetes tests
- Routine vaccines
- Women's health screenings
- Well-baby and well-child visits

The complete list of recommended preventive services is available at www.healthcare.gov.

Changes to Flexible Spending & Health Savings Accounts

- Over-the-counter drugs (OTC) not prescribed by a doctor will not be eligible for reimbursement through a Flexible Spending Account (FlexCash or Health Savings Account).
- The penalty will increase from 10 percent to 20 percent for distributions from a Health Savings



Account that are not used for qualified medical expenses.

Mental Health Parity Act

Mental health benefits must be equal to benefits for other medical conditions:

- No different copayments, coinsurance, or deductibles
- No treatment limitations (number of visits, days of coverage)

Dependent Child Age Limit Extended

Dependent child age limit extended to 26. Adult children are eligible for coverage to age 26 (end of month), regardless of student status, marital status or dependency status.

Expanded Coverage for Women's Preventive Services

Expanded coverage for women's preventive services will take effect January 1, 2012. This means that there will be no copayments, coinsurances or deductibles for services listed under the New Women's Services Guidelines. The list of covered services includes:

- Annual well-woman visits
- Screening for gestational diabetes
- HPV DNA testing every 3 years beginning at age 30
- Sexually-transmitted infection counseling
- HIV screening and counseling
- FDA-approved contraception methods, sterilization and counseling
- Breastfeeding support, supplies and counseling
- Interpersonal and domestic violence screening and counseling

More details are available at <http://www.hrsa.gov/womensguidelines>.

Additional Benefits for Employees



This is a summary of benefits and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern. Additional benefits listed on this page are not administered by the CSA Benefits Team.

Transportation

RTD Bus Pass - Partially subsidized by the City, for more information, visit www.denvergov.org/benefits.

Time Off/Paid Time Off (PTO)

Time off

- 10 paid holidays/year
- 1 personal holiday/year
- Sick and Vacation - Accrue 8 hours sick per month and 8-14 hours of vacation per month based on employees' years of service.
- PTO- Accrue 10-19 hours per month based on employees' years of service.

Other Benefits and Services

- **Employee Assistance Program** (Office of Employee Assistance) - Free counseling for employee and family (www.denvergov.org/employeeassistance).

- **Wellness Center at Webb Municipal Building** (www.denvergov.org/wellness) - One week free for new employees.
- **Employee discounts** (www.denvergov.org/cityspirit) - Discounted events, local venues, City Spirit Partnerships (Sprint), retail and service discounts.

2012 Holiday Schedule

The following holidays are observed by the City:

- New Year's Day**
Monday, January 2, 2012
- Martin Luther King Day**
Monday, January 16, 2012
- President's Day**
Monday, February 20, 2012
- Cesar Chavez Day**
Monday, March 26, 2012
- Memorial Day**
Monday, May 28, 2012

Independence Day

Wednesday, July 4, 2012

Labor Day

Monday, September 3, 2012

Veteran's Day

Monday, November 12, 2012

Thanksgiving Day

Thursday, November 22, 2012

Christmas Day

Tuesday, December 25, 2012

New Years Day

Tuesday, January 1, 2013

Personal Holiday

Deferred Compensation (457 Plan)

The 457, or deferred compensation plan, is the City's voluntary retirement savings plan (similar to a 401K plan in the private sector). Deferred compensation is a way for you to set aside money via payroll deduction on a pre-tax basis to save for retirement and defer taxes on any earnings from your investments.

The City does not match 457 plan contributions. You may enroll, increase, decrease your deferred compensation contributions at any time. Employees can change their 457 provider during open enrollment.

Unlike a 401(k) or 403(b), there is no 10% penalty for withdrawal before the age of 59 1/2 (although the withdrawal is subject to ordinary income taxation). This means you have immediate access to the funds when you leave the City.

If you choose to participate, you will need to enroll with one of the third party administrators.

Via payroll deduction, employees are able to contribute as little as \$10, and up to 100% of their total pre-tax pay (not to exceed the annual contribution limits) and choose their investments to build funding for retirement. Employees save in

three ways:

- You do not pay taxes on this money upon deduction.
- Your paycheck is taxed only on the amount after this deduction.
- You are then taxed on the funds when you retire and are more likely to be in a lower tax bracket.

For more information, visit: www.denvergov.org/benefits.

FOR MORE INFORMATION

CAREER SERVICE AUTHORITY - BENEFITS

For more information or with questions, please visit us online at www.denvergov.org/benefits or call (720) 913-5697.

Benefits web site offers many resources:

- Benefit enrollment information
- Benefit provider contact list
- Forms
- Frequently asked questions
- Disability information
- Qualified parking program
- Retirement plans
- And much more

Career Service Authority - Benefits

201 W. Colfax, Dept. 412
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Phone: (720) 913-5697

Fax: (720) 913-5548

benefits@denvergov.org

www.denvergov.org/benefits

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