



# **Denver Fire Department**

## **Benefit Guide Active Employees**

**Plan Year January 1, 2012 - December 31, 2012**



# The Denver Fire Department Benefit Program

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The Denver Fire Department offers a variety of benefits to you and your eligible dependents, which are summarized in this booklet. To enroll in any plan please follow the instructions in this guide.

## For New Hires

### What You Need to Do

- ✓ **Read** this benefit enrollment guide carefully.
- ✓ **Complete** and sign the Denver Fire Department Benefit Enrollment/Change Form.
- ✓ **Submit** your completed enrollment form(s) along with required documentation to the Human Resources Benefits Team, within 30 days of your hire date.

### Your Benefit Choices

Denver Fire Department offers the following benefit package to active eligible employees:

- ❖ Medical Plans – Kaiser Permanente
- ❖ Dental Plans – Delta Dental
- ❖ Vision Plan – Humana
- ❖ Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- ❖ Flex Cash (Health Care and Dependent Care FSA) - 24 Hour Flex
- ❖ Plus additional Life and Disability choices

### Eligibility

Regular full-time employees are eligible to participate in the medical plan as of the date of hire and the dental plan the first of the following month. You must enroll within thirty (30) days of your hire date or eligibility date (if you have a family status change you have 31 days), or you may enroll during the Annual Enrollment period.

### Eligible Dependents

Many of the benefit plans offer coverage for eligible dependents. Eligible dependents include the following:

- ◆ Your legal spouse, if not legally separated
- ◆ Your qualifying spousal equivalent
- ◆ Your children to the end of the month in which they turn age 26
- ◆ Your children over age 26 who are totally disabled

### Choosing a Coverage Level

You may elect different coverage levels under the medical and dental plans. For example, you may elect employee only coverage under the medical plan and family coverage under the dental plan. Your medical selection with Kaiser can be no less than your vision coverage for the Humana vision plan.

The coverage levels are as follows:

- ❖ Employee only;
- ❖ Two Party;
- ❖ Family
- ❖ Employee and spouse (Dental Only);
- ❖ Employee and child(ren) (Dental Only);
- ❖ Decline Coverage.

### Available Resources

The following resources are available to assist you in the enrollment process:

- ❖ **Benefit Provider Websites and Toll Free Numbers** – each of the carrier websites contains valuable information regarding the benefit plan and an up-to-date list of participating providers. The list on Page 7 includes websites and numbers for each carrier.
- ❖ If you have questions regarding your benefits, please contact the Human Resources Benefits Team at 720-913-3413 or 720-913-6741 or visit the Department of Safety website at: <http://www.denvergov.org/safety/safetyhumanresources>.

# The Denver Fire Department Benefit Program

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The Denver Fire Department offers a variety of benefits to you and your eligible dependents, which are summarized in this booklet. To enroll in any plan please follow the instructions in this guide.

## For Current Employees

### Making Election Changes

The Denver Fire Department Benefit Program allows you to make changes once a year during the Annual Enrollment period. You cannot enroll, change, or terminate your coverage during the year unless you have a family status change as defined under Section 125 of the Internal Revenue Service (IRS).

### Annual Enrollment Period

Open Enrollment provides you the opportunity to change your elections for medical, dental, vision. In order to continue or change your Flexible Spending Accounts you **must** enroll online. You can also change your deferred compensation (457) provider during Open Enrollment.

### To enroll or change elections during the Annual Enrollment period:

1. Login to DOT using your user name and password
2. Click "Benefits Enrollment" under My Benefits and follow the prompts
3. You will receive confirmation of your enrollment or election changes

### If you experience a Change in Family Status:

- ❖ You must notify the Benefits Team within thirty-one (31) days of the status change in order to add or delete a dependent or make other changes.
- ❖ Supporting documentation will be required.
- ❖ If you miss the 31-day window, you will not be allowed to make changes until the next Annual Enrollment period (per section 125 of the IRS tax code).

### Examples of qualifying Change in Family Status:

- ❖ Marriage
- ❖ Legal separation or divorce
- ❖ Death
- ❖ Birth or adoption
- ❖ Change in your spouse's employment or health benefits
- ❖ Unpaid leave of absence for you or your spouse
- ❖ New Common Law / Domestic Partner Relationship

### Getting Close to Retirement?

Employees who are thinking about and/or ready for retirement, please review the Memorandum of Understanding (MOU) revision number 05-292 - a rule that requires a 60 day notice. Contact Human Resources at least 60 days prior to your planned retirement date.

### Available Resources

The following resources are available to assist you in the enrollment process:

- ❖ **Benefit Provider Websites and Toll Free Numbers** – each of the carrier websites contains valuable information regarding the benefit plan and an up-to-date list of participating providers. The list on Page 7 includes websites and numbers for each carrier.
- ❖ If you have questions regarding your benefits, please contact the Human Resources Benefits Team at 720-913-3413 or 720-913-6741 or visit the Department of Safety website at:  
<http://www.denvergov.org/safety/safetyhumanresources>.

# Medical and Vision Plans

Denver Fire Department offers you and your eligible dependents the choice of two comprehensive medical plans through Kaiser. The HMO plan provides coverage at Kaiser facilities only. Coverage is 100% after copayments. The Triple Option plan offers the highest level of benefits if services are provided by Kaiser. There are also benefits for visiting a participating PHCS network provider. You receive the maximum benefit under the plan and pay a smaller amount out of your pocket when you seek medical treatment from Kaiser or PHCS, as these providers have agreed to discount the fee for their services. On the Triple Option plan you may also seek services that are Out-of-Network. Below is a brief summary of the benefits provided by the plans:

Benefit Summary	Kaiser HMO	Kaiser Triple Option		
	Network Only	Kaiser Network	PHCS Network*	Out-of-Network
<b>Annual Deductible</b>				
Individual	None	None	\$300	\$400
Family	None	None	\$900	\$1,200
<b>Annual Out-of-Pocket Max</b>				
Individual	\$2,000	\$2,000	\$3,000	\$6,000
Family	\$4,500	\$4,500	\$9,000	\$18,000
<b>Office Visits</b>				
Preventive	\$5 copay	\$5 copay	\$20 copay	\$70 copay
Primary Care Physician	\$15 copay	\$15 copay	\$20 copay	40% after deductible
Specialist	\$25 copay	\$25 copay	\$35 copay	40% after deductible
<b>Hospital Services</b>				
Inpatient	\$250 copay	\$250 copay	20% after deductible	40% after deductible
Outpatient	\$100 copay	\$100 copay	20% after deductible	40% after deductible
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgent Care	\$100 copay	\$100 copay	20% after deductible	40% after deductible
After-Hours Care	\$50 copay	\$50 copay	20% after deductible	40% after deductible
<b>Lab &amp; X-ray</b>				
Diagnostic	No Charge	No Charge	20% after deductible	40% after deductible
Therapeutic	\$25 copay	\$25 copay	20% after deductible	40% after deductible
High-Tech**	\$100 copay	\$100 copay	20% after deductible	40% after deductible
<b>Prescription</b>	<b>(30-day supply)</b>	<b>(30-day supply)</b>	<b>(30-day supply)</b>	<b>(30-day supply)</b>
Generic	\$10 copay	\$10 copay	\$25 copay	50%
Brand	\$15 copay	\$15 copay	\$35 copay	50%
Mail Order (90-day supply)	2x retail copay	2x retail copay	2x retail copay	N/A
<b>Lifetime Max Benefit</b>	Unlimited	Unlimited	\$1,000,000 per member	

\*Visit [www.multiplan.com/kaiser](http://www.multiplan.com/kaiser) for online provider directory

\*\*High-Tech services include MRI, CT scan, PET scan, etc.

Denver Fire Department offers vision coverage through Humana to you and your eligible dependents. **Please Note:** if you enroll in the Kaiser medical plans, you will automatically be enrolled at the same coverage level for Humana vision coverage.

The Vision Plan is a Preferred Provider Organization (PPO), which includes a network of participating eye care providers. You receive the maximum benefits under the plan and pay less out of your pocket when you seek care from a network provider. You do have the option to seek care out-of-network, but you will pay more out of your pocket for those services.

Humana Vision Plan Group		
Summary of Benefits	In-Network	Out-of-Network
<b>Eye Exam</b> (every 12 months, based on last service date)	\$20 copay	Up to \$35 allowance
<b>Lenses</b> (every 12 months, based on last service date)		
Single	\$20 copay	Up to \$25 allowance
Bifocal	\$20 copay	Up to \$40 allowance
Trifocal	\$20 copay	Up to \$60 allowance
<b>Frames</b> (every 24 months, based on last service date)	\$40 wholesale allowance	Up to \$40 retail allowance
<b>Contact Lenses</b> (every 12 months, based on last service date)		
Medically Necessary	Copay waived	Up to \$210 allowance
Elective	\$105 allowance	Up to \$105 allowance
<b>Laser Correction</b> - Discounts available for network providers only.		
Visit <a href="http://www.humanavisioncare.com">www.humanavisioncare.com</a> or call 866-537-0229 for details.		

# Dental Plans and Post Employment Health Plan

## Dental Plans

Three dental plans are available to employees of the Denver Fire Department and your eligible dependents through Delta Dental.

The EPO plan provides benefits only when you visit a participating EPO dentist. On the High or Low Option plans when you choose to visit a participating dentist you maximize your benefit plan with access to lower out-of-pocket expenses. In-network dentists have agreed to accept Delta Dental reimbursement as full payment for services rendered. If a non-network provider is used, expenses are reimbursed based on reasonable and customary (R&C) charges. Any charges over the R&C are your responsibility.

Summary of Benefits	Delta Dental EPO Plan	Delta Dental Low Plan		Delta Dental High Plan	
	In-Network <sup>(1)</sup> Only	In-Network	Out-of-Network <sup>(1)</sup>	In-Network	Out-of-Network <sup>(1)</sup>
<b>Annual Deductible</b>	None	\$25 individual \$75 family	\$25 individual \$75 family	\$25 individual \$75 family	\$25 individual \$75 family
<b>Preventive Care</b>	Copay Schedule	100%	80%*	100%	100%*
<b>Basic Services</b>		80%*	50%*	90%*	80%*
<b>Major Services</b>		50%*	50%*	60%*	50%*
<b>Annual Max Benefit</b>	Unlimited	\$1,250	\$1,250	\$2,000	\$2,000
<b>Orthodontia</b>	Copay Applies	50%	50%	50%	
<b>Lifetime Orthodontia Maximum</b>	N/A	\$1,000 maximum	\$1,000 maximum	\$1,000 maximum	\$1,000 maximum

\* Deductible Applies; percentage noted is plan reimbursement.

(1) Reimbursement is based on Reasonable and Customary charges.

## Post Employment Health Plan (PEHP) through Nationwide

PEHP is a tax-free defined contribution health reimbursement arrangement (HRA) which allows employers to set aside money for the payment of medical expenses that retirees will incur after separation of service.

The account chosen at this time is the **Insurance Premium Reimbursement Account**. It reimburses qualified health insurance premiums paid by you. This includes any qualified health insurance premium, dental insurance premium, Medicare part B and Medicare supplements and Long-Term care premiums.

### Type of Plan

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

### Assets Held

- ❖ Tax exempt multiple-employer VEBA trusts

### Tax Advantages

- ❖ Employer pays no FICA taxes on plan contributions
- ❖ Employee pays no FICA or federal income taxes on:
  - Contributions
  - Investment earnings
  - Benefits paid from the plan

### Plan Contributions

- ❖ Employer contributions only - salary reduction not permitted

### Plan Benefits

- ❖ Tax-free accumulation and reimbursement for qualified post employment medical expenses as defined by the

Internal Revenue Code Section 213 (d). Examples include:

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

### Benefit Flexibility

- ❖ Upon the employees separating from service or retiring, requests may be made for the reimbursement of medical insurance premiums

### Funding Options

- ❖ Insurance Premium Reimbursement Account (IPRA)
- ❖ Universal Reimbursement Account (URA)

### Plan Fees

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

# Life, AD&D, Disability Insurance, Tax Deferred Savings Plan and Flexible Spending Accounts

## Basic Life and AD&D Insurance

### Offered Through The Standard Insurance Company

For your peace of mind and the financial protection of your family, the Denver Fire Department provides a Basic Life and Accidental Death and Dismemberment (AD&D) Insurance program. This plan is 100% city paid. Benefits include Life and AD&D for one and a half (1.5) times annual base salary to a maximum of \$300,000. This coverage is at no cost to all full-time employees. The IRS requires that you pay taxes on the value of any Company-provided life insurance benefit that is more than \$50,000. The taxes you pay are based on tables established by the IRS and are minimal. This ensures that benefits will not be taxable if paid out to a beneficiary.

## Voluntary Life Insurance

### Offered Through The Standard Insurance Company

Employees can also elect to purchase Voluntary Life Insurance for yourself and your dependents. You can elect up to \$50,000 additional coverage for yourself, up to \$50,000 for your spouse (over \$15,000 will be subject to underwriting approval) and up to \$10,000 for each of your children. Elected Voluntary Life Insurance is a payroll deducted benefit and may be subject to underwriting approval.

## Additional Voluntary Life Insurance

### Offered Through Colonial Life & Accident Insurance Company

Additional Life Insurance is available to all eligible Denver Fire Department employees and dependents through payroll deduction. For premium cost please contact Karen Koch at 303-791-7771.

*\*All Colonial Life policies can be continued after retirement via pension deduction at the same premium.*

## Voluntary Short Term Disability (VSTD)

### Offered Through Colonial Life & Accident Insurance Company

Disability that continues to pay while unable to perform your main and principal duties.

- ❖ Accident Disability starts 1st day, pays \$1,000.00 / month for 12 months
- ❖ Accident plan includes AD&D, hospital confinement, medical fees and specific loss.
- ❖ Sickness Disability starts 15th day, pays \$500.00 or \$1,000.00 / month for 12 months

**Premium Cost for VSTD: \$43.00 / month - accident sickness cost depends on plan chosen.**

- ❖ Family coverage available for an additional \$5.25 for spouse and \$4.50 per child.

## Tax Deferred Savings Plan

### Offered Through Cooney & Associates or ICMA

The Deferred Compensation Plan (457 Plan) is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket.

## What are the benefits of participating in a 457 plan?

- ❖ You reduce your current income taxes while investing for retirement
  - ❖ Your earnings accumulate tax-deferred
  - ❖ You can dollar cost average through convenient payroll deductions\*
  - ❖ You may be allowed to make additional "catch-up" contributions if you are 50 (or older) or within three years of your normal retirement age
  - ❖ If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan
  - ❖ If you retire or leave service early, there is no penalty for withdrawals
  - ❖ Supplemental investments are helpful in states and communities where no contribution is made to Social Security
- \*Dollar cost averaging does not assure profit or protect against loss in a declining market. Since dollar cost averaging involves continuous investing, regardless of fluctuating prices, investors must consider their level of comfort in continuing to invest during a declining market.*

## Other Benefits

- ❖ Defined Benefit Pension provided through the FPPA
- ❖ Membership with the DFD Credit Union
- ❖ Option to seek financial/retirement planning assistance through Cooney Associates or ICMA

## Flex Cash - Flexible Spending Accounts (FSA)

### Offered through 24 Hour Flex

Denver Fire Department provides Flexible Spending Accounts, through 24 Hour Flex, which allows you to set aside pre-tax dollars from your paycheck to pay for eligible health care expenses not covered by insurance as well as eligible dependent day care expenses. The Flexible Spending Accounts help you save federal income taxes, Social Security taxes (FICA), and most state income taxes on the amounts you set aside in these accounts.

You may contribute as much as \$7,500 a year to the health care FSA as much as \$5,000 a year (or \$2,500 per year if you are married and file taxes separately) to the dependent care FSA. Before deciding how much of your pay to put into account, consider carefully your expenses for the coming year.

# Employee Contributions\* and Contact Information

## Employee Contribution Costs

### Medical Rates:

<b>Kaiser HMO - Group #00074, Sub-Group #001 - Denver, #007 - Colorado Springs</b>	<b>Employee Bi-Weekly Contribution</b>
Single	<b>\$46.90</b>
2-Party	<b>\$93.70</b>
Family	<b>\$135.40</b>
<b>Kaiser Triple Option - Group #00074, Sub-Group #13 - Denver</b>	<b>Employee Bi-Weekly Contribution</b>
Single	<b>\$56.70</b>
2-Party	<b>\$113.20</b>
Family	<b>\$163.60</b>

### Vision Rates:

<b>Humana Vision - Group #VS5679</b>	<b>Employee Monthly Contribution</b>
Single	<b>\$0.82</b>
2-Party	<b>\$1.64</b>
Family	<b>\$2.20</b>

### Dental Rates:

<b>Delta Dental EPO - Group #6791</b>	<b>Employee Bi-Weekly Contribution</b>
Employee Only	<b>\$2.79</b>
Employee + Children	<b>\$5.58</b>
Employee + Spouse	<b>\$6.20</b>
Employee + Family	<b>\$9.94</b>
<b>Delta Dental Low Plan - Group #6026</b>	<b>Employee Bi-Weekly Contribution</b>
Employee Only	<b>\$2.09</b>
Employee + Children	<b>\$4.17</b>
Employee + Spouse	<b>\$4.63</b>
Employee + Family	<b>\$7.42</b>
<b>Delta Dental High Plan - Group #6793</b>	<b>Employee Bi-Weekly Contribution</b>
Employee Only	<b>\$6.50</b>
Employee + Children	<b>\$13.00</b>
Employee + Spouse	<b>\$14.44</b>
Employee + Family	<b>\$23.15</b>

\*Rounding may occur in contribution amounts.

## Contact Information

Call Human Resources at 720-913-3413 or 720-913-6741 if you have any questions.

Plan	Phone Numbers	Web Site
Medical Plan - Kaiser	303-338-3800 or 1-800-632-9700	www.kp.org
Dental Plan - Delta Dental	303-741-9305 or 1-800-610-0201	www.deltadentalco.com
Vision Plan - Humana	1-866-537-0229	www.humanavisioncare.com
Flex Cash - 24 Hour Flex	303-369-7886 or 1-800-651-4855	www.24hourflex.com
Life & AD&D - Standard	1-800-759-8702 or 1-800-628-8600	www.standard.com
IAFF 858	303-298-7850	www.iaff858.org
Post Employment Health Plan (PEHP) - Nationwide Deferred Compensation (457 Plan)	1-877-677-3678 or 303-452-6300	www.nrsforu.com
Hartford Life Insurance Cooney and Associates	303-388-0854	
ICMA Retirement Corporation Laura Heese - Retirement Plan Specialist	303-861-7457 or 866-749-5174	www.icmarc.org
Voluntary Short Term Disability and Life - Colonial Insurance	303-791-7771 or 1-800-325-4368	N/A
Fire and Police Pension Association (FPPA)	303-770-3772	www.fppaco.org
Denver Fire Department	720-913-3413 or 720-913-6741	http://www.denvergov.org/ safety/safetyhuman resources

# Notices

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## Grandfathered Status

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plan must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

## Right to Designate Primary Care Physician

The Denver Fire Department Health Plan (“the plan”) generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, log on to [www.kp.org](http://www.kp.org).

## Pre-Existing Exclusion

If applicable, the existence and terms of a preexisting condition exclusion clause are disclosed in your Plan booklet. You have a right to request a certificate of credible coverage from a prior plan or insurance issuer. If necessary, the Plan can assist you in obtaining a certificate of creditable coverage. Please contact Human Resources for more information or to request assistance.

## Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

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**You may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility – COLORADO - Medicaid and CHIP**

Medicaid Website: <http://www.colorado.gov/>

Medicaid Phone: 1-800-866-3513

CHIP Website: [http:// www.CHPlus.org](http://www.CHPlus.org)

CHIP Phone: 303-866-3243

# Notices

## Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for the following:

- ❖ All stages of reconstruction of the breast on which the mastectomy was performed
- ❖ Surgery and reconstruction of the other breast to produce a symmetrical appearance
- ❖ Prostheses
- ❖ Treatment of physical complications of the mastectomy, including lymphedemas

The Denver Fire Department benefits plan provides coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Kaiser plan booklet or contact Human Resources at 720-913-3413 or 720-913-6741.

## Newborns' and Mothers' Health Protection Act Notice

This notice is required by the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA). Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, the plan may not, under federal law, require that a physician obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Reminder of Availability of HIPAA Privacy Notice

The plan listed above maintains a privacy policy pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you would like a copy of the privacy notice, you may contact Human Resources at 720-913-3413 or 720-913-6741.

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may

be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- ❖ Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- ❖ Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- ❖ Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- ❖ Reaching the plan's lifetime benefit maximum on all benefits, if the person is covered under a separate plan or a single plan with multiple options and the other option has a higher lifetime maximum, or the benefits paid under the first option were not integrated with the second option;
- ❖ Failing to return from an FMLA leave of absence; and
- ❖ Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or your dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Human Resources  
720-913-3413 or 720-913-6741  
745 West Colfax Avenue  
Denver, CO 80204

# Notes

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**This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.**



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