



2010 Benefits Guide

Employee Benefits Guide for the City and County of Denver

www.denvergov.org/benefits

2010 Plans and Premiums

2010 Benefits Enrollment and Changes



It's time once again for employees to select their benefit choices as part of the City's open enrollment program.

Open enrollment will begin Oct. 1 and run through Oct. 30, 2009 - selections will be effective January 1, 2010. This is the only time employees may make changes to their medical, dental, vision, short-term disability, flex cash and legal elections for 2010 so it's important to know what's available, what's changing and then act during the month of October.

How do I enroll?

Employees with a user ID and password will need to enroll online through <http://dot>. All others will be mailed a hard copy enrollment form to their home address before October 2009.

What are some of the changes?

The City will continue to offer employees three choices in medical carriers. In 2010, they include Kaiser Permanente, Denver Health and new this year, UnitedHealthcare. We will no longer have Aetna as a carrier.

Kaiser Permanente - Prescriptions for preventive drugs will be filled at a 30 day supply instead of 60 day supply if filled at the pharmacy, Mail order drugs may still be filled for a 90 day supply for two copays. There is no increase to monthly premiums.

Denver Health Medical Plan - Members will pay a \$400 individual and \$800/family upfront deductible before the Denver Health plan pays

costs. After the deductible is paid, the plan reverts to similar copays as 2009. There is no increase to monthly premiums.

UnitedHealthcare - UnitedHealthcare is a new carrier for the City and will offer two plans to employees - the **Choice Plan (HMO)** and the **Choice Plus Plan (HDHP)**.

The **Choice Plan** is a traditional HMO health plan and is similar in design to the Aetna HMO. Current Aetna HMO enrollees will automatically be enrolled unless another election is made during open enrollment.

The **Choice Plus Plan** is a new program for the City. Choice Plus is a high deductible health plan and includes a health savings account.

The Choice Plus Plan features a \$2000 individual deductible and 80% coinsurance for in-network services. To assist with expenses associated with the high deductible plan, members can participate in a health savings account (HSA) which allows participants to set aside money on a pre-tax basis.

Current Aetna POS participants will not be automatically enrolled into the UnitedHealthcare Choice Plus Plan and will need to make this selection during enrollment.

Flexible Spending Accounts (Flex Cash) - Employees interested in participating in the City's flexible spending accounts (Flex Cash) must make an election during open enrollment. The City's provider is changing in 2010 to 24HourFlex, who is one of the regions largest administrators and has a local presence.

Flex Cash requires participants to re-enroll every year.

How are the plans chosen?

The City has a formal advisory committee of employees that monitors the market changes and manages proposals and bids. They then make recommendations to the Career Service Board and CSA Director for approval.

What if I need to change during the year?

If your family status changes such as with the birth of a child or marriage or divorce, you have the option to update your benefits enrollment within 30 days of the status change.

What if I have questions?

The CSA Benefits Team hosts a number of information sessions this month (www.denvergov.org/benefits for more information). They are also available at (720) 913-5697 or benefits@denvergov.org.

Table of Contents

UnitedHealthcare	2-3
Delta Dental	3
Kaiser Permanente	4
Denver Health Medical Plan	5
Health Plan Summaries.....	6-7
24 Hour Flex/Denver Wellness.....	8
Standard Insurance	9
Superior Vision	10-11
Hyatt Legal/Deferred Comp	11
Additional Benefits	12

Our mission at UnitedHealthcare is to “help people live healthier lives.” UnitedHealthcare is here to give you the resources, programs and services you need to help you live healthier.

In the seven-county metro area (Denver, Adams, Arapahoe, Douglas, Boulder and Broomfield), our network includes over 8,800 physicians and 27 hospitals. Nationally, our network includes more than 595,000 doctors and other health care professionals and 4,965 hospitals. This represents approximately seven out of every 10 available physicians and nine out of

10 hospitals nationwide. You can access network care wherever you are and we offer national reciprocity across any of UnitedHealthcare’s markets via our Choice and Choice Plus programs.

You also have access to personalized health information, wellness tools and health coaching online, all the time. You also have dedicated Customer Care available when you need it. Just call the number on the back of your ID card. But there’s more. Here’s a rundown of the programs and services available to you as a UnitedHealthcare member.

PLANS

Choice Plan (HMO/EPO)

The Choice Plan is a copay only plan so there are no deductibles or coinsurance to deal with. With the Choice Plan, you don’t have separate co-payments for lab/x-ray services—they are covered as part of our office visit copay and if you’re admitted to the hospital, that copay applies to your annual out of pocket maximum.

The Choice Plan offers access to our nationwide network of physicians and hospitals so if you have a dependent in another area, they may access our network just like they do in Denver!

Choice Plus Plan (High Deductible Health Plan)

This traditional health plan covers you when you use doctors and hospitals in or out of our network. In fact, it introduces a new way of thinking about health benefits. With most health plans, you have to wait until you are sick before getting any benefit. With the Choice Plus (HDHP), it is ready to help you now. It is a medical plan that includes preventive care coverage up to 100% with an annual limit on how much you have to pay out of pocket. It includes an optional Health Savings Account (HSA) to help you pay for your eligible medical and pharmacy expenses today and in the future and also reduces your taxes three ways; money can be deposited tax-free; you pay no tax on the interest you earn; withdrawals for eligible expenses are tax-free; carries over from year to year and goes with you if you change jobs.

When you choose the Choice Plus, you have:

- No co-payments for preventive care
- No referral or pre-authorization to visit a specialist
- Annual out-of-pocket maximum to protect you financially

When you use your HSA to pay for eligible health care expenses, you don’t have to pay taxes on the money. And, any interest you earn is tax-free. You own the account so you decide when and how you want to use it. And if you leave the company, take it with you.

Benefit Extras

With myuhc.com®, you have 24/7 access to the information you need.

- **Learn more about your coverage.** Check your deductibles and out-of-pocket limits.
- **Look up doctors and hospitals.** Find doctors and hospitals near you. You can even get driving directions and print a map.
- **Organize your medical claims.** See your claims whenever you want and print copies if you like.
- **Use tools that help you make decisions.** Estimate the cost of a treatment or procedure beforehand. Learn more about health conditions and treatments. Search easy-to-read health topics from reliable sources trusted by doctors.
- **Take a health assessment, access health and wellness tools to maximize your benefits,** and get tips and articles to help you get healthy and stay healthy. You can even communicate with a personal health coach who can guide you towards specific health goals, such as losing weight or quitting smoking.



number gives you access to experienced professionals:

- Registered nurses
- Masters-level counselors
- Legal and financial professionals
- Community resources

If face-to-face resources are appropriate for your situation, a Care24 representative can refer you to local, in-person support. Counselors also can refer you to a wide range of national and community resources. We also can help you find a doctor or specialist, and check if a doctor is in your network and available. We may even be able to make the appointment for you.

Care24

Care24 services offer you access to a wide range of health and well-being information—seven days a week, 24 hours a day. Using one toll-free phone number, you can speak with registered nurses and Masters-level counselors who can help with almost any problem ranging from medical and family matters to personal, legal, financial and emotional needs.

Care24 services connect you with reliable resources for information and support regarding a wide range of personal concerns – 24 hours a day, 365 days a year. One toll-free phone

Latino Health Solutions

Latino Health Solutions provides bilingual materials that address the common health issues of the Hispanic community, including diabetes and heart disease, and information on healthy lifestyle changes that may assist members in taking care of their health and the health of their families. Some of the tools that we include:

- printed materials
- computer-based learning



- modules
- Bilingual customer service
- Materials that help members understand how to appropriately utilize their health insurance

UnitedHealth Premium® Designation Program

The UnitedHealth Premium designation program is an easy-to-use, free resource that provides quality and cost efficiency information about physicians and facilities in your area. Doctors who meet quality and cost efficiency standards receive two stars, and doctors who meet quality standards receive one star. All you have to do is look for the stars on myuhc.com to find a doctor that is right for you.

Healthy Pregnancy Program

We want to help you ensure a smooth pregnancy, delivery and a healthy baby. That's why we created the Healthy Pregnancy Program. By seeing your doctor regularly, and by enrolling in our Healthy Pregnancy Program, a free program for UnitedHealthcare plan members, you'll have built-in support through every stage of your pregnancy.

UnitedHealth Allies

UnitedHealth Allies is a service that can help you save 10 to 50 percent on health care services, fitness club memberships, weight-loss programs, exercise equipment and more. It is not a health insurance plan, but a health discount program to help save you money on items and services not covered by your benefit plan.

My Rx Choices®

As consumers, we often price shop to get the best value on most things we buy. You also can do that for prescription medications. There are often many drugs that treat the same illness. They might all be approved by the U.S. Food and Drug Administration to treat the same condition. The biggest difference between them is their cost. My Rx Choices is your prescription medication pricing comparison tool through myuhc.com. Review lower cost options – such as generics or mail order – on medications you're currently taking. My Rx Choices also allows you to share this information with your doctor.

At UnitedHealthcare, we do more than just pay your claims. We give you choice, control and access to the tools and information you need. We encourage you to take full advantage of everything UnitedHealthcare has to offer. We're here to help you live healthier.

DELTA DENTAL®

Delta Dental of Colorado is pleased to continue offering the same quality dental plans to City and County of Denver employees for 2010.

We will continue to offer three plans to choose from. An exclusive provider plan (EPO), and a low and high preferred provider (PPO) plans.



Exclusive Provider Option Plan

This plan utilizes a copayment schedule and you MUST see a PPO provider in order to receive benefits. There are no deductible or maximums with this plan.

Low Option Preferred Plan

You may see any provider under this plan. You receive a better benefit if you see PPO providers and your out of pocket expenses will be less. The low option has a \$1250 annual maximum, with a \$1000 orthodontic lifetime maximum. Deductibles are \$25.00 or a family deductible of \$75.00.

Service	In Network	Out of Network
Diagnostic and Preventative	100%	80%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontia	50%	50%

High Option Preferred Plan

You may see any provider under this plan also. Again, you receive a better benefit if you see PPO providers and your out of pocket expenses will be less. The high option has a \$2000 annual maximum, with a \$1000 orthodontic lifetime maximum. Your deductibles are the same as the low option plan.

Service	In Network	Out of Network
Diagnostic and Preventative	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Orthodontia	50%	50%

Tools for You

Delta Dental of Colorado has enhanced our website (www.deltadentalco.com). It is now called the Subscriber Connection. It looks a little different, it is more secure, but the functionality is the same. You can still look up your eligibility and claims information. You can also print your explanation of benefits forms or ID cards from the site.

We have a risk assessment tool for you to use, as well. The Dental Optimizer is available to help get an estimated cost for services. This tool will also help you understand what puts you at risk for cavities and the steps to take to reduce that risk. The Savings Optimizer Tool will help you understand what drives your dental costs, how much your anticipated care might cost and the steps to take to lower your costs.

Remember that you now have an alternate ID number. You will receive an ID card with this number on it. Please be sure to share this number with your dental office.

To print an ID card or for any information on your dental plans, please visit us online at www.deltadentalco.com or call our Customer Service at (303) 741-9305 or 1-800-610-0201.



Kaiser Permanente

When it comes to managing your health – you're in charge!

It's funny. Some people share more with their personal trainers and hairstylists than their doctors. At Kaiser Permanente, we're changing that. We give you a wide variety of ways to build a lasting partnership with your doctor and your medical team, as well as a host of convenient locations that offer primary care, lab, X-ray and pharmacy services under one roof, cutting-edge technology, and an unparalleled spirit of teamwork that pulls everything together for you.



Good health at your fingertips

When it comes to giving our members access to the latest advances and services in health care, Kaiser Permanente is the leader nationally and locally. You can register for secure access to the members-only features of My Health Manager on kp.org, and connect to your confidential health information with one click, 24 hours a day, 365 days a year.

What's that mean to you and your busy family?

- E-mail your doctor's office for free, to save time, gas, and even a copay
- View most of your lab test results online from home or work
- Request, view, or cancel routine appointments to fit your ever-changing schedule
- Order prescription refills (90-day supply for just 2 copays) and have most of them mailed to you at no extra charge...and much more!



But that's just the start.

Take our free online Total Health Assessment (THA) to help you discover what's affecting your overall health. Once you've completed the online questionnaire, you'll get an immediate customized action plan to help you succeed in creating a healthier lifestyle. You can also elect to have your THA results put in your electronic medical record so that you can work with your personal health care team to address any specific concerns raised by the results. And don't forget, when asked if you'd like to share only your name with your employer that you've completed the assessment, we encourage you to say "yes" in order to qualify for any incentive that may be offered by your employer for completing the survey.

Completing the THA can also give you some direction in choosing among a host of health education classes, many of which are free with your Kaiser Permanente membership. For example, take that yoga class you were always interested in, learn how to fight fatigue, learn how to choose and



eat healthier foods, break the nicotine habit, learn practical parenting skills, and take charge of diabetes, cholesterol, or chronic health conditions. The list goes on and on.

We're also known for our leading emphasis on prevention because we've proven it again and again that it not only improves your health, but also reduces your health care costs. That's why your Kaiser Permanente plan has just \$5 prevention visits. Those visits include well woman or child visits, annual physicals, routine prenatal and postnatal visits and adult and child immunization visits, to name a few.

On top of that, there's no sticker shock when it comes to getting the care you need. That's because you've got a plan with predictable costs that you can rely on throughout the year. That includes:

Service	Copay
Primary care office visits	\$20 copay
Specialty care office visits (no referral necessary)	\$35 copay
Prescriptions (30-day supply)	\$15 generic \$25 brand name
Prescription refills (mail order - 90 day supply)	2 copays
Hospital - Inpatient	\$300 copay/admit
Outpatient care	\$100 copay
Vision (exams/eyeglasses-contacts credit)	\$20 copay/ \$100 every 2 yrs.
Chiropractic services	\$20 copay/ 20 visits max/year

Changes from 2009 include:

- **Prescriptions drug benefit** was 60 day supply, it is now a 30 day supply, with two copayments for a 90 day supply.
- **Colonoscopies** Previously \$100 copay, now **\$70** copay
- **Gynecological Services** will change from a primary care copayment of \$20 to specialty copayment of **\$35** when services are rendered for pre-natal, maternity care and all other GYN related services.

Put it all together, and you've got a total health philosophy that works for you and your family like few other plans do. That's because you and your family are the center of our health care universe. Be well and thrive!

Denver Health Medical Plan (DHMP)

Plan for Health

The economy has been in the spotlight all year. The whole nation is having difficulty balancing budgets and the City and County of Denver is no exception. To this end, DHMP was asked to provide a benefit plan with a 0% increase in premiums. This proved to be a challenging but possible task.

DHMP looked at several alternatives and found that by adding an upfront deductible, the Plan could keep benefit reductions to a minimum. Beginning in 2010, all Career Service employees who join DHMP will have a \$400 per person/\$800 per family calendar year deductible. This deductible will not apply to pharmacy or chiropractic or certain other preventive services (mammogram, colonoscopy, pap smear, annual lipid profile) that will also be exempt from the deductible.

To minimize confusion with these changes, we have provided the following information detailing how the process will work. If you have further questions regarding the deductible or your benefits, call our Member Services at **(720) 956-2100**. Plan representatives will be happy to help you.

More than one or two people can satisfy a family deductible. For example, "Mom" may have services to meet her \$400 deductible, "Dad" satisfies \$200 of his deductible and "two children" each satisfy \$100 of their deductible. At this point, the \$800 family deductible is met for all four members of the family. We know that economic times are tough. We have worked hard to design a plan that costs you and the City less premium, and yet provides the care you need, at a convenient location.

When a member visits a Denver Health medical office, the applicable co-pay will be collected as usual (\$20 for PCP, \$30 for specialist); Denver Health will submit your claim to DHMP. The plan will re-price the claim according to the contract with Denver Health, apply any or all of the amount to member's deductible and send the claim back to Denver Health Patient Accounts. Patient Accounts will subtract the copay from this claim and if there is an outstanding balance, the member will be billed for that amount.

Beginning January 1, 2010 DHMP will also provide coverage for certain types of genetic testing and cochlear implants. We also have an eyewear benefit, something that saves you money when purchasing eyewear, without having to buy a separate policy.

Another change taking effect at the first of the year is the number of days included in a prescription copay. If you use the Pharmacy by Mail program, your prescription will continue to be filled for 90 days for one copay. However, if you use the DH Pharmacy or any participating pharmacy, the prescription will be filled for 30



Level One Care for ALL

days for one copay. The reason for this change is that many times a provider will prescribe a new medication only to find after two weeks that the medication is not working well and a new drug must be substituted. This results in large amounts wasted medications if the member was



provided a 60-day supply. Once your provider knows the medication is working and you are going to continue taking it, you could receive a 90-day supply for one copay through DH Pharmacy by Mail.

Also in 2010, Denver Health Medical Plan (DHMP) will offer some additional programs.

- Expanded Curves Wellness program
DHMP will pay \$20 toward the monthly fee for every month that members who join Curves work out at least 8 times per month.
- NEW! A partnership with Weight Watchers to offer savings to DHMP members. Join Weight Watchers through DHMP and receive 35% off your membership fees!
- New eLearning module for parents-to-be. Online childbirth classes, free of charge to members.
- Continued discounts for Jenny Craig, acupuncture, massage therapy and fitness centers.

Added Services:

- 24-hour NurseLine
- Online Health Risk Assessment (HRA)
- Member Newsletters Health Coaches
- Health Coaches - Health Coaches are trained professionals who partner with members to identify goals and an action plan to achieve those goals. Most coaching is done over the telephone and through email. However, appointments can be made to meet in person as needed.

- Convenient Care
- From clinic locations to prescription pickup, DHMP offers convenient options. Choose from eight community health centers throughout Denver, as well as the DHMP Clinic located in the Webb Center for Primary Care on the main Denver Health campus. All locations have free, easily accessible parking for DHMP members. Several convenient pharmacy options are available, including online prescription refills and Pharmacy Delivery by Mail, offering a 90-day prescription supply for one copay.
- Healthy Heroes - It's never too early to teach children how to be healthy and safe. The club is for children ages 3-12 as a fun way to encourage good habits. Children receive Healthy Heroes Membership Card and Certificate, activity sheets and postcards in the mail. With three age groups, this program grows with your child.

State-of-the-Art Facilities

Denver Health's Pavilion B is an ALL private room facility with a cutting edge medical intensive care unit. The Pavilion for Women and Children offers family-centered care. All rooms are private and have

- Wireless Internet
- Flat screen television
- Sleeping space for family members
- Birthing suites include a bathroom equipped with Jacuzzi tub,
- State-of-the-art birthing bed and
- Special waiting areas for visitors
- Certified nurse midwives are also available if you want a more natural birth experience

The Pediatric Unit is designed to put children at ease and speed their recovery. A polar bear exam table, friendly giraffe height and weight scale, and the "Starlight" playroom, make the inpatient experience easier for you and your child. Denver Health has a pediatric emergency department, which is a separate child-friendly area for children and their families. There are 19 private rooms, play areas, and is staffed entirely by pediatric professionals.

At DHMP, YOUR CARE MATTERS. We monitor our quality indicators. Our goal is to have healthy members. Let us know how we can assist you.

WEIGHT WATCHERS is the registered trademark of Weight Watchers International, Inc. and is used under license.

2010 Career Service Medical Plan Summary

Provider Benefits	UnitedHealthcare Choice (HMO/EPO)	UnitedHealthcare Choice Plus (High Deductible Health Plan)		Kaiser Permanente (HMO)
		In-network	Out-of-network	
Annual Deductible				
Single	N/A	\$2,000	\$5,000	N/A
Family	N/A	\$4,000	\$10,000	N/A
Out-of Pocket Maximum				
Single	\$3,000 per individual	\$4,000 per individual	\$6,000 per individual	\$2,000 per individual
Family	\$6,000 per family	\$8,000 per family	\$12,000 per family	\$4,500 per family
Lifetime Maximum	\$2 million lifetime max	\$2 million lifetime max	\$2 million lifetime max	Unlimited
Office Visits				
Primary Care Physician (PCP)	\$35 copay	20% after deductible	40% after deductible	\$20 copay
Specialist	\$50 copay	20% after deductible	40% after deductible	\$35 copay
Preventive	\$35 copay	No Charge	Not covered	\$5 copay
Maternity (Healthy baby care)				
Prenatal	\$50 copay	20% after deductible	40% after deductible	\$5 per visit
Delivery	\$1,000 copay	20% after deductible	40% after deductible	\$300 copay
Prescription Drugs				
Generic	\$15 copay	\$10 copay after deductible	Not covered	30 day supply
Formulary	\$45 copay	\$30 copay after deductible		\$15 copay
Non-formulary	\$60 copay	\$45 copay after deductible		\$25 copay
				N/A
Inpatient Hospital (*per admission)	\$1,000*	20% after deductible*	40% after deductible*	\$300*
Outpatient Hospital	No Charge	20% after deductible	40% after deductible	\$100
Lab and X-ray	No Charge	20% after deductible	40% after deductible	No charge
MRI/Cat/Etc	No Charge	20% after deductible	40% after deductible	\$100
Emergency Care	\$200	20% after deductible	20% after deductible	\$100
Urgent Care	\$100	20% after deductible	40% after deductible	\$50
Mental Health				
Inpatient	\$1,000 copay max 45 days per year	20% after deductible max 45 days per year	40% after deductible max 45 days per year	\$300 per admission max 45 days per year
Outpatient	\$50 copay, max 20 visits per year	20% max 20 visits per year	40% max 20 visits per year	\$20 copay max 20 visits per year
Alcohol/Substance Abuse				
Inpatient	\$1000 copay max 45 days per year	20% after deductible max 45 days per year	40% after deductible max 45 days per year	\$300 per admission
Outpatient	\$50 copay max 20 visits per year	20% after deductible max 20 visits per year	40% after deductible max 20 visits per year	\$20 copay 20 visits per year
Physical, Occupational and Speech Therapy	\$50 copay 20 visits/year	20% after deductible max 20 visits per year	40% after deductible max 20 visits per year	\$20 copay 20 visits per year
Vision Care	\$50, one exam/every 24 months	20% after deductible	Not covered	\$20 per exam, \$100 materials benefit every 2 years
Chiropractic	\$50 max 20 visits per year	20% after deductible max 20 visits per year	40% after deductible 20 visits per year	\$20 copay max 20 visits per year
Acupuncture	Not covered; visit www.unitedhealthwellness.com for discount benefits	Not covered; visit www.unitedhealthwellness.com for discount benefits	Not covered	25% discount with American Specialty Health

Denver Health Medical Plan (HMO)	
\$400 applies to all services	
\$800 applies to all services	
None	
None	
Unlimited	
\$20 copay	
\$30 copay	
\$5 copay	
\$20 copay	
\$200 copay	
30 day supply \$4/\$15 copay	
\$25 copay N/A	
\$300*	
\$100	
No charge	
No charge	
\$100	
\$30	
\$300 copay	
\$30 copay	
\$300 per admission	
\$30 per visit	
\$10 copay max 20 visits per year	
\$30, one exam per 2 years, \$100 - 200 materials benefit every 2 years	
\$20 copay 20 visits per year	
Not covered	

2010 Dental Plan Summary

	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 Co-payments"	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	50%	50%	50%	50%

2010 Bi-Weekly Benefit Rates

Employee contributions to medical and dental premiums are deducted equally from the first two paychecks of each month while 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.

Medical Benefit Plan Rate Schedule

Benefit Provider	Single Employee Bi-Weekly Rate		Employee and Spouse Bi-Weekly Rate		Employee and Child 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/EPO	\$259.86	\$45.86	\$521.25	\$151.33	\$489.16	\$122.29	\$733.73	\$244.58
United Healthcare HDHP	\$161.05	\$28.42	\$323.04	\$93.79	\$303.10	\$75.79	\$454.73	\$151.58
Kaiser	\$172.12	\$30.37	\$345.25	\$100.23	\$323.99	\$81.00	\$485.98	\$161.99
Denver Health Medical Plan	\$186.36	\$32.89	\$353.98	\$102.77	\$283.40	\$70.85	\$474.94	\$158.31
Delta Dental Plan Rate Schedule								
Delta EPO	\$9.68	\$0.51	\$20.17	\$2.24	\$18.36	\$2.04	\$27.70	\$4.89
Delta PPO Low Option	\$9.68	\$4.06	\$20.17	\$10.13	\$18.36	\$8.91	\$27.70	\$20.75
Delta PPO High Option	\$9.68	\$8.00	\$20.17	\$19.07	\$18.36	\$17.30	\$27.70	\$35.18
Premium Deducted from the First Paycheck of Each Month								
Superior Vision	\$6.38		\$13.68		\$10.30		\$18.78	

2009 Employee Health Insurance Committee

Appointed Members

Don Andriese – Public Works
 Fran Augenblick – DERP
 Jeanne Faatz – City Council
 Lauri Dannemiller – City Council
 Jesse Mendoza – DIA
 Linda Mitchell – Police
 Mike Mosco – Police
 Steven Oliver – Community Planning & Dev

Ed Scholz – Budget and Management

Steven Sandoval - Denver Human Services

Career Service Authority, Benefits Staff

Bruce Backer Heather Britton NeOma Sidner
 Jessica Montero Laura Fuentes

24 HourFlex.com

Flex cash is a way for you to set aside money on a pre-tax basis from your paycheck for uninsured medical expenses, daycare 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 31 days of your hire date, or if you experience a family status change.

Effective January 1, 2010 the City and County of Denver will be changing flexible spending account providers from Discovery



Benefits to 24HourFlex.com, a local flex administrator. 24HourFlex is one of the region's largest administrators and is known for its outstanding customer service. Other clients of 24HourFlex include the City of Thornton, Jefferson County, the Cherry Creek School District, City of Greenwood Village, City of Broomfield, Exempla Healthcare, Frontier Airlines, and many more.

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 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.

Denver Wellness: Get Healthy, Enjoy Life, Save Money

City and County of Denver Employee Wellness Program

DenverWellness



Starting on January 1, 2010, employees will be eligible for a premium discount on their medical insurance in 2011 by completing a few simple first steps in the City's DenverWellness program.

In our ongoing effort to promote employee health and well-being, and reduce health care costs for employees and the City, only two actions are required:

1. **Complete the online health assessment through your health care provider (Denver Health, Kaiser Permanente or our newest provider UnitedHealthCare).**
2. **Complete one of the following by August 31, 2010:**
 - Online health program through health care provider.
 - DenverWellness worksite program, (list to be provided). Acceptable programs/activities can be completed at Human Services, Downtown or DIA
 - Self-paced eight week physical activity program.

The health assessment is a private and confidential tool which will provide feedback to employees about their individual health risks. After completion of the health assessment, employees receive a personalized health action plan which provides information on how to improve health by reducing health risks and maintaining a healthy lifestyle. The Action Plan can be a starting point and serve as a guide for future wellness programming.

Employees will have January through August 31, 2010 to complete the online health assessment and one of the three wellness programs. Please note this discount is for Career Service status employees only.

Participation, not results, will earn employees the premium discount incentive. All activities are voluntary and confidential.

More information will be coming soon from your Wellness Champion, future issues of InSight, City e-mails and open enrollment sessions.

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.

Short Term Disability (STD)

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 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 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. The STD plan offers great flexibility by allowing you to select from two plans with multiple options. Both plans are contributory, meaning you pay the premium for the option you select.

- **Option 1** – Pays 70% of your weekly earnings up to \$350 per week after a 7 calendar day Benefit Waiting period.
- **Option 2** – Pays 70% of your weekly earnings up to \$1,500 per week. You can select a Benefit Waiting Period of 7, 14, 30, or 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, 2010.

Additional Life, Dependents Life Basic Life and AD&D Insurance

Basic Life Insurance from The Standard helps provide financial protection by promising to pay a benefit in the event of an eligible employee's covered death. Basic AD&D insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident. Your Basic Life coverage also includes MEDEX® Travel Assist for travel assistance worldwide.

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 may be required.

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.

More information regarding coverage options will be available during open enrollment.



Superior Vision

Superior Vision offers City and County of Denver employees the opportunity to enroll for comprehensive vision coverage through the Vision Plan. In some ways, the Vision Plan is like a PPO medical plan. Both plans have the cost savings strategy of using “in-network” and “out-of-network” providers.

In-Network / Out-Of-Network Providers

This plan covers vision expenses from both in-network and out-of-network providers. Using in-network providers guarantees you quality and cost control. Your in-network provider will obtain your authorization number and do all the paperwork, so you don't have to file claims. To locate a provider who is in the network, visit the Superior Vision Plan website at www.superiorvision.com or call the Member Service Department at **(800) 507-3800**.

In-network providers include ophthalmologists (doctor of medicine or doctor of osteopathy), optometrists (doctors of optometry) and opticians (professionals in the field of designing, finishing, fitting and dispensing of eyeglasses and contact lenses based on an eye doctor's prescription).

If you use out-of-network providers, you must first contact the Member Service Department at **(800) 507-3800** to obtain your authorization number. When you receive out-of-network vision services, you must pay the full fee, and then file for reimbursement. Remember to show your ID card to the provider. If there are no in-network providers available in your area, you may use your out-of-network benefits, or you may nominate a provider in your area for consideration to the Superior Vision Plan provider network. You can do this by calling **(800) 923-6766** or faxing to **(916) 852-2290** the name, address, and telephone number of the provider you would like to have considered for panel membership.

What The Vision Plan Covers

If you choose to enroll for vision coverage, the plan covers basic eyewear needs such as:

- Eye exams
- Eyeglass Lenses
- Frames
- Contact Lenses

You have an option to obtain your contact lenses online. All major brands and types are available to be delivered directly to your door by accessing www.svcontacts.com.

You are eligible for discounts for eyeglass lenses

upgrades or lens add-ons, as well as additional purchases of eyewear. There is no limit to the number of times you and your covered dependents can use discounts. However, you must show your ID card to take advantage of the Vision Plan discounts and utilize a provider contracted to offer discounts under the plan. Discounts are also available for refractive surgery and blepharoplasty (cosmetic eyelid surgery) as specified in the Benefit Summary Chart.



What The Vision Plan Does Not Cover

The Vision Plan is designed to provide your basic eyewear needs. It does not cover items that are

considered cosmetic or elective. The following is a list of the Vision Plan options requiring additional charges. You are responsible to pay the applicable additional charge directly to your provider.

- Replacement frames and/or lenses
- Blended (no-line) and/or multi-focal lenses (standard design bifocal lenses are a covered benefit; blended (no-line) bifocals require an additional charge)
- Beveled and/or faceted lenses

2010 Vision Plan Benefit Summary

Benefit	In-Network	Out-of-Network
Copay		\$10 Exam \$25 Materials (eyeglass lenses and/or frames)
Eye exam (once every 12 months)		
Ophthalmologist (MD)	Covered in full	Covered up to \$34
Optometrist (OD)	Covered in full	Covered up to \$26
Standard Lenses – per pair (once every 12 months)		
Single vision	Covered in full	Covered up to \$35
Bifocal	Covered in full	Covered up to \$50
Trifocal	Covered in full	Covered up to \$60
Lenticular	Covered in full	Covered up to \$95
Contact Lenses – per pair* (once every 12 months)		
Medically Necessary	Covered in full	Covered up to \$210
Elective	Covered up to \$120**	Covered up to \$100
Frames (once every 24 months)	Covered up to \$100**	Covered up to \$50
Discounts***		
Add-on charges to first, covered pair of eyeglass lenses	20% off retail	N/A
Additional purchase of prescription eyeglass lenses and eyeframes	30% off retail	N/A
Contact lenses – standard hard or soft	20% off retail	N/A
Disposable contact lenses	10% off retail	N/A
Refractive surgery and cosmetic eyelid surgery	20% off usual and customary surgical fees	N/A

- Coated lenses
- Polycarbonate lenses
- Oversized lenses
- Cosmetic lenses
- Frames greater than the plan allowance

Listed below are examples of treatments and services that are not covered by the Vision Plan.

- Non-prescription (plano) eyewear
- Vision training
- Progressive lenses (standard trifocal lenses are a covered benefit; blended, progressives require an additional charge)
- Tints on lenses (except Rose or dark tints #1or #2)
- Low vision aids
- Orthoptics
- Employer-required eye exams
- Services or supplies provided by another vision plan or workers' compensation coverage

How to File a Claim



To file for reimbursement of out-of-network vision care expenses, submit your original itemized billing or receipt from your provider, along with your authorization number to the address listed below. You will be reimbursed according to the Vision Plan Benefit Summary Chart, less any required copayments.

Superior Vision Claims Administration

P.O. Box 967

Rancho Cordova, CA 95741

To contact Superior Vision Claims

Administration, call **(800)507-3800**.



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.

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.

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 two third party administrators: Cooney and Associates (Hartford

Insurance) or ICMA-RC.

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.

Additional Benefits for Employees

Additional benefits are not administered by the CSA Benefits Team. If you have questions, please contact hr@denvergov.org.



Working for a world-class municipal government under the leadership of one of our country's top mayors, **Mayor John Hickenlooper**, has its advantages. We offer a diverse, inclusive, and rewarding work environment and a broad array of benefit programs, such as multiple health programs and a generous leave package. Our employees are able to take advantage of:

Transportation

RTD ValuPass - Partially subsidized by the City (Local, Express, Regional passes, www.denvergov.org/benefits)

Retirement

- **Denver Employees Retirement Plan** (www.derp.com)
 - Vested after 5 years
 - Employer contribution=8.5%
 - Employee contribution=2.5%
- **Deferred Compensation Plans** - 457 (similar to the 401k in private sector) Providers:
 - Cooney/Hartford
 - ICMA

Time Off

- 10 paid holidays/year
- 1 personal holiday/year
- Vacation - Accrue 8 hours per month (12 days/yr.) through 5th year of

employment

- Sick Days - Accrue 8 hours per month (12 days/yr.)

Training and Professional Development

- **Education, Training and Professional Development** (www.denvergov.org/training)
- **Tuition Reimbursement** - For qualifying education expenses (www.denvergov.org/erp)

Other Benefits and Services

- **Employee Recognition Programs**
- **Employee Assistance Program** (Office of Employee Assistance) - Free counseling for employee and family.
- **Wellness Center at Webb Municipal Building** (www.denvergov.org/wellness) - One week free for new employees.
- **Dry Cleaning Services at Webb Municipal Building** - Green services with free pick up and drop off with discounted rates.
- **Denver Recreation Centers** - Reduced membership fees.
- **Employee discounts** (www.denvergov.org/cityspirit) - Discounted events, local venues, retail and service discounts.

2010 Holiday Schedule

The holidays listed below are observed by the City, and are granted to all employees regularly scheduled to work except for on-call employees and employees in the short range classes (Park Seasonal Laborer, Pool Supervisor, Recreation Aide, Recreation Facility Asst., and Ushers). Some employees may be required to work on a holiday(s) in order to maintain essential services to the City.

New Year's Day, January 1, 2010

Martin Luther King Day, January 18, 2010

President's Day, February 15, 2010

Cesar Chavez Day, March 29, 2010

Memorial Day, May 31, 2010

Independence Day, July 5, 2010
(July 4th is on a Sunday)

Labor Day, September 6, 2010

Veteran's Day, November 11, 2010

Thanksgiving Day, November 25, 2010

Christmas Day, December 24, 2010
(December 25th is on a Saturday)

If any of these holidays falls on a Sunday, then the Monday following is considered the holiday. If any of these holidays falls on a Saturday, the preceding Friday is considered as the holiday, pursuant to Career Service Rule 11-171 (www.denvergov.org/csarules).

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

Denver, CO 80202

Phone: (720) 913-5697

Fax: (720) 913-5548

www.denvergov.org/benefits

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