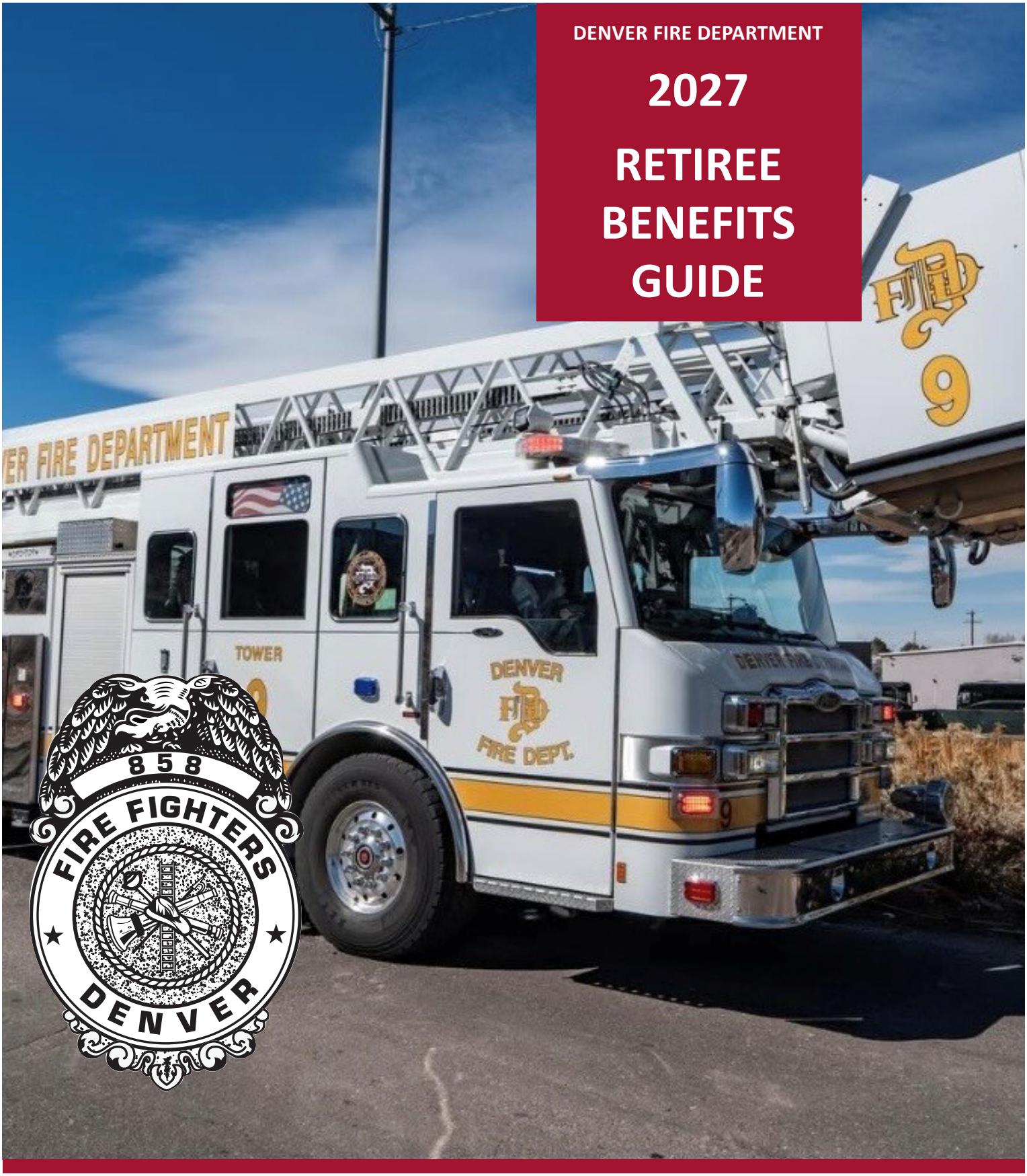
DENVER
PUBLIC SAFETY

DENVER FIRE DEPARTMENT

# 2027

# RETIREE BENEFITS GUIDE



# Table of Contents

Within this benefits guide you will find important information on the benefits available to you for 2027 (January 1, 2027, through December 31, 2027). Please take a moment to review the benefits the City and County of Denver (CCD) offers to determine which plans are best for you.

### RETIREE BENEFITS OVERVIEW

In this guide, you will find a comprehensive overview of eligibility, the election period, and premiums. In addition, this guide offers descriptions and detailed explanations of each medical, dental, and vision plan.

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

## BENEFITS ELIGIBILITY

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

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

### WHO IS ELIGIBLE TO ENROLL IN RETIREE INSURANCE?

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

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

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

- Spouse (including those defined as common-law* and same-sex legally married)
- Colorado State Civil Union spouse
- Surviving spouse and children (as defined)
  - These plans do not include coverage for a surviving spouse's new spouse
- Your children to age 26, regardless of student, marital or tax-dependent status, including a stepchild 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.

When adding dependents, approved supporting documents are required to provide dependent eligibility verification with enrollment. A list of acceptable supporting documentation for dependents can be found by contacting the OHR Safety Benefits.

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

### 2027 BENEFIT PLAN CHANGES

- **Kaiser Senior Advantage:** Emergency copay will change to $75 on the gold plan and $90 on the silver plan.
- **Part D Drugs will increase to a 100-day supply**.
- **Part-D Drugs:** replace the current drug copays with $5-$15 generic, $40-$60 brand, $60 specialty, $0 tier 1 & 2 generics filled through KP's mail-order pharmacy.
- **HDHMO Plan:** To meet IRS requirements for 2027, the annual deductible will increase.
- **Enrollment Reminder:** If you are currently enrolled in the Humana Vision plan and do not make a change during open enrollment, you will automatically default to the upgraded Humana Vision plan and rate.

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

# When Can I Enroll or Make Changes?

## AT OPEN ENROLLMENT

### WHEN

During the annual open enrollment period, Monday, October 26, 2026, to Wednesday, November 16, 2026.

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

### HOW

Attend the open enrollment benefits fair and complete the enrollment form online directly at **www.denverfirebenefits.com**. If you need to submit the enrollment form by mail, you can send it to::
Denver Firefighters Health Trust
c/o WPAS, Inc.
7525 SE 24th Street, Suite 200
Mercer Island WA, 98040
or you can email to:
**retiredmember@denverfirebenefits.com**

If you are currently enrolled in a Denver Fire Department retiree plan, **you only need to complete an enrollment form if you are making plan or coverage level changes for 2027**.

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

## AS A NEW RETIREE

### WHEN

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

### HOW

To enroll in the retiree benefits, you must submit an online enrollment form. The enrollment form can be found at **www.denverfirebenefits.com**.

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

To elect the Medicare plan through DFD, complete the department's enrollment form. You may receive other forms for individual Medicare plans, but these differ from the retiree plan offered by the department.

**Qualifying life events include but are not limited to:**

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

## DURING THE YEAR

### WHEN

**Within 30 days of a qualifying life event** such as a birth or adoption of a child, marriage or divorce, or gain or loss of other coverage. Benefit elections are effective the first of the month following the event date. Birth/adoption is effective the date of the event.

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

### HOW

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

**Supporting documentation is required as proof of any qualifying event.**

# Key Terms

## KEY TERMS

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

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

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

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

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

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

# Well-Being Resources

## WELL-BEING RESOURCES

**DispatchHealth**

- DispatchHealth 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:**

- **Headspace Care app:** Text an emotional support coach for anxiety, stress, relationships, and more.
- **Calm 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 8,000 affiliated providers (including Carelon Behavioral Health, Denver Family Therapy Center, Krupnick Counseling Associates, SonderMind, and Westside Behavioral Care).

**KP COpilot**

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

- Care options
- Plan benefits
- Cost estimates

Connect with a COpilot by calling 855-447-6555.[1]

(1) Available to non-Medicare members only.

# Medical Insurance Overview

**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.

## NON-MEDICARE (UNDER AGE 65)

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

- Both the HDHP and HMO plans provide in-network coverage only, utilizing Kaiser and their affiliated providers
  - If you enroll in the HDHP, you must meet your deductible before the plan will begin to pay for covered services (including prescriptions and office visits)
  - If you cover dependents, 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 participating provider at **www.kp.org**
- Choice PPO plan members will receive the highest level of benefits and pay less out of your pocket by using a Kaiser Permanente or Choice PPO network provider
  - You can use the First Health or Cigna networks if you are not in the KP Choice PPO service area, and/or out-of-network providers; you may pay more out of your pocket for services provided by non-Kaiser providers
  - If you seek services outside the State of Colorado, and within a KP State, you will have access to the KP and First Health provider networks; services outside of Colorado and any state that does not have Kaiser service areas are available through Cigna's National PPO network

Refer to page 7 for benefits information.

If you or a family member elect the Choice PPO plan or the Kaiser Choice PPO, you are NOT eligible to enroll in the Kaiser Senior Advantage plan as well.

## MEDICARE ELIGIBLE (AGE 65 AND OLDER)

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

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

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

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

When you turn age 65, you are no longer eligible to be enrolled in an under age 65 plan. Instead, you become eligible to enroll in the Medicare/Senior Advantage plan. If, for any reason, you do not enroll in the Senior Advantage plan when first eligible, your non-Medicare coverage plan will be terminated. Refer to page 10 for benefits information. **You must notify OHR Safety Benefits immediately if you enroll in a different Medicare plan or move out of the service area.**

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

If you or a family member elect the Kaiser Choice PPO, you are not eligible to enroll in the Kaiser Senior Advantage plan as well.

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

# Medical Plans—Non-Medicare (Under 65)

**NEED HELP CHOOSING A PLAN?**

The Kaiser Permanente pre-enrollment line is available to you. Call 800-514-0985 to get started.

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

» If you or a family member elect the Kaiser Choice PPO plan, any Medicare eligible family members are not eligible to enroll in a Kaiser Senior Advantage plan.

» If you or your dependents are enrolled in a non-Medicare and Medicare plan, you will receive two ID cards, one for each of the different plans.

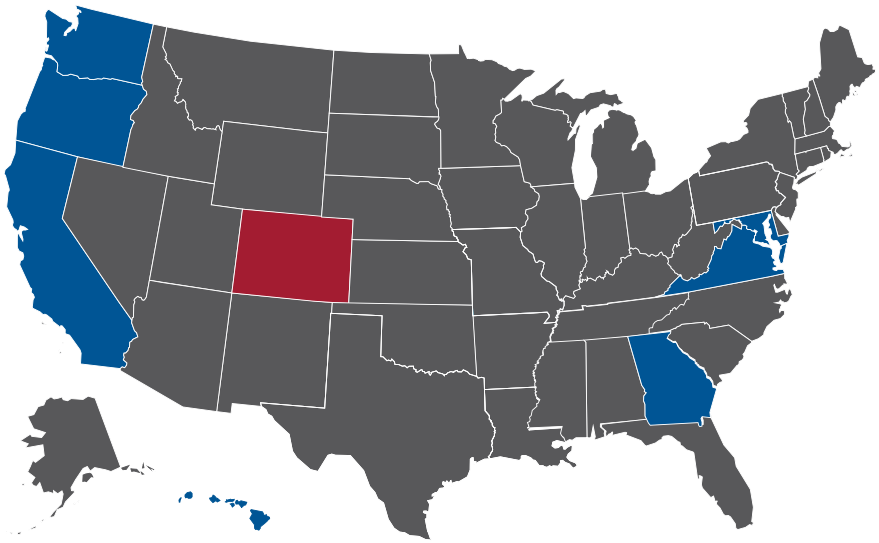
| Summary of Covered Benefits | **Kaiser HDHP** In-Network Only | **Kaiser HMO** In-Network Only | **Kaiser Choice PPO** Kaiser and Participating Providers | **Kaiser Choice PPO** Non-Participating Providers |
|---|---|---|---|---|
| **Plan Year Deductible** Individual/Family | $1,750/$3,500 | None | $200/$600 | $1,000/$3,000 |
| **Out-of-Pocket Max** Individual/Family | $3,500/$7,000 | $2,000/$4,500 | $2,000/$6,000 | $7,000/$21,000 |
| **Preventive Care** | Plan pays 100% | Plan pays 100% | Plan pays 100% | 50% after ded. |
| **Physician Services**<br>Primary Care Physician<br>Specialist<br>Urgent Care/After Hours | <br>20% after ded.<br>20% after ded.<br>20% after ded. | <br>$20 copay<br>$30 copay<br>$50 copay | <br>$20 copay<br>$30 copay<br>$50 copay | <br>50% after ded.<br>50% after ded.<br>50% after ded. |
| **Lab/X-Ray**<br>Diagnostic Lab/X-Ray<br><br>High-Tech Services<br>MRI, CT, PET | <br>20% after ded.<br><br>20% after ded. | <br>No charge<br><br>$100 copay/procedure | <br>$20 copay/20% after ded.<br>20% after ded. | <br>50% after ded.<br><br>50% after ded. |
| **Hospital Services**<br>Inpatient<br>Outpatient | <br>20% after ded.[4]<br>20% after ded. | <br>$750 copay[4]<br>$300 copay | <br>20% after ded.[4]<br>20% after ded. | <br>50% after ded.[4]<br>50% after ded. |
| **Emergency Room[2]** | 20% after ded. | $250 copay[3] | $250 copay[3] | $250 copay[3] |
| **Prescription Drugs**<br>Generic<br>Brand<br>Mail Order | Ded., then:<br>$15 copay<br>$40 copay<br>1x retail copay<br>(up to 60-day supply) | <br>$15 copay<br>$30 copay<br>2x retail copay<br>(up to 90-day supply) | <br>$15 copay<br>$30 copay<br>2x retail copay<br>(up to 90-day supply) | <br>50%<br>50%<br>N/A |
| Out-of-Area Benefit | 10 office visits, 10 x-rays, 10 Rx refills, 12 diabetic supplies, 10 therapy visits (physical, occupational, and speech combined), urgent care and emergency care covered anywhere in the world | 10 office visits, 10 x-rays, 10 Rx refills, 12 diabetic supplies, 10 therapy visits (physical, occupational, and speech combined), urgent care and emergency care covered anywhere in the world | Refer to in-network and out-of-network benefits | |

(1) Only for retirees who live outside of the Kaiser service area.
(2) All emergencies are covered in- or out-of-network.
(3) There may be a separate copayment for imaging performed within the emergency department for CT/PET scans and MRIs.
(4) For maternity coverage, delivery benefits are applied separately to both the mother and the newborn.

# Medical Plans—Non-Medicare (Under 65)

KAISER CHOICE PPO IN-NETWORK OPTIONS

## NATIONWIDE COVERAGE



**KP + A NEW STATEWIDE NETWORK OF CONTRACTED PROVIDERS**

**KP + FIRST HEALTH NETWORK PROVIDERS**

**CIGNA HEALTHCARE PPO NETWORK**

**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 or any other KP states, 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: **choiceproducts-colorado.kaiserpermanente.org/choiceppo-plan**.

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

**Tools and Services 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**.

# Kaiser Permanente and Cigna Partnership

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

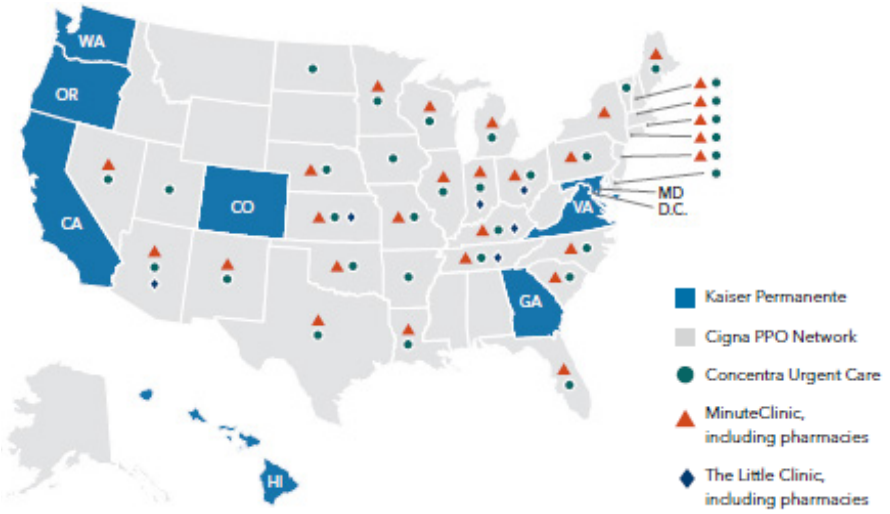
## URGENT AND EMERGENCY CARE ANYWHERE IN THE WORLD

No matter when or where you need to receive urgent or emergency care[3], 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 it:**

- Cigna PPO Network[4] providers—visit **www.cigna.com** to find providers in this network
- MinuteClinics, including pharmacies[5]
- Concentra clinics[5]

## FIND CARE NEAR YOU




### 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),[4] visit **www.kp.org/travel**, or scan the QR code below.

(1) 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. (2) The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. (3) The Little Clinics, MinuteClinic, and Concentra payment experiences vary by plan. (4) 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 available 24/7.

# Medical Plans—Medicare Eligible (Over 65)

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

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

***Members are responsible for paying the Medicare premiums directly to Medicare or if qualified through a deduction taken from their Social Security check.***

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

| Summary of Covered Benefits | **Kaiser Senior Advantage DFD Silver Plan** In-Network Only | **Kaiser Senior Advantage DFD Gold Plan** In-Network Only |
|---|---|---|
| **Deductible** | None | None |
| **Out-of-Pocket Maximum** | $2,500 per individual | $2,500 per individual |
| **Preventive Care**<br>Routine Physical Exam<br>Preventive Services<br>Hearing Services<br><br>Vision Exam with Optometrist<br>Vision Exam with Ophthalmologist | <br>No charge<br>No charge<br>$15 copay per exam;<br>$1,000 hearing device allowance per ear<br>$15 copay per visit<br>$30 copay per visit | <br>No charge<br>No charge<br>$10 copay per exam;<br>$1,000 hearing device allowance, per ear<br>$10 copay per visit<br>$25 copay per visit |
| **Physician Services**<br>Primary Care Physician<br>Specialist<br>Urgent Care/After Hours<br>Durable Medical Equipment | <br>$15 copay per visit<br>$30 copay per visit<br>$30 copay per visit<br>20% | <br>$10 copay per visit<br>$25 copay per visit<br>$25 copay per visit<br>20% |
| **Lab/X-Ray**<br>Diagnostic Lab/X-Ray<br>High-Tech Services MRI, CT, PET | <br>No charge<br>$100 per procedure | <br>No charge<br>$100 per procedure |
| **Hospital Services**<br>Inpatient/Outpatient<br>Skilled Nursing<br>Ambulance Services | <br>$250 copay per day[1]/$200 copay per surgery<br>No charge<br>20% up to $195 per trip | <br>$250 copay per day[1]/$100 copay per surgery<br>No charge<br>20% up to $195 per trip |
| **Emergency Room** | $90 copay per visit | $75 copay per visit |
| **Optical Allowance** | $100 (every two years) | $200 (every two years) |
| **Prescription Drugs**<br>Preferred Generic<br>Non-Preferred Generic<br>Preferred Brand<br>Non-Preferred Brand<br>Specialty<br>Mail Order | No Medicare Part D gap<br>$5 copay<br>$15 copay<br>$40 copay<br>$60 copay<br>$60 copay<br>$0 generic (100-day supply) | No Medicare Part D gap<br>$5 copay<br>$15 copay<br>$40 copay<br>$60 copay<br>$60 copay<br>$0 generic (100-day supply) |
| Out-of-Area Visits | $1,500 allowance for out-of-area office visits, labs/x-rays, physical therapy, and mental health care.[2] | |
| Over-the-Counter Credit | $70 credit per quarter for items such as cold medicine, band-aids, and aspirin. Credit does not roll over | |
| Transportation Services | 20 one-way trips per year with approved service provider | |

(1) $500 maximum. (2) Service copayments will apply. Additional benefit—chiropractic $20/visit and acupuncture $15/visit, 20 visit max on each plan.

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

# Dental Plans

For retirees, three dental plans are available to you and your eligible dependents through Delta Dental.

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

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

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

| Summary of Covered Benefits | **Delta Dental Medium Option** Group #7984 **MAC** | **Delta Dental High Option** Group #7984 **MAC** | **Delta Dental Premier Option** Group #7984 |
|---|---|---|---|
| **Annual Deductible** | $75 | $75 | $50 |
| **Annual Maximum Benefit** | $1,000 per member | $1,500 per member | $2,000 per member |
| **Preventive Care** | 20% after ded. | 0% after ded. | 0% after ded. |
| **Basic Services** | 40% after ded. | 40% after ded. | 40% after ded. |
| **Major Services*** | 60% after ded. | 50% after ded. | 50% after ded. |
| **Implants** | Not covered | Not covered | 50% after ded. |

*24-month waiting period. Waiting period waived for retirees that enroll within 60 days of retirement, or loss of other eligible coverage.

### The MAC Advantage

- Get the lowest out-of-pocket costs and protection from balance-billing when you choose a Delta Dental PPO provider.
- If you choose to visit a Premier provider, you will pay any difference between the Premier fee and the PPO fee. If you choose to see a non-participating provider, you will have higher out-of-pocket costs and will be balance-billed.
- PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full.

| Savings Example for a Major Procedure* | PPO Network | Premier Network | Out-of-Network |
|---|---|---|---|
| **Procedure Cost** | $1,200 | $1,200 | $1,200 |
| **Maximum Allowed Fees** | $850 | $975 | No limit |
| **PPO Fee** | $850 | $850 | $850 |
| **Percentage Paid by Delta Dental** | 50% | 50% | 50% |
| **Amount Delta Dental Pays** | $425 | $425 | $425 |
| **Total Amount You Pay** | $425 | $550 | $775 |

### The Premier Advantage

- Delta Dental PPO providers offer the greatest savings and protection from balance-billing. This means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge.
- If you choose to visit a Premier provider, they also accept discounted fees. But, a PPO provider helps you save most.
- PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full.

| Savings Example for a Major Procedure* | PPO Network | Premier Network | Out-of-Network |
|---|---|---|---|
| **Estimated Charge** | $1,200 | $1,200 | $1,200 |
| **Maximum Allowed Fees** | $850 | $975 | $700 |
| **Percentage Paid by Delta Dental** | 50% | 50% | 50% |
| **Amount Delta Dental Pays** | $425 | $487.50 | $350 |
| **Amount Dentist can Balance-Bill** | $0 | $0 | $500 |
| **Total Amount You Pay** | $425 | $487.50 | $850 |
| **Your Total Cost Savings** | $350 | $225 | $0 |

The tables above are only examples of major procedure savings. The examples assume the deductible has been met. Please see your official plan documents for additional plan details and rates.

# Vision Plan

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

Please note: if you are currently enrolled in the Humana Vision plan and do not make a change during open enrollment, you will automatically default to the upgraded Humana Vision plan and rate.

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

| Summary of Covered Benefits | **Humana Vision** Group #866351 | | |
|---|---|---|---|
| | PLUS Provider | In-Network | Out-of-Network |
| **Eye Exam** (every 12 months) | $0 copay | | Up to $30 allowance |
| **Retinal Imaging** | $0 copay | | Up to $20 allowance |
| **Standard Plastic Lenses** (every 12 months)<br>Single/Bifocal/Trifocal<br>Child Polycarbonate (under age 19)<br>Adult Polycarbonate | <br>$0 copay<br>$0 copay<br>$40 copay | | <br>Allowance up to $25/$40/$60<br>Allowance up to $25<br>Not covered |
| **Frames** (every 12 months) | Up to $250 allowance, then 20% off balance over $250 | Up to $200 allowance, then 20% off balance over $200 | Up to $100 allowance |
| **Contact Lenses** (every 12 months)<br>Elective<br>Medically Necessary | Up to $200 allowance, then 15% off balance over $200<br>Plan pays 100% | | <br>Up to $160 allowance<br>Up to $210 allowance |
| **Laser Correction** | Discounts available | | N/A |

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

## FIND A VISION PROVIDER

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

**New Member Registration and Returning Members**

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

**Members**

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

# Benefit Plan Monthly Premiums

Note: Your Medicare Part B premiums are separate from the DPD Medicare plan premiums. You are responsible for paying the premium to Medicare directly and must continue to pay to keep your coverage under these group-sponsored plans. If you stop your Medicare Part A and/or B payments or enroll in another Medicare plan, you may be disenrolled from these plans. You must notify WPAS, Inc. Safety Benefits at 720-943-4654, immediately if you enroll in a different Medicare plan, lose/lapse Part A or Part B, or move out of the service area as you may no longer be eligible for coverage.

## MEDICAL INSURANCE—NON-MEDICARE ELIGIBLE RETIREES

| **Group #00074**<br>Coverage Level | **Sub Group #42**<br>**Kaiser HDHP** | **Sub Group #76**<br>**Kaiser HMO** | **Sub Group #14**<br>**Kaiser Choice PPO** |
|---|---|---|---|
| **Retiree Only** | $614.00 | $828.00 | $1,017.00 |
| **Retiree + Spouse** | $1,260.00 | $1,690.00 | $2,079.00 |
| **Retiree + Child(ren)** | $1,228.00 | $1,648.00 | $2,027.00 |
| **Retiree + Family** | $1,771.00 | $2,381.00 | $2,924.00 |

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

| **Group #00074**<br>Coverage Level | **Sub Group #108**<br>**Kaiser Senior Advantage DFD Silver Plan w/ HDHP** | **Sub Group #097**<br>**Kaiser Senior Advantage DFD Gold Plan w/ HDHP** |
|---|---|---|
| **Subscriber Only**<br>(One Senior Advantage) | $147.99 | $196.77 |
| **Subscriber + One dependent**<br>(Two Senior Advantage) | $295.98 | $393.54 |
| **Subscriber + One dependent**<br>(One Senior Advantage) | $761.99 | $810.77 |
| **Subscriber + Two or more dependents**<br>(One Senior Advantage) | $1,249.15 | $1,297.93 |
| **Subscriber + Two or more dependents**<br>(Two Senior Advantage) | $909.98 | $1,007.54 |
| **Part B Only Rate** | $687.12 | $735.90 |

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

| **Group #00074**<br>Coverage Level | **Sub Group #100**<br>**Kaiser Senior Advantage DFD Silver Plan w/ HMO** | **Sub Group #098**<br>**Kaiser Senior Advantage DFD Gold Plan w/ HMO** |
|---|---|---|
| **Subscriber Only**<br>(One Senior Advantage) | $147.99 | $196.77 |
| **Subscriber + One dependent**<br>(Two Senior Advantage) | $295.58 | $393.54 |
| **Subscriber + One dependent**<br>(One Senior Advantage) | $975.99 | $1,024.77 |
| **Subscriber + Two or more dependents**<br>(One Senior Advantage) | $1,629.89 | $1,678.67 |
| **Subscriber + Two or more dependents**<br>(Two Senior Advantage) | $1,123.98 | $1,221.54 |
| **Part B Only Rate** | $687.12 | $735.90 |

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

# Benefit Plan Monthly Premiums

## MONTHLY DENTAL INSURANCE PREMIUMS—ALL RETIREES

| Coverage Level | **Delta Dental Medium Option** Group #7984 | **Delta Dental High Option** Group #7984 | **Delta Dental Premier Option** Group #7984 |
|---|---|---|---|
| **Retiree Only** | $24.27 | $39.52 | $49.94 |
| **Retiree + 1** | $46.11 | $75.10 | $94.88 |
| **Retiree + 2 or More** | $66.56 | $105.32 | $133.05 |

## MONTHLY VISION INSURANCE PREMIUMS—ALL RETIREES

| Coverage Level | **Humana Vision** Group #866351 |
|---|---|
| **Retiree Only** | $12.13 |
| **Retiree + Spouse** | $24.72 |
| **Retiree + Child(ren)** | $25.17 |
| **Retiree + Family** | $38.38 |

# Additional Benefits

## POST-EMPLOYMENT HEALTH PLAN

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

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

**Current eligible expenses include:**

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

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

## EMPLOYEE ASSISTANCE PROGRAM

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

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

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

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

## RETIRED FIREFIGHTERS ASSOCIATION OF DENVER

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

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

## SUMMIT SAVINGS 457(b)

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

# Important Contact Information

If you have any questions regarding the material contained in this guide, please contact the WPAS, Inc.

**WPAS, INC.**

Denver Firefighters Health Trust, c/o WPAS, Inc., 7525 SE 24th Street, Suite 200, Mercer Island WA, 98040
Phone: Local: 720-943-4654, Toll Free: 800-781-1875
Website: **www.denverfirebenefits.com**

## MEDICAL

Kaiser Permanente
303-338-3800 or 855-447-6555
**select.kaiserpermanente.org/denver-fire**

DispatchHealth
303-500-1518
**www.dispatchhealth.com**

Medicare
800-MEDICARE (633-4227)
**www.medicare.org**

## DENTAL

Delta Dental of Colorado
Group #7984
303-741-9305 or 800-610-0201
**www.deltadentalco.com**

## VISION

Humana
Group #866351-02
877-398-2980
**www.humana.com**

## POST-EMPLOYMENT HEALTH PLAN

Nationwide
833-268-7079
**www.nrsforu.com**

## EMPLOYEE ASSISTANCE PROGRAM

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

## RETIRED FIREFIGHTERS ASSOCIATION OF DENVER

720-216-7024
**www.dfdretired.org**

## SUMMIT SAVINGS 457(b) DEFERRED COMPENSATION PLAN

Summit Savings
Administered through Nationwide
833-268-7079
**www.denvergov.org/457**

## FIRE AND POLICE PENSION ASSOCIATION

303-770-3772 or 800-332-3772
**www.fppaco.org**

## DENVER FIRE DEPARTMENT FEDERAL CREDIT UNION

303-228-5300 or 866-880-7770
**www.dfdfcu.com**

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

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