

2017 INSURANCE AGREEMENT
DENVER HEALTH MEDICAL PLAN, INC.

THIS AGREEMENT to purchase insurance policies is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “**Subscribing Group**” or “**City**”) and Denver Health Medical Plan, Inc. (the “**Insurance Company**” or “**DHMP**” and jointly “the parties”).

The parties agree as follows:

1. COORDINATION AND LIAISON: Insurance Company shall fully coordinate the purchase of agreed policies with the Executive Director of the Office of Human Resources or the Executive Director’s designee (“**Executive Director**”).

a. The Executive Director shall be authorized to sign the attached final insurance policies and the attached Exhibits as needed, to effectuate the policy-related documents necessary for implementation or administration.

2. SERVICES TO BE PERFORMED:

a. The insurance policy being purchased by the City requires approval by the Colorado Division of Insurance (“DOI”). If the insurance policy is pending DOI approval, the Summary of Benefits and Coverage (“SBC”), and Performance Guarantees document (collectively attached hereto and incorporated herein as “**Exhibit A**”) are attached as evidence of the insurance policy coverage the City intends to purchase.

b. Upon receipt of the DOI-approved Evidence of Coverage (or Certificate of Coverage) the Executive Director shall file the DOI-approved insurance policy and Evidence of Coverage with the City’s Clerk and Recorder to complete the public record for this Agreement.

c. Collectively, the above constitute the HMO Contract (“**HMO Contract**”) between Denver Health Medical Plan, Inc. (“**DHMP**”), and the City for the provision of health care benefits to eligible persons electing to enroll hereunder as Members. In the event of a conflict between the terms of the enrollment form and the terms of the applicable Member Handbook, the terms of the applicable Member Handbook shall prevail.

d. Insurance Company will provide the City with all internal policies which affects Member coverage under this Agreement. These policies will be disclosed to the City prior to the effective date of this Agreement.

3. **TERM**: This Agreement will commence as of January 1, 2017, and will terminate at 11:59 p.m., on December 31, 2017 (the “**Term**”). The insurance policies listed in **Exhibit A** shall expire at the end of the Term.

4. **COMPENSATION AND PAYMENT**:

a. **Fee**: The City shall pay, and the Insurance Company shall accept as the sole compensation, the Maximum Contract Amount in monthly payments as required in the policies attached in **Exhibit A**, as full payment for the policies. Notwithstanding any other provision, if a policy is cancelled by the City prior to the end of the Term, the City shall be responsible to pay all pro rata amounts due through the end of the calendar month of termination.

b. **Reimbursable Expenses**: There are no reimbursable expenses allowed under this Agreement. Notwithstanding any term in the policy to the contrary and outside of the policy premium costs, the Insurance Company will not collect or attempt to collect any direct cost associated with the policies purchased by the City. Further, the Insurance Company agrees not to adjust the policy premiums at any time prior to the termination of this Agreement.

c. **Maximum Contract Amount**:

(1) Notwithstanding any other provision of the Agreement, the City’s maximum payment obligation will not exceed **SEVEN MILLION EIGHTEEN THOUSAND FIVE HUNDRED FORTY FOUR DOLLARS AND 96/100 (\$7,018,544.96)** (the “**Maximum Contract Amount**”) for the policies. The City is not obligated to execute an Agreement or any amendments for any further services. Any services performed beyond those in **Exhibit A** are performed at Insurance Company’s risk and without authorization under this Agreement.

(2) The City’s payment obligation, whether direct or contingent, extends only to funds appropriated annually by the Denver City Council, paid into the Treasury of the City, and encumbered for the purpose of the Agreement. The City does not by this Agreement irrevocably pledge present cash reserves for payment or performance in future fiscal years. The Agreement does not and is not intended to create a multiple-fiscal year direct or indirect debt or financial obligation of the City.

d. **Monthly Premiums.** The undersigned Subscribing Group shall pay the monthly premiums to DHMP, as indicated on the attached Monthly Premium Schedule, which Monthly Premium Schedule is included at **Exhibit A** and is made part of this HMO Contract.

e. **Monthly Processing Dates:** On the first (1st) day of a calendar month, Premiums are due for the current month. Grace period for premiums due begins. Standard grace period is thirty-one (31) days, excluding the first day of the month. On the tenth (10th) day following the premium due date, coverage will lapse and claims are suspended. On the thirtieth (30th) day following the premium due date, Lapse notice sent if premium payment has not been received by DHMP.

(1) A cancellation notice will be mailed at least four (4) business days following the end of the grace period. Premium payment is due within ten (10) days of the date of the cancellation notice or policy will be cancelled. Coverage may be reinstated after notice of cancellation has been sent by making payment within ten (10) days of the date of the cancellation notice.

All Payments should be sent to:

Denver Health Medical Plan, Inc.
777 Bannock Street, MC 6000
Denver, Colorado 80204
Attn: Manager of Finance

f. **Notice of Enrollments.** The Subscribing Group shall notify DHMP of enrollments, terminations or other changes within ninety (90) days. DHMP will not accept retroactive additions or terminations after ninety (90) days. No adjustment in premium(s) or coverage shall be granted by DHMP to the Subscribing Group for more than ninety (90) days of coverage prior to the date DHMP was notified of the change.

5. **STATUS OF INSURANCE COMPANY:** The Insurance Company is an independent contractor. Neither the Insurance Company nor any of its employees are employees or officers of the City under Chapter 18 of the Denver Revised Municipal Code, or for any purpose whatsoever.

6. **TERMINATION:**

a. The City has the right to terminate this Agreement and any policy listed in **Exhibit A**, or all policies, with or without cause upon twenty (20) days prior written notice to the Insurance Company.

b. Upon termination the Insurance Company shall have no claim against the City by reason of, or arising out of, incidental or relating to termination, except for compensation due under a policy for the month of termination.

c. The HMO Contract may be terminated by the Subscribing Group on the anniversary of the Effective Date, upon thirty (30) days' advance written notice to DHMP or the first to occur of the following:

d. At any time by order of the Colorado Commissioner of Insurance;

e. By DHMP, at any time, ten (10) days after the date of the cancellation notice pursuant to Paragraph 4. Coverage will continue through the end of the period for which premiums have been paid;

f. By DHMP, upon thirty (30) days advance written notice, if any underwriting condition listed in Paragraph 6 is not being met;

g. By DHMP, at any time, upon thirty (30) days advance written notice, due to fraud or intentional misrepresentation of material fact on the part of Subscribing Group with respect to health benefit plan coverage;

h. By DHMP, upon the occurrence of any terminating event, and with such advance notices, as provided in Section 10-16-201.5 C.R.S., and applicable regulations, as the same may be amended from time to time, or successor statute or regulations of similar tenor and effect; or

i. By DHMP, should it discontinue to offer its large group health plans in accordance with C.R.S. §10-16-201.5(6).

Subscribing Group may renew coverage subject to underwriting conditions, the eligibility requirements, and the other terms and conditions of DHMP in effect at the time of renewal. Renewal is also subject to DHMP's right to discontinue offering its large group health plan and to the other terms and conditions contained or referenced herein.

7. EXAMINATION OF RECORDS: Any authorized agent of the City, including the City Auditor or his or her representative, has the right to access and the right to examine any

pertinent books, documents, papers and records of the Insurance Company, involving transactions related to the Agreement until the latter of three (3) years after the final payment under the Agreement or expiration of the applicable statute of limitations. Nothing in this provision shall require the Insurance Company to make disclosures in violation of state or federal privacy laws.

8. WHEN RIGHTS AND REMEDIES NOT WAIVED: In no event will any payment or other action by the City constitute or be construed to be a waiver by the City of any breach of covenant or default that may then exist on the part of the Insurance Company. No payment, other action, or inaction by the City when any breach or default exists will impair or prejudice any right or remedy available to it with respect to any breach or default. No assent, expressed or implied, to any breach of any term of the Agreement constitutes a waiver of any other breach.

9. INSURANCE: Insurance Company is a “public entity” within the meaning of the Colorado Governmental Immunity Act, §24-10-101, et seq., C.R.S., as amended. Insurance Company shall maintain at all times during the term of this Agreement such liability insurance, by commercial policy or self-insurance, as is necessary to meet the Insurance Company’s liabilities under the Act. Proof of such insurance shall be provided upon request by the City. This obligation shall survive the termination of this Agreement.

10. DEFENSE AND INDEMNIFICATION

a. Insurance Company shall, to the extent permitted by Colorado law, defend and indemnify the City with respect to any and all claims, damages, liability and court awards including costs, expenses, and attorney fees incurred solely as a result of any of the following: Insurance Company’s breach of this Agreement, from breach of any fiduciary responsibility that Insurance Company may have under applicable law, or as a result of other negligent act of Insurance Company which was the sole cause of the claim. This obligation to defend or indemnify does not extend to claims or causes of action against Insurance Company or City based in whole or in part on the acts, representations, or omissions of the City or other third party.

b. Insurance Company's obligation to defend and indemnify shall apply only to lawsuits in which both the City and Insurance Company are named defendants. In discharging

its obligation to defend as set forth above, Insurance Company's counsel shall represent the interests of both Insurance Company and the City. With respect to any such lawsuit, Insurance Company shall keep the City informed of all significant developments and shall receive and consider any legal advice offered by the City. The City shall provide Insurance Company with reasonable notice of any actual or threatened action which may be indemnifiable pursuant to this Section.

c. Neither party waives any rights under the Colorado Governmental Immunity Act or any other provision of Colorado State law.

11. TAXES, CHARGES AND PENALTIES: The City is not liable for the payment of taxes, late charges or penalties of any nature, except for any additional amounts that the City may be required to pay under the City's prompt payment ordinance D.R.M.C. § 20-107, *et seq.* The Insurance Company shall promptly pay when due, all taxes, bills, debts and obligations it incurs performing the services under the Agreement and shall not allow any lien, mortgage, judgment or execution to be filed against City property.

12. ASSIGNMENT; SUBCONTRACTING: The Insurance Company shall not voluntarily or involuntarily assign any of its rights or obligations, or subcontract performance obligations, under this Agreement without obtaining the Executive Director's prior written consent. Any assignment or subcontracting without such consent will be ineffective and void, and will be cause for termination of this Agreement by the City. The Executive Director has sole and absolute discretion whether to consent to any assignment or subcontracting, or to terminate the Agreement because of unauthorized assignment or subcontracting. In the event of any subcontracting or unauthorized assignment: (i) the Insurance Company shall remain responsible to the City; and (ii) no contractual relationship shall be created between the City and any sub-Insurance Company, subcontractor or assign.

13. INUREMENT: The rights and obligations of the parties to the Agreement inure to the benefit of and shall be binding upon the parties and their respective successors and assigns, provided assignments are consented to in accordance with the terms of the Agreement.

14. NO THIRD PARTY BENEFICIARY: Enforcement of the terms of the Agreement and all rights of action relating to enforcement are strictly reserved to the parties. Nothing contained in the Agreement gives or allows any claim or right of action to any third

person or entity. Any person or entity other than the City or the Insurance Company receiving services or benefits pursuant to the Agreement is an incidental beneficiary only.

15. NO AUTHORITY TO BIND CITY TO CONTRACTS: The Insurance Company lacks any authority to bind the City on any contractual matters. Final approval of all contractual matters that purport to obligate the City must be executed by the City in accordance with the City's Charter and the Denver Revised Municipal Code.

16. SEVERABILITY: Except for the provisions of the Agreement requiring appropriation of funds and limiting the total amount payable by the City, if a court of competent jurisdiction finds any provision of the Agreement or any portion of it to be invalid, illegal, or unenforceable, the validity of the remaining portions or provisions will not be affected, if the intent of the parties can be fulfilled.

17. CONFLICT OF INTEREST:

a. No employee of the City shall have any personal or beneficial interest in the services or property described in the Agreement. The Insurance Company shall not hire, or contract for services with, any employee or officer of the City that would be in violation of the City's Code of Ethics, D.R.M.C. §2-51, et seq. or the Charter §§ 1.2.8, 1.2.9, and 1.2.12.

b. The Insurance Company shall not engage in any transaction, activity or conduct that would result in a conflict of interest under the Agreement. The Insurance Company represents that it has disclosed any and all current or potential conflicts of interest. A conflict of interest shall include transactions, activities or conduct that would affect the judgment, actions or work of the Insurance Company by placing the Insurance Company's own interests, or the interests of any party with whom the Insurance Company has a contractual arrangement, in conflict with those of the City. The City, in its sole discretion, will determine the existence of a conflict of interest and may terminate the Agreement if it determines a conflict exists, after it has given the Insurance Company written notice describing the conflict.

18. NOTICES: All notices required by the terms of the Agreement must be hand delivered, sent by overnight courier service, mailed by certified mail, return receipt requested, or mailed via United States mail, postage prepaid, if to Insurance Company at the address first above written, and if to the City at:

Executive Director

Office Human Resources
201 West Colfax Avenue, Dept. 412
Denver, Colorado 80202

With a copy of any such notice to:

Denver City Attorney's Office
1437 Bannock St., Room 353
Denver, Colorado 80202

Notices hand delivered or sent by overnight courier are effective upon delivery. Notices sent by certified mail are effective upon receipt. Notices sent by mail are effective upon deposit with the U.S. Postal Service. The parties may designate substitute addresses where or persons to whom notices are to be mailed or delivered. However, these substitutions will not become effective until actual receipt of written notification.

**19. NO EMPLOYMENT OF ILLEGAL ALIENS TO PERFORM WORK
UNDER THE AGREEMENT:**

a. This Agreement is subject to Division 5 of Article IV of Chapter 20 of the Denver Revised Municipal Code, and any amendments (the "Certification Ordinance").

b. The Insurance Company certifies that:

(1) At the time of its execution of this Agreement, it does not knowingly employ or contract with an illegal alien who will perform work under this Agreement.

(2) It will participate in the E-Verify Program, as defined in § 8-17.5-101(3.7), C.R.S., to confirm the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement.

c. The Insurance Company also agrees and represents that:

(1) It shall not knowingly employ or contract with an illegal alien to perform work under the Agreement.

(2) It shall not enter into a contract with a subconsultant or subcontractor that fails to certify to the Insurance Company that it shall not knowingly employ or contract with an illegal alien to perform work under the Agreement.

(3) It has confirmed the employment eligibility of all employees who are newly hired for employment to perform work under this Agreement, through participation in either the E-Verify Program.

(4) It is prohibited from using either the E-Verify Program procedures to undertake pre-employment screening of job applicants while performing its obligations under the Agreement, and it is required to comply with any and all federal requirements related to use of the E-Verify Program including, by way of example, all program requirements related to employee notification and preservation of employee rights.

(5) If it obtains actual knowledge that a subconsultant or subcontractor performing work under the Agreement knowingly employs or contracts with an illegal alien, it will notify such subconsultant or subcontractor and the City within three (3) days. The Insurance Company shall also terminate such subconsultant or subcontractor if within three (3) days after such notice the subconsultant or subcontractor does not stop employing or contracting with the illegal alien, unless during such three-day period the subconsultant or subcontractor provides information to establish that the subconsultant or subcontractor has not knowingly employed or contracted with an illegal alien.

(6) It will comply with any reasonable request made in the course of an investigation by the Colorado Department of Labor and Employment under authority of § 8-17.5-102(5), C.R.S., or the City Auditor, under authority of D.R.M.C. 20-90.3.

d. The Insurance Company is liable for any violations as provided in the Certification Ordinance. If Insurance Company violates any provision of this section or the Certification Ordinance, the City may terminate this Agreement for a breach of the Agreement. If the Agreement is so terminated, the Insurance Company shall be liable for actual and consequential damages to the City. Any such termination of a contract due to a violation of this section or the Certification Ordinance may also, at the discretion of the City, constitute grounds for disqualifying Insurance Company from submitting bids or proposals for future contracts with the City.

20. DISPUTE RESOLUTION PROCESS. Neither the Group nor DHMP may initiate litigation to resolve any dispute without first attempting to resolve the dispute with the other party. The Parties agree to meet in a good faith and collaborative effort to resolve

the dispute, pursuant to the process specified in Article 4.10 of the Amended and Restated Operating Agreement between the City and County of Denver and Denver Health and Hospital Authority.

21. GOVERNING LAW AND VENUE; DAMAGES LIMITATION. The Agreement shall be governed and construed in accordance with laws of the State of Colorado. Any action or legal proceeding commenced or maintained by Subscribing Group or any employee or DHMP Member relating to or arising out of this Agreement or health plan must be exclusively venued in a court of competent jurisdiction located in the City and County of Denver, Colorado. Subscribing Group, for itself and on behalf of its employees and their dependents who are covered individuals under this Agreement, agrees and consents to such venue and the subject matter and personal jurisdiction of such court located within Denver, Colorado. No court is empowered to award punitive damages or damages in excess of compensatory damages.

22. NO DISCRIMINATION IN EMPLOYMENT: In connection with the performance of work under the Agreement, the Insurance Company may not refuse to hire, discharge, promote or demote, or discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, gender, age, military status, sexual orientation, gender variance, marital status, or physical or mental disability. The Insurance Company shall insert the foregoing provision in all subcontracts.

23. COMPLIANCE WITH ALL LAWS: Insurance Company shall perform or cause to be performed all services, both in this Agreement and pursuant to any insurance policies referenced in **Exhibit A**, in full compliance with all applicable laws, rules, regulations and codes of the United States, the State of Colorado; and with the Charter, ordinances, rules, regulations and Executive Orders of the City and County of Denver.

24. LEGAL AUTHORITY: Insurance Company represents and warrants that it possesses the legal authority, pursuant to any proper, appropriate and official motion, resolution or action passed or taken, to enter into the Agreement. Each person signing and executing the Agreement on behalf of Insurance Company represents and warrants that he has been fully authorized by Insurance Company to execute the Agreement on behalf of Insurance Company and to validly and legally bind Insurance Company to all the terms, performances and provisions

of the Agreement. The City shall have the right, in its sole discretion, to either temporarily suspend or permanently terminate the Agreement if there is a dispute as to the legal authority of either Insurance Company or the person signing the Agreement to enter into the Agreement.

25. NO CONSTRUCTION AGAINST DRAFTING PARTY: The parties and their respective counsel have had the opportunity to review the Agreement, and the Agreement will not be construed against any party merely because any provisions of the Agreement were prepared by a particular party.

26. ORDER OF PRECEDENCE: In the event of any conflicts between the language of the Agreement and the exhibits, the language of the Agreement controls.

27. SURVIVAL OF CERTAIN PROVISIONS: The terms of the Agreement and any exhibits and attachments that by reasonable implication contemplate continued performance, rights, or compliance beyond expiration or termination of the Agreement survive the Agreement and will continue to be enforceable. Without limiting the generality of this provision, the Insurance Company's obligations to provide insurance and to indemnify the City will survive for a period equal to any and all relevant statutes of limitation, plus the time necessary to fully resolve any claims, matters, or actions begun within that period.

28. ADVERTISING AND PUBLIC DISCLOSURE: The Insurance Company shall not include any reference to the Agreement or to services performed pursuant to the Agreement in any of the Insurance Company's advertising or public relations materials without first obtaining the written approval of the Executive Director. Any oral presentation or written materials related to services performed under the Agreement will be limited to services that have been accepted by the City. The Insurance Company shall notify the Executive Director in advance of the date and time of any presentation. Nothing in this provision precludes the transmittal of any information to City officials

29. CONFIDENTIAL INFORMATION:

a. City Information: Insurance Company acknowledges and accepts that, in performance of all work under the terms of this Agreement, Insurance Company may have access to Proprietary Data or confidential information that may be owned or controlled by the City, and that the disclosure of such Proprietary Data or information may be damaging to the City or third parties. Insurance Company agrees that all Proprietary Data, confidential

information or any other data or information provided or otherwise disclosed by the City to Insurance Company shall be held in confidence and used only in the performance of its obligations under this Agreement. Insurance Company shall exercise the same standard of care to protect such Proprietary Data and information as a reasonably prudent Insurance Company would to protect its own proprietary or confidential data. "Proprietary Data" shall mean any materials or information which may be designated or marked "Proprietary" or "Confidential", or which would not be documents subject to disclosure pursuant to the Colorado Open Records Act or City ordinance, and provided or made available to Insurance Company by the City. Such Proprietary Data may be in hardcopy, printed, digital or electronic format.

30. CITY EXECUTION OF AGREEMENT: The Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

31. AGREEMENT AS COMPLETE INTEGRATION-AMENDMENTS: The Agreement is the complete integration of all understandings between the parties as to the subject matter of the Agreement. No prior, contemporaneous or subsequent addition, deletion, or other modification has any force or effect, unless embodied in the Agreement in writing. No oral representation by any officer or employee of the City at variance with the terms of the Agreement or any written amendment to the Agreement will have any force or effect or bind the City.

32. USE, POSSESSION OR SALE OF ALCOHOL OR DRUGS: Insurance Company shall cooperate and comply with the provisions of Executive Order 94 and its Attachment A concerning the use, possession or sale of alcohol or drugs.

33. ELECTRONIC SIGNATURES AND ELECTRONIC RECORDS: Insurance Company consents to the use of electronic signatures by the City. The Agreement, and any other documents requiring a signature under the Agreement, may be signed electronically by the City in the manner specified by the City. The Parties agree not to deny the legal effect or enforceability of the Agreement solely because it is in electronic form or because an electronic record was used in its formation. The Parties agree not to object to the admissibility of the Agreement in the form of an electronic record, or a paper copy of an electronic document, or a

paper copy of a document bearing an electronic signature, on the ground that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

34. GRANT OF LIMITED LICENSE TO USE LOGO

a. City hereby grants to Insurance Company, subject to the terms and conditions set forth herein, a non-exclusive, nontransferable limited license, to use the “Denver D” logo (“**Denver Logo**”) during the Term of this Agreement.

b. Insurance Company shall fully coordinate all logo use under this Agreement with the Denver Marketing Office ((720) 913-1633, denvermarketingoffice@denvergov.org), or otherwise as directed by the City.

c. The use of the Denver Logo is limited to display on the website to be created by Insurance Company pursuant to this Agreement and for the purpose of identification only. Insurance Company shall display the Denver Logo in a read-only format and shall not be used or displayed on the website in any format from which it can be downloaded, copied or reproduced in any manner.

d. The license granted by the City is non-transferable and non-assignable to anyone other than those acting under the supervision and authority of Insurance Company.

e. Insurance Company shall be solely responsible for the entire cost and expense of Insurance Company’s Use of the Denver Logo.

f. The Denver Logo may not be used as a feature or design element of any other logo or graphic.

g. Insurance Company shall use the Denver Logo in accordance with any and all logo usage guidelines in effect from time-to-time as provided by the City. Insurance Company shall use only accurate reproductions of the Denver Logo. The size, proportions, colors, elements, and other distinctive characteristics of the Denver Logo shall not be altered in any manner except as may be permitted herein or as permitted in writing by the City.

h. Insurance Company may use the colors set forth in the “Denver Logo Guidelines” document, (attached hereto as “**Exhibit B**”).

i. Insurance Company shall affix a trademark (“**™**”) or registration (“**®**”) indication next to the Denver Logo as directed by the Denver Marketing Office.

j. Insurance Company shall immediately cease all use of the Denver Logo upon expiration of the Term of this Agreement, as may have been extended from time to time by the parties, in a formal written extension of this agreement.

Exhibit List:

Exhibit A – Summary of Benefits and Coverage & Performance Guarantees

Exhibit B – Denver Logo Guidelines

[REMAINDER OF THIS PAGE IS BLANK]

Contract Control Number: CSAHR-201631067-00

Contractor Name: Denver Health Medical Plan Inc.

By:  12/9/2016

Name: Charles Crevling
(please print)

Title: Interim Chief Executive Officer
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)



Contract Control Number:

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of

SEAL

CITY AND COUNTY OF DENVER

ATTEST:

By _____

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

By _____

By _____

By _____



EXHIBIT A

Summary of Benefits and Coverage & Performance Guarantees



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.DenverHealthMedicalPlan.org or by calling 1-800-700-8140.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	\$500 per year for an individual/ \$1,500 per year for a family In-Network. \$750 per year for an individual/ \$1,750 per year for a family Cofinity Network. Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	Yes. \$150 for delivery & inpatient well baby care. \$150 for inpatient care. \$150 outpatient/ambulatory surgery.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$3,000 per year for an individual/ \$6,000 per year for a family In-Network. \$3,000 per year for an individual/ \$6,000 per year for a family Cofinity Network.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u>?	Yes. For a list of in-network providers see www.DenverHealthMedicalPlan.org or call 303-602-2100.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u>?	No. You do not need a referral to see a specialist that is in-network.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

Form No.: COM_MKT_132-00
 Creation/Rev Date 7/8/15

OMB Control Numbers 1545-2229
 1210-0147, and 0938-1146

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.denverhealthmedicalplan.org> or call 1-800-700-8140 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan requires you to use in-network **providers**.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay per visit.	\$30 copay per visit.	Not covered.	-----none-----
	Specialist visit	\$50 copay per visit.	\$50 copay per visit.	Not covered.	-----none-----
	Other practitioner office visit	\$50 copay per visit for chiropractor.	\$50 copay per visit for chiropractor.	Not covered.	Coverage is limited to 20 visits annually.
	Preventive care/screening/immunization	No charge.	No charge.	Not covered.	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	Deductible and 20% coinsurance.	Deductible and 30% coinsurance apply.	Not covered.	-----none-----
	Imaging (CT/PET scans, MRIs)	\$150 copay per visit.	\$200 copay per visit.	Not covered.	-----none-----

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.denverhealthmedicalplan.org> or call 1-800-700-8140 to request a copy.



Career Service Authority/Denver Employee Retirement Plan
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.DenverHealthMedicalPlan.org/Pharmacy	Generic drugs	Generic (30 day supply) Denver Health Pharmacy \$12 copay. Non Denver Health Pharmacy \$20 copay.	Generic (30 day supply) Non Denver Health Pharmacy \$20 copay.	Not covered.	-----none-----
	Preferred brand drugs	Denver Health Pharmacy (30 day) \$40 copay. Non Denver Health Pharmacy (30 day) \$50 copay.	Non Denver Health Pharmacy (30 day) \$50 copay.	Not covered.	-----none-----
	Non-preferred brand drugs	Denver Health Pharmacy (30 day) \$50 copay. Non Denver Health Pharmacy (30 day) \$80 copay.	Non Denver Health Pharmacy (30 day) \$80 copay.	Not covered.	-----none-----
	Specialty drugs	Denver Health Pharmacy (30 day) \$50 copay. Non Denver Health Pharmacy (30 day) \$80 copay.	Non Denver Health Pharmacy (30 day) \$80 copay.	Not covered.	-----none-----

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

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Career Service Authority/Denver Employee Retirement Plan
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fees	Deductible and 20% coinsurance	Deductible and 30% coinsurance.	Not covered.	-----none-----
If you need immediate medical attention	Emergency room services	\$300 copay (deductible and coinsurance do not apply).	\$300 copay (deductible and coinsurance do not apply).	\$300 copay (deductible and coinsurance do not apply).	waived if admitted.
	Emergency medical transportation	Deductible and 20% coinsurance.	Deductible and 20% coinsurance.	Deductible and 20% coinsurance.	-----none-----
	Urgent care	\$75 copay (deductible and coinsurance do not apply).	\$75 copay (deductible and coinsurance do not apply).	\$75 copay (deductible and coinsurance do not apply).	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fee	Deductible and 20% coinsurance	Deductible and 30% coinsurance.	Not covered.	-----none-----

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Career Service Authority/Denver Employee Retirement Plan
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$50 copay per visit.	\$50 copay per visit.	Not covered.	-----none-----
	Mental/Behavioral health inpatient services	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
	Substance abuse disorder outpatient services	\$50 copay per visit.	\$50 copay per visit.	Not covered.	-----none-----
	Substance abuse disorder inpatient services	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
If you are pregnant	Prenatal and postnatal care	No charge.	No charge.	Not covered.	-----none-----
	Delivery and all inpatient services	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	-----none-----

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Career Service Authority/Denver Employee Retirement Plan
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	60 visits per calendar year. Pre authorization required.
	Rehabilitation services	\$25 copay per visit.	\$35 copay per visit.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Habilitation services	\$25 copay per visit.	\$35 copay per visit.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Skilled nursing care	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	Coverage is limited to 60 days annually. Pre authorization required.
	Durable medical equipment	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	-----none-----
	Hospice service	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	Pre authorization required.
If your child needs dental or eye care	Eye exam	\$25 copay per visit.	\$35 copay per visit.	Not covered.	-----none-----
	Glasses	Not covered.	Not covered.	Not covered.	-----none-----
	Dental check-up	Not covered.	Not covered.	Not covered.	Fluoride PCP visit covered for children under 18.

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Infertility treatment 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S 	<ul style="list-style-type: none"> • Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care 	<ul style="list-style-type: none"> • Hearing aids

Your Rights to Continue Coverage:

If you lose coverage under the plan, the, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premiums you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-700-8140. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Denver Health Medical Plan grievance department at 303-602-2261 or by fax at 303-602-2078.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,650
- Patient pays \$1,890

Sample Care costs:	In-network
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:	
Deductibles	\$880
Copays	\$0
Coinsurance	\$860
Limits or exclusions	\$150
Total	\$1,890

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,090
- Patient pays \$2,310

Sample Care costs:	In-network
Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:	
Deductibles	\$1,500
Copays	\$520
Coinsurance	\$210
Limits or exclusions	\$80
Total	\$2,310

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What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.DenverHealthMedicalPlan.org or by calling 1-800-700-8140.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	\$1,350 for an individual/ \$2,700 per year for a family. Individual deductible does not apply in a family plan. Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	\$2,700 for an individual/ \$5,400 per year for a family. Individual out-of-pocket limit does not apply in a family plan.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u>?	Yes. For a list of in-network providers see www.DenverHealthMedicalPlan.org or call 303-602-2100.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u>?	No. You do not need a referral to see a specialist that is in-network.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

Form No.: COM_MKT_132-00
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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan requires you to use in-network **providers**.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Specialist visit	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	*Written referral required.
	Other practitioner office visit	Deductible and 10% coinsurance for chiropractor.	Deductible and 20% coinsurance for chiropractor.	Not covered.	Coverage is limited to 20 visits annually.
	Preventive care/screening/immunization	No charge.	No charge.	Not covered.	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance apply.	Not covered.	-----none-----
	Imaging (CT/PET scans, MRIs)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----

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Career Service Authority / Denver Employee Retirement Plan
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.DenverHealthMedicalPlan.org/Pharmacy</p>	Generic drugs	Deductible will apply. After deductible is met: Generic (30 day supply) Denver Health Pharmacy \$10 copay. Non Denver Health Pharmacy \$20 copay.	Deductible will apply. After deductible is met: Generic (30 day supply) Non Denver Health Pharmacy \$20 copay.	Not covered.	-----none-----
	Preferred brand drugs	Denver Health Pharmacy (30 day) \$15 copay. Non Denver Health Pharmacy (30 day) \$40 copay.	Non Denver Health Pharmacy (30 day) \$40 copay.	Not covered.	-----none-----
	Non-preferred brand drugs	Denver Health Pharmacy (30 day) \$30 copay. Non Denver Health Pharmacy (30 day) \$60 copay.	Non Denver Health Pharmacy (30 day) \$60 copay.	Not covered.	-----none-----
	Specialty drugs	Denver Health Pharmacy (30 day) \$30 copay. Non Denver Health Pharmacy (30 day) \$60 copay.	Non Denver Health Pharmacy (30 day) \$60 copay.	Not covered.	-----none-----

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fees	No charge.	Deductible and 20% coinsurance.	Not covered.	-----none-----
If you need immediate medical attention	Emergency room services	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	waived if admitted.
	Emergency medical transportation	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	-----none-----
	Urgent care	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fee	No charge.	Deductible and 20% coinsurance.	Not covered.	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Mental/Behavioral health inpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.
	Substance abuse disorder outpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Substance abuse disorder inpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.

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Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you are pregnant	Prenatal and postnatal care	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Delivery and all inpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
If you need help recovering or have other special health needs	Home health care	No charge.	Deductible and 20% coinsurance.	Not covered.	Pre authorization required.
	Rehabilitation services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Habilitation services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Skilled nursing care	No charge.	No charge.	Not covered.	Coverage is limited to 100 days annually.
	Durable medical equipment	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Hospice service	No charge.	Deductible and 20% coinsurance.	Not covered.	Pre authorization required.
If your child needs dental or eye care	Eye exam	Not covered.	Not covered.	Not covered.	-----none-----
	Glasses	Not covered.	Not covered.	Not covered.	-----none-----
	Dental check-up	Not covered.	Not covered.	Not covered.	Fluoride PCP visit covered for children under 18.

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Infertility treatment 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S 	<ul style="list-style-type: none"> • Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care 	<ul style="list-style-type: none"> • Hearing aids

Your Rights to Continue Coverage:

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For more information on your rights to continue coverage, contact the plan at 1-800-700-8140. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Denver Health Medical Plan grievance department at 303-602-2261 or by fax at 303-602-2078.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,420
- Patient pays \$3,120

Sample Care costs:	In-network
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:	
Deductibles	\$2,700
Copays	\$20
Coinsurance	\$250
Limits or exclusions	\$150
Total	\$3,120

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,290
- Patient pays \$3,110

Sample Care costs:	In-network
Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:	
Deductibles	\$2,700
Copays	\$230
Coinsurance	\$100
Limits or exclusions	\$80
Total	\$3,110

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

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What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

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This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.DenverHealthMedicalPlan.org or by calling 1-800-700-8140.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	<p>\$500 per year for an individual/\$1,500 per year for a family In-Network. \$750 per year for an individual/\$1,750 per year for a family Cofinity Network.</p> <p>Doesn't apply to preventive care</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p>
Are there other <u>deductibles</u> for specific services?	<p>Yes. \$150 for delivery & inpatient well baby care. \$150 for inpatient care. \$150 outpatient/ambulatory surgery.</p>	<p>You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</p>
Is there an <u>out-of-pocket limit</u> on my expenses?	<p>Yes. \$3,000 per year for an individual/\$6,000 per year for a family In-Network. \$3,000 per year for an individual/\$6,000 per year for a family Cofinity Network.</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
What is not included in the <u>out-of-pocket limit</u>?	<p>Premiums, balance-billed charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
Is there an overall annual limit on what the plan pays?	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
Does this plan use a <u>network of providers</u>?	<p>Yes. For a list of in-network providers see www.DenverHealthMedicalPlan.org or call 303-602-2100.</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</p>
Do I need a referral to see a <u>specialist</u>?	<p>No. You do not need a referral to see a specialist that is in-network.</p>	<p>You can see the specialist you choose without permission from this plan.</p>
Are there services this plan doesn't cover?	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services.</p>

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

Form No.: COM_MKT_132-00
Creation/Rev Date 7/8/15

OMB Control Numbers 1545-2229
1210-0147, and 0938-1146

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan requires you to use in-network **providers**.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay per visit.	\$30 copay per visit.	Not covered.	-----none-----
	Specialist visit	\$50 copay per visit.	\$50 copay per visit.	Not covered.	-----none-----
	Other practitioner office visit	\$50 copay per visit for chiropractor.	\$50 copay per visit for chiropractor.	Not covered.	Coverage is limited to 20 visits annually.
	Preventive care/screening/immunization	No charge.	No charge.	Not covered.	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	Deductible and 20% coinsurance.	Deductible and 30% coinsurance apply.	Not covered.	-----none-----
	Imaging (CT/PET scans, MRIs)	\$150 copay per visit.	\$200 copay per visit.	Not covered.	-----none-----

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Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.DenverHealthMedicalPlan.org/Pharmacy</p>	Generic drugs	Generic (30 day supply) Denver Health Pharmacy \$12 copay. Non Denver Health Pharmacy \$20 copay.	Generic (30 day supply) Non Denver Health Pharmacy \$20 copay.	Not covered.	-----none-----
	Preferred brand drugs	Denver Health Pharmacy (30 day) \$40 copay. Non Denver Health Pharmacy (30 day) \$50 copay.	Non Denver Health Pharmacy (30 day) \$50 copay.	Not covered.	-----none-----
	Non-preferred brand drugs	Denver Health Pharmacy (30 day) \$50 copay. Non Denver Health Pharmacy (30 day) \$80 copay.	Non Denver Health Pharmacy (30 day) \$80 copay.	Not covered.	-----none-----
	Specialty drugs	Denver Health Pharmacy (30 day) \$50 copay. Non Denver Health Pharmacy (30 day) \$80 copay.	Non Denver Health Pharmacy (30 day) \$80 copay.	Not covered.	-----none-----

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Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fees	Deductible and 20% coinsurance	Deductible and 30% coinsurance.	Not covered.	-----none-----
If you need immediate medical attention	Emergency room services	\$300 copay (deductible and coinsurance do not apply).	\$300 copay (deductible and coinsurance do not apply).	\$300 copay (deductible and coinsurance do not apply).	waived if admitted.
	Emergency medical transportation	Deductible and 20% coinsurance.	Deductible and 20% coinsurance.	Deductible and 20% coinsurance.	-----none-----
	Urgent care	\$75 copay (deductible and coinsurance do not apply).	\$75 copay (deductible and coinsurance do not apply).	\$75 copay (deductible and coinsurance do not apply).	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fee	Deductible and 20% coinsurance	Deductible and 30% coinsurance.	Not covered.	-----none-----

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Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$50 copay per visit.	\$50 copay per visit.	Not covered.	-----none-----
	Mental/Behavioral health inpatient services	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
	Substance abuse disorder outpatient services	\$50 copay per visit.	\$50 copay per visit.	Not covered.	-----none-----
	Substance abuse disorder inpatient services	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	Pre-Authorization required for Plan to pay.
If you are pregnant	Prenatal and postnatal care	No charge.	No charge.	Not covered.	-----none-----
	Delivery and all inpatient services	20% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	30% after Per Occurrence Deductible of \$150 and Annual deductible have been met.	Not covered.	-----none-----

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Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: DHMO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	60 visits per calendar year. Pre authorization required.
	Rehabilitation services	\$25 copay per visit.	\$35 copay per visit.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Habilitation services	\$25 copay per visit.	\$35 copay per visit.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Skilled nursing care	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	Coverage is limited to 60 days annually. Pre authorization required.
	Durable medical equipment	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	-----none-----
	Hospice service	Deductible and 20% coinsurance.	Deductible and 30% coinsurance.	Not covered.	Pre authorization required.
If your child needs dental or eye care	Eye exam	Not covered.	Not covered.	Not covered.	-----none-----
	Glasses	Not covered.	Not covered.	Not covered.	-----none-----
	Dental check-up	Not covered.	Not covered.	Not covered.	Fluoride PCP visit covered for children under 18.

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Infertility treatment 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S 	<ul style="list-style-type: none"> • Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care 	<ul style="list-style-type: none"> • Hearing aids

Your Rights to Continue Coverage:

If you lose coverage under the plan, the, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premiums you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-700-8140. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Denver Health Medical Plan grievance department at 303-602-2261 or by fax at 303-602-2078.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby

(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,650
- Patient pays \$1,890

Sample Care costs:	In-network
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:

Deductibles	\$880
Copays	\$0
Coinsurance	\$860
Limits or exclusions	\$150
Total	\$1,890

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,090
- Patient pays \$2,310

Sample Care costs:	In-network
Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:

Deductibles	\$1,500
Copays	\$520
Coinsurance	\$210
Limits or exclusions	\$80
Total	\$2,310

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What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.DenverHealthMedicalPlan.org or by calling 1-800-700-8140.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	<p>\$1,350 for an individual/\$2,700 per year for a family.</p> <p>Individual deductible does not apply in a family plan. Doesn't apply to preventive care</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p>
Are there other <u>deductibles</u> for specific services?	<p>No.</p>	<p>You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
Is there an <u>out-of-pocket limit</u> on my expenses?	<p>\$2,700 for an individual/\$5,400 per year for a family.</p> <p>Individual out-of-pocket limit does not apply in a family plan.</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
What is not included in the <u>out-of-pocket limit</u>?	<p>Premiums, balance-billed charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
Is there an overall annual limit on what the plan pays?	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
Does this plan use a <u>network of providers</u>?	<p>Yes. For a list of in-network providers see www.DenverHealthMedicalPlan.org or call 303-602-2100.</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</p>
Do I need a referral to see a <u>specialist</u>?	<p>No. You do not need a referral to see a specialist that is in-network.</p>	<p>You can see the specialist you choose without permission from this plan.</p>
Are there services this plan doesn't cover?	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services.</p>

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

Form No.: COM_MKT_132-00
Creation/Rev Date 7/8/15

OMB Control Numbers 1545-2229
1210-0147, and 0938-1146

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan requires you to use in-network **providers**.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Specialist visit	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	*Written referral required.
	Other practitioner office visit	Deductible and 10% coinsurance for chiropractor.	Deductible and 20% coinsurance for chiropractor.	Not covered.	Coverage is limited to 20 visits annually.
	Preventive care/screening/immunization	No charge.	No charge.	Not covered.	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance apply.	Not covered.	-----none-----
	Imaging (CT/PET scans, MRIs)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

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Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.DenverHealthMedicalPlan.org/Pharmacy</p>	Generic drugs	Deductible will apply. After deductible is met: Generic (30 day supply) Denver Health Pharmacy \$10 copay. Non Denver Health Pharmacy \$20 copay.	Deductible will apply. After deductible is met: Generic (30 day supply) Non Denver Health Pharmacy \$20 copay.	Not covered.	-----none-----
	Preferred brand drugs	Denver Health Pharmacy (30 day) \$15 copay. Non Denver Health Pharmacy (30 day) \$40 copay.	Non Denver Health Pharmacy (30 day) \$40 copay.	Not covered.	-----none-----
	Non-preferred brand drugs	Denver Health Pharmacy (30 day) \$30 copay. Non Denver Health Pharmacy (30 day) \$60 copay.	Non Denver Health Pharmacy (30 day) \$60 copay.	Not covered.	-----none-----
	Specialty drugs	Denver Health Pharmacy (30 day) \$30 copay. Non Denver Health Pharmacy (30 day) \$60 copay.	Non Denver Health Pharmacy (30 day) \$60 copay.	Not covered.	-----none-----

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.denverhealthmedicalplan.org> or call 1-800-700-8140 to request a copy.



Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fees	No charge.	Deductible and 20% coinsurance.	Not covered.	-----none-----
If you need immediate medical attention	Emergency room services	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	waived if admitted.
	Emergency medical transportation	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	-----none-----
	Urgent care	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	Deductible and 10% coinsurance.	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.
	Physician/surgeon fee	No charge.	Deductible and 20% coinsurance.	Not covered.	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Mental/Behavioral health inpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.
	Substance abuse disorder outpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Substance abuse disorder inpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Pre-Authorization required for Plan to pay.

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

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Denver Police Protective Association (DPPA)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for:

Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Cofinity-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you are pregnant	Prenatal and postnatal care	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Delivery and all inpatient services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
If you need help recovering or have other special health needs	Home health care	No charge.	Deductible and 20% coinsurance.	Not covered.	Pre authorization required.
	Rehabilitation services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Habilitation services	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	Coverage is limited to 20 visits annually per type of therapy.
	Skilled nursing care	No charge.	No charge.	Not covered.	Coverage is limited to 100 days annually.
	Durable medical equipment	Deductible and 10% coinsurance.	Deductible and 20% coinsurance.	Not covered.	-----none-----
	Hospice service	No charge.	Deductible and 20% coinsurance.	Not covered.	Pre authorization required.
If your child needs dental or eye care	Eye exam	Not covered.	Not covered.	Not covered.	-----none-----
	Glasses	Not covered.	Not covered.	Not covered.	-----none-----
	Dental check-up	Not covered.	Not covered.	Not covered.	Fluoride PCP visit covered for children under 18.

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.denverhealthmedicalplan.org> or call 1-800-700-8140 to request a copy.



Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Infertility treatment 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S 	<ul style="list-style-type: none"> • Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care 	<ul style="list-style-type: none"> • Hearing aids

Your Rights to Continue Coverage:

If you lose coverage under the plan, the, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premiums you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-700-8140. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact the Denver Health Medical Plan grievance department at 303-602-2261 or by fax at 303-602-2078.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at http://www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby

(normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,420
- Patient pays \$3,120

Sample Care costs:	In-network
Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:	
Deductibles	\$2,700
Copays	\$20
Coinsurance	\$250
Limits or exclusions	\$150
Total	\$3,120

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,290
- Patient pays \$3,110

Sample Care costs:	In-network
Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:	
Deductibles	\$2,700
Copays	\$230
Coinsurance	\$100
Limits or exclusions	\$80
Total	\$3,110

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.denverhealthmedicalplan.org> or call 1-800-700-8140 to request a copy.

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-700-8140 or visit us at www.DenverHealthMedicalPlan.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.denverhealthmedicalplan.org> or call 1-800-700-8140 to request a copy.

Performance Standards for Health Benefits

According to the outline below, 1% of the total premium is at risk per year.

Adjustment to Standard Service Fees

DHMP will present the City and County of Denver with premium credits on a quarterly basis when the specified performance levels are not attained as set forth in this Exhibit. The quarterly measurement report needs to be presented within 30 days following end of quarter with the premium credits due within 60 days of the end of each quarter. Unless otherwise specified, these standards are effective for the period beginning January 1, 2017 and ending on December 31, 2017.

Administrative/Implementation Performance Standards

ID Cards

For Open Enrollment, DHMP will mail 99% of the ID cards no later than 10 business days prior to the end of the year, subject to the final member eligibility data being transmitted to DHMP in the form requested by DHMP and subject to the eligibility file being both data complete and error free. See Eligibility Loading section of this document.

For subsequent enrollment, DHMP will mail 99% of ID cards within 10 business days of the eligibility data being transmitted to DHMP, in the form requested by DHMP, subject to the eligibility file being both data complete and error free. See Eligibility Loading section of this document.

Failure to maintain a ninety-nine percent (99%) score for each quarter will result in a credit to the quarterly premiums of 0.1125% per quarter.

Eligibility Loading

DHMP will load implementation medical eligibility files within 48 hours (48 hours = 2 business days) of receipt. The guarantee is waived for files that cannot be loaded due to data errors, (e.g. incorrect addresses, incorrect social security numbers, missing dependent information, omitted members for enrollment) or for files that require reformatting of data but only if the data is in a format other than requested by DHMP. DHMP will notify the appropriate CSA representative immediately if file cannot be loaded due to any of the above reasons.

CSA will provide enrollment information on a weekly basis for automated processing. The files will contain information on all enrollees, including dependents. It will identify each enrollee's effective date, demographic data, and medical plan choice. Electronic information will also be provided on terminating enrollees, including dependents. The termination information will include termination dates. Termination information may be included in the same file with current enrollees or it may be provided in a separate file but all files must be sent with the same frequencies and be provided together.

Failure to load medical eligibility files into the eligibility system(s) within 3 business days will result in a credit of premiums of 0.1125% for the quarter reported.

Claim Operations Performance Standards

For the following “Claim Operations Performance Guarantees,” the term “claim” shall mean a written request for payment of a Plan benefit made by a member or provider.

Time to Pay

DHMP complies with, and will continue to be in compliance with, Colorado Law HB 99-1250 and CRS 10-16-106.5, which states health carriers must pay "clean" claims within 30 days if submitted electronically and 45 days if otherwise submitted.

DHMP will pay, or, if no monies are due, process ninety percent (90%) of all claims within 30 days of receipt for electronic claims and within 45 days of receipt for paper claims, as evidenced by a date stamp. Timeliness will be measured within a “Time to Pay” report produced on a monthly basis and provided to the City and County of Denver on a quarterly basis.

Failure to maintain a ninety percent (90%) score for the Time to Pay Guarantee will result in a credit to the quarterly premiums of 0.1125% per quarter

Financial Accuracy

DHMP will maintain a Financial Accuracy rate of not less than ninety-nine percent (99%) for each quarter. Financial Accuracy is measured by collecting a statistically significant random sample of claims processed by the offices servicing the City and County of Denver account. The sample is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars submitted for payment. The measurement will be done by the carrier’s standard internal quality assurance program based on a quarterly audit of claims processed.

Failure to maintain a ninety-nine percent (99%) score for Financial Accuracy for each quarter will result in a credit to the quarterly premiums of 0.1125% per quarter

Procedural Accuracy

DHMP will maintain a Procedural Accuracy rate of not less than ninety-five percent (95%) each quarter. Procedural Accuracy is measured by collecting a statistically significant random sample of claims processed by the offices servicing the City and County of Denver account. The sample is reviewed to determine the percentage of claims processed without non-financial errors. Failure to maintain a ninety-five percent (95%) score in Procedural Accuracy for each quarter will result in a credit to the quarterly premiums of 0.1125% per quarter.

Items Excluded from Claim Operations Performance Measurements

With some products (e.g. HMO), financial reimbursement arrangements are contractually negotiated with providers (physicians, labs, etc.), which budget the payment they receive for certain services. Periodic payments are made to the providers in return for their agreement to provide the negotiated services to network members. Services provided under these arrangements are not processed as a typical “claim” and, as a result, results from the networks featuring these arrangements are not included in the performance statistics outlined above.

Member Phone Service Performance Standards

Average Speed to Answer

This standard applies to the Member Services office which provides service for the City and County of Denver employees. The Average Speed to Answer will be measured by the standard tracking reports produced by the automated phone system on a quarterly basis for all the calls handled by the office servicing your account.

Failure to maintain an Average Speed to Answer equal to or less than 30 seconds will result in a credit to the quarterly premiums of 0.1125% per quarter. This average speed to answer quarterly report will be based on the monthly ASA score averages.

Abandonment Rate

This standard applies to the Member Services office which provides service for the City and County of Denver employees. DHMP will guarantee that calls will sequence through the automated telephone call distribution system such that no more than 5% of calls will be abandoned. The Abandonment Rate results will be measured quarterly by the standard tracking reports produced by the automated phone system for all calls handled by the Member Services office servicing the City and County of Denver account.

Failure to maintain an Abandonment Rate equal to or less than five percent (5%) for all locations providing member phone service to the City and County of Denver employees, will result in a credit to the premiums of 0.1125% for the quarter reported.

Health Risk Assessment (HRA) Performance Standards

The HRA will be available on the DHMP website. DHMP will send a list of employees who complete the HRA as part of the quarterly report. The list will be verified that it is composed of active plan members with the list being 95% accurate.

Failure to meet this standard will result in a credit to the premiums of 0.1125% for the quarter reported.

HEDIS Quality Score (Effectiveness of Care)

DHMP will maintain a score on the following 11 HEDIS* categories that is greater or equal to the national HMO published averages at the 50th percentile or a 3% increase compared to the previous year.

- Breast Cancer Screenings
- Adult BMI Assessment
- Childhood Immunization Status – Combo 2
- Childhood Immunization Status – Combo 3
- Comprehensive Diabetes Care: LDL less than 100
- Comprehensive Diabetes Care:HbA1c less than 8
- Comprehensive Diabetes Care (2 measures on blood pressure: <120/80 and <140/90)
- Controlling High Blood Pressure
- Appropriate treatment of Children with URI
- Appropriate Testing of Pharyngitis

*DHMP will report on those measures that have a statistically significant sample size of >30.

DHMP agrees to provide the City and County of Denver with all of the above HEDIS results. Failure of DHMP to meet or better the National HMO published averages at the 50th percentile or a 3% increase compared to the previous year on the best 10 out of the 11 indicators will result in a credit to the of 0.03% per for the quarter reported.

Member Satisfaction Performance Standard

Member Satisfaction:

DHMP will conduct the NCQA CAHPS Adult Survey 4.0H annually. DHMP will meet the NCQA Quality Compass mean for the areas indicated below.

DHMP will report on the following questions related to:

Satisfaction with the Health Plan:

Question #42 OVERALL RATING OF HEALTH PLAN-report score of 8, 9, 10 category

Question 44: Have you had a flu shot since September 2009

Getting Needed Care:

Question #12 OVERALL RATING OF HEALTH CARE- report score of 8, 9, 10 category

Question # 23 GETTING TO SEE A SPECIALIST

Question #27 EASE OF GETTING NEEDED CARE, TESTS, OR TREATMENT
Report score: always/usually

Doctor Communication questions

Question 15: In the past 12 months, how often did your personal doctor explain things in a way that was easy to understand?

Question 16: In the past 12 months, how often did your personal doctor listen to you carefully?

Question 17: In the past 12 months, how often did your personal doctor show respect for what you had to say?

Question 18: In the past 12 months, how often did your personal doctor spend enough time with you?

Report score: always/usually

In the event that DHMP falls below the NCQA Quality Compass Mean on any of the above on the best seven (7) survey questions out of 10, a credit to the quarterly premiums of 0.01%% per question or 0.07% total for Member Satisfaction Performance Standard, for the quarter reported will be made.

EXHIBIT B

Denver Logo Guidelines



DENVER
THE MILE HIGH CITY

CITY AND COUNTY OF DENVER LOGO GUIDELINES



These guidelines demonstrate how to correctly use
the City and County of Denver logo.

UPDATED 2016



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TYPES OF LOGO FILES

EPS

Vector-based image that will not lose quality if scaled larger than the provided size. Available in four color process, spot color and black and white. Primarily used for professional printing.

JPEG

Both high and low-resolution pixel-based images that will lose quality if scaled larger than the provided size. Available in RGB format and black and white. Primarily used for in-house printing and for viewing on screen. This is also the preferred format for programs that are not design-based, such as Microsoft Word, Microsoft Excel, and Microsoft PowerPoint.

TYPES OF LOGO COLORS

Spot Color

Spot color printing uses pre-mixed ink colors determined by the Pantone Matching System (PMS). They accurately represent color chips provided to the print and design industry.

4 Color Process

Process printing uses four inks (cyan, magenta, yellow and black — also referred to as CMYK) printed together to create a wide spectrum of colors.

RGB Format

Colors are used in RGB (red, green and blue) format when they appear on computer or television screens.

Hex Numbers

Hexadecimal numbers or “hex” numbers are a base-16 numbering system used to define colors on web pages. A hex number is written from 0-9 and then A-F.

For copies of the logo in any format or questions about which file type you need, please contact the Denver Marketing Office at DenverMarketingOffice@DenverGov.org or 720-913-1633.



WHO CAN USE THE CITY AND COUNTY OF DENVER LOGO



The Denver D logo is available for use by city employees of the City and County of Denver for city department/agency purposes. The Denver logo may not be distributed to external entities (with the exception of the partnering agencies described below) without a licensing agreement.

The Denver D logo may be distributed to entities with which the City and County of Denver has executed a contract that includes, at a minimum, the following terms and conditions: required usage guidelines to include duration of use; purpose of use; and the corresponding collateral in which the Denver D logo will be placed. Licensing agreements may be obtained through the Denver Marketing Office and are subject to Executive Order No. 8.

For an outside entity to be considered for a licensing agreement authorizing them to use the Denver D logo, the city must be playing an active role in event or partnership or have a paid, documented sponsorship agreement. When the city does enter into a relationship as a sponsor, the sponsorship package must include phrasing that defines the acknowledgement of city support through the use of its logo to be eligible. For a copy of the city's sponsorship agreement please contact the Denver Marketing Office.

The city does not provide use of the logo for events or initiatives for which the city has supplied grant-funded support unless the event or initiative has a corresponding documented sponsorship component or agreement. If the city has provided a grant to an outside entity, that entity may recognize city support through written or spoken word unless the grant or contract providing grant funds provides otherwise.

The City and County of Denver does grant permission to use the Denver D logo to the city's exclusive partners, such as the VISIT DENVER, the Convention and Visitors Bureau and the Downtown Denver Partnership. All partnering agencies must follow the usage guidelines as described in the graphic standards. Distribution of the logo to outside entities by partnering agencies is unacceptable.



PRIMARY AND SECONDARY LOGOS



The City and County of Denver logo consists of three main elements: The primary D icon, the DENVER logotype and tagline.

Each of these elements has been custom-created and should never be recreated or re-typeset. To maintain consistency and create a strong visual identity, the Denver logo should only be used from existing digital files.

Please **DO NOT** use the Denver D icon without the DENVER logotype and tagline unless expressly permitted by this guide or the Denver Marketing Office.



PRIMARY LOGO

The horizontal version of the Denver logo (D icon to the left of the logotype) is the preferred logo format.

The logo utilizes the typeface Avenir Black for both DENVER and the tagline.

The distance to the right of the D icon and to left of the type should remain consistent. This distance is determined by the distance between the bottom of the tagline to the bottom of the DENVER logotype, represented by the letter X. The distance from the right edge of the D icon to the left edge of the logotype should be equal to X. The block of text in its entirety is centered vertically with the D icon.



SECONDARY LOGO

When the horizontal version of the Denver logo will not work with your space or design requirements, the secondary, stacked logo version can be used. Again, the distance between the bottom of the D icon and top of the DENVER logotype should be equal to X. The block of text in its entirety is centered horizontally with the D icon.



CLEAR ZONE, MINIMUM SIZES & TYPEFACES



CLEAR ZONE

The Denver logo should always have an area of open space or “clear zone” around it. No other graphic elements should fall within this area around the logo.

Where “X” is equal to the distance between the bottom of the tagline to the bottom of the DENVER logotype, leave at least X amount of clearance on all sides of the logo.



MINIMUM SIZES

The Denver logo should always be used at an appropriate size to make sure it is legible.

When the primary signature is used, it should be no smaller than 7/8” wide at the widest point. The secondary signature should be used no smaller than 5/8” at its widest point.

ITC Franklin Gothic Demi

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 1234567890@#%^&*!/?/;:.”{}[]()

ITC Franklin Gothic Book

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 1234567890@#%^&*!/?/;:.”{}[]()

TYPEFACES

The primary typeface used to accompany the Denver logo is ITC Franklin Gothic.

There are two typefaces in this family that are commonly used for Denver branded materials: Franklin Gothic Demi and Franklin Gothic Book.

Standard fonts such as Arial are permitted within documents created in programs where custom fonts are not available.








LOGO COLORS



The Denver logo color palette is comprised of five colors that represent this vibrant city.

Spot-color printing is the preferred option and should be used whenever possible. However, four-color process printing may be used when spot-color printing is not available or cost effective. When the logo is used on the on screen, the RGB format should be used and hex values should be used for the web. The Denver logo spot colors and their corresponding four-color process, RGB and hex formulas are listed below.

The color samples in this guide are just a visual representation of the colors and should not be used as an accurate color match. Actual Pantone chips should be used to match colors when printing.

	SPOT COLOR (PANTONE)	4 COLOR PROCESS (CMYK)	RGB	HEX COLOR (WEB)
 BRICK RED	PMS 1805	C 0 M 91 Y 100 K 23	R 160 G 0 B 34	#C4161C
 SKY BLUE	PMS 2925	C 85 M 24 Y 0 K 0	R 0 G 150 B 214	#0096D6
 SUNSHINE GOLD	PMS 130	C 0 M 30 Y 100 K 0	R 253 G 185 B 19	#FDB913
 MOUNTAIN PURPLE	PMS 268	C 82 M 100 Y 0 K 12	R 64 G 15 B 96	#491D74
 80% BLACK	PANTONE PROCESS 80% BLACK PMS 425	C 0 M 0 Y 0 K 80	R 88 G 89 B 91	#58595B

Pantone® is a registered trademark of PANTONE Inc.'s color matching system.

Note: Palette colors pertain to both coated and uncoated stocks



REVERSE & ONE-COLOR USAGE



15%



50%



70%

FULL-COLOR REVERSE USAGE

A reverse version of the Denver logo has been developed for use when the logo appears on black or other dark colors. The D is not actually reversed, but uses a white border to separate it from the background. The logotype and tagline are white instead of black to increase legibility.

Use the regular signature on backgrounds with a color that has a tonal equivalency of 15% or less black and the reverse signature on backgrounds with a color that has a tonal equivalency of more than 15% black.



ONE-COLOR USAGE

An alternate version of the Denver logo has been developed to be used when only one color is available.

One-color logos should only be used as an alternative to the preferred full-color version. It should not be used in four-color process printing or in RGB formats, where you can use a full-color version instead.



ONE-COLOR REVERSE USAGE

When only one color is available and the logo appears on black or another dark color, a one-color reverse usage should be used. In this version, the primary D icon is used with a white border with the colored elements reversed to the background color.



INCORRECT USAGE



DO NOT reposition the elements of the logo.



DO NOT use the one-color reversed logo where the primary icon appears in solid white (see page 5 for the correct usage).



DO NOT change the colors of the logo.



DO NOT distort or stretch the logo. Make sure it is always scaled proportionally.



DO NOT use the primary D icon as a decorative capital letter.



DO NOT place the logo on a background without sufficient contrast (see reverse applications on page 5).



DO NOT place the logo on a photographic background without sufficient contrast (see reverse applications on page 5).



DO NOT use the logo without all of the necessary elements.



DO NOT use the logo or primary icon in a way that violates the minimum clear space, especially in a co-branding situation.



DO NOT use the D icon locked up with any other typeface.



THE CITY FLAG AND THE CITY SEAL



THE CITY FLAG

The city flag graphic is not to be used as a replacement for the Denver D logo. The city flag image is to be associated only with an actual flag representing the City and County of Denver. All materials currently showcasing the city flag as a graphic image need to be phased out and replaced with the D logo (e.g., employee badges, city vehicles, brochures, etc.).

The city flag image is protected by common law rights.



THE CITY SEAL

The city seal is to be reserved for official city documents. Official documents include, but are not limited to, mayoral proclamations, legal documents and death certificates.

To the extent reasonable, city agencies and departments must transition to the updated business systems package for regular city business. The business system package includes letterhead, envelopes, and business cards which are available on the brand center. As appropriate, all marketing, informational and informal material – including websites, uniforms, brochures and other collateral material – should include the Denver D logo and exclude the city seal.

If you have any questions regarding logo usage policies please contact the Denver Marketing Office. If you have any questions regarding legal considerations around the use of the city seal, please contact the City Attorney's Office.



OFFICES WITHIN THE CITY

Offices within the city are able to use their own unique logo, as outlined below. It is also acceptable for the office to use the main City and County of Denver logo if they choose.



DEPARTMENTS AND AGENCIES

To maintain the integrity of the City and County of Denver logo when branding departments, offices and agencies within the city, the logo will still be comprised of three elements. The D icon and DENVER logotype will remain, but the name of the department will take the place of the tagline, THE MILE HIGH CITY. Please keep the DENVER logotype alignment the same as the main City and County of Denver logo.



When the name of the department is too long to fit onto one line, the text should flow to the second (or third, if applicable) line. The top of the department name will remain on the same level. Please try to split the name evenly onto two lines, and do not extend the name of the department further than approximately 50% beyond the length of DENVER. Please refer to **page 5** for reverse and one-color usage.

Please do not use the word “DENVER” in department name to avoid redundancy, and acronyms in the department name should be avoided whenever possible.



DIVISIONS WITHIN DEPARTMENTS AND AGENCIES

When branding programs that are contained within the city’s departments, offices and agencies, a new type configuration applies. The name of the program is set first in the position and ratio indicated below. The name of the parent department, office or agency moves to the second line, and always follows the word “Denver.”



If the name of the program is too long to fit onto one line, it should flow to the second line.



As with the primary Denver logo, the distance to the right of the D icon and to left of the type should remain consistent within program logos. Note that in these applications, all text elements move to align to the top of the D icon.

TAGLINES

Please do not lock up taglines, mission statements, etc. to the logo when creating an office’s identity.


EXCEPTIONS

The three divisions of the Department of Safety and Denver International Airport are the only city offices that are permitted to continue using independent logos. The Denver D logo should still be co-branded with these agencies whenever appropriate.



LETTERSET

Align letter with left side of DENVER and tagline type


1.75"

Agency/Department Name
Street Address | Denver, CO Zip
www.denvergov.org/department name
p: xxx.xxx.xxx | c: xxx.xxx.xxx | f: xxx.xxx.xxx

311 | POCKETGOV.COM | DENVERGOV.ORG | DENVER 8 TV

1.25"





LETTERHEAD

This letterhead has also been set up as a Microsoft® Word template.

If the document is released from multiple divisions, please typeset only the primary department/agency contact information centered across the bottom to avoid confusion and maintain the specified layout.


When typing a letter, align the left side of the text with the left side of the DENVER and tagline typography and begin typing 1.75" from the top of the page.

Leave a 1.25" margin at the bottom of the page to accommodate contact information.

<div style="display: flex; justify-content: space-between; align-items: center;">  </div> <p style="font-size: x-small;"> Firstname Lastname Job Title Division, Agency/Department Name p: xxx.xxx.xxx Street Address c: xxx.xxx.xxx Denver, CO Zip f: xxx.xxx.xxx firstname.lastname@denvergov.org www.denvergov.org/agencyname </p> <div style="background-color: #0070C0; color: white; padding: 2px; font-size: x-small;"> 311 POCKETGOV.COM DENVERGOV.ORG DENVER 8 TV </div>	<div style="display: flex; justify-content: space-between; align-items: center;">  </div> <p style="font-size: x-small;"> Firstname Lastname Job Title Division, Agency/Department Name p: xxx.xxx.xxx Street Address c: xxx.xxx.xxx Denver, CO Zip f: xxx.xxx.xxx firstname.lastname@denvergov.org www.denvergov.org/agencyname </p> <div style="background-color: #C00000; color: white; padding: 2px; font-size: x-small;"> 311 POCKETGOV.COM DENVERGOV.ORG DENVER 8 TV </div>
<div style="display: flex; justify-content: space-between; align-items: center;">  </div> <p style="font-size: x-small;"> Firstname Lastname Job Title Division, Agency/Department Name p: xxx.xxx.xxx Street Address c: xxx.xxx.xxx Denver, CO Zip f: xxx.xxx.xxx firstname.lastname@denvergov.org www.denvergov.org/agencyname </p> <div style="background-color: #4B0082; color: white; padding: 2px; font-size: x-small;"> 311 POCKETGOV.COM DENVERGOV.ORG DENVER 8 TV </div>	<div style="display: flex; justify-content: space-between; align-items: center;">  </div> <p style="font-size: x-small;"> Firstname Lastname Job Title Division, Agency/Department Name p: xxx.xxx.xxx Street Address c: xxx.xxx.xxx Denver, CO Zip f: xxx.xxx.xxx firstname.lastname@denvergov.org www.denvergov.org/agencyname </p> <div style="background-color: #FFC000; color: white; padding: 2px; font-size: x-small;"> 311 POCKETGOV.COM DENVERGOV.ORG DENVER 8 TV </div>

BUSINESS CARDS

Visit the Brand Center at www.denvergov.org/brandcenter for electronic files and pre-printed shells. Do not attempt to recreate the business card artwork. Please do not add logos or other artwork to the back of the card.



Department/Agency Name
 Division Name
 Street Address
 Denver, CO Zip

311 | POCKETGOV.COM | DENVERGOV.ORG | DENVER 8 TV

#10 ENVELOPE

Visit the Brand Center at www.denvergov.org/brandcenter for electronic files and pre-printed shells. Do not attempt to recreate the envelope artwork.

For additional templates not provided within this document (i.e. pocket folders, press releases, presentations, etc.) please contact the Denver Marketing Office.



EMAIL SIGNATURES AND MOBILE GUIDELINES



DENVER
THE MILE HIGH CITY

First Name N. Lastname | Job Title
Division, Agency/Department | City and County of Denver
p: (xxx) xxx-xxxx | name.name@xxxxxxxxxxdenvergov.org

CONNECT WITH US | 311 | pocketgov.com | denvergov.org | Denver 8 TV | Facebook

EMAIL SIGNATURES

Email signatures should feature the horizontal version of the City and County of Denver logo below the email sender's information. Directly below this, the signature should additionally contain the city's four connection touch-points as illustrated in the example image on the right. This text graphic represents the four most common ways in which residents connect with the city for services, schedules, and information.

Please use a text-only version of the signature when responding to email changes so as not to unnecessarily increase the message file size. Agency or department specific logos, per page 8, are permitted in email signatures. However, it is the sole responsibility of the communications director in each department to create and distribute these templates in order to ensure that the graphic standards are maintained.

Personal quotes, background colors and patterns, etc., should not be used in the email signature. However, department mission statements are acceptable when necessary. It is also permissible to add certain standardized language, such as legal disclosure policies or requests to minimize paper usage.

Please note that Arial is used in place of Franklin Gothic in this application because it is a web-safe font.

Please refer to the [Denver Brand Center](#) to properly set up your email signature.



APP ICONS

Departments, agencies, divisions and programs within the City and County of Denver may have the opportunity to create mobile apps. When doing so, any primary, secondary or accent color can be utilized.

Glyph icons are used for mobile application toolbars, splash screens, navigation, and menus. Mobile application glyph icons must be designed as monochromatic symbols with an emphasis on minimalism and simplicity. Mobile app icons must provide easy recognition in formats as small as 32 x 32 pixels and must adhere to all size standards provided by the specific mobile application framework (iOS, Android, Windows Phone, etc.). They should be developed in vector format to be scalable up or down, depending on the required specifications.

The app icon should feature a simple, representative image reversed out on a city color. The icon should feature a solid color border and an embossed effect to give it dimension. Examples are at left; please note that customized icons should be approved by the Denver Marketing Office before they are used.



PROGRAM, VENUE AND EVENT LOGOS



Any office operating solely under the City and County of Denver, exclusively funded with taxpayer dollars and/or at the direction of the mayor should be using the Denver D as its primary logo. However, there are instances when a city program, venue or event may merit its own visual identity, such as in the case of a partnership with an external entity, when the initiative needs to be marketed broadly, or when legal or political considerations make the Denver D less preferred. In those scenarios, some basic quality assurances should be considered.

Please contact the Denver Marketing Office before a new logo is created.

Some guidelines to consider when designing a new program identity:

■ Logos & Symbols

Style matters. The symbol reflects Denver's energy, the amazing weather, outdoor lifestyle and economic vitality through the incorporation of the shining sun, blue skies, majestic mountains and downtown landscape. When creating a new program identity, try to be compatible with the design feel established by the Denver "D" icon.

■ Brand Recognition

It's important for our audiences to understand which programs are affiliated with the city. Please use the City and County of Denver logo and identity prominently on all materials. In applications where the Denver D cannot be featured prominently, such as on an independent website, please include prominent text explaining the affiliation with the city (e.g. "Red Rocks Amphitheater is a proud venue of the City and County of Denver.")

■ Co-Branding

Consider what other logos will appear with the new one and try to complement, instead of compete with them.

■ Color Palette

Always use colors from the approved palette. See page 12 for expanded colors.

■ Typefaces

When it comes to font personality, a little goes a long way. Try to stay within the Franklin Gothic font family when possible.

■ Simplification

Logos should rarely have more than a couple colors and distinct elements (mark, typeface, tagline).

■ Scalability

Logos should have the ability to be used in very large or very small formats, meaning that high resolution versions should be developed and too many elements should be avoided.

■ Section 508 Web Color Contrast

Web Content Accessibility Guidelines (WCAG 1.0) require that there be a sufficient level of tonal contrast between colors so that low-vision users can read content on colored backgrounds. Guidelines for ensuring color combinations include:

- Select color combinations that can be differentiated by users with color deficiencies;
- Use tools to see what color combinations will look like when in black and white as seen by color-deficient users;
- Ensure that the lightness contrast between foreground and background colors is high;
- Increase the lightness contrast between colors on either end of the spectrum (e.g., blues and reds); and
- Avoid combining light colors from either end of the spectrum with dark colors from the middle of the spectrum.

Please contact the Denver Marketing Office with any questions regarding program identity best practices.



EXPANDED PALETTE



Although the main logo is comprised of five colors, city programs may use colors in the expanded palette for identity development and other graphic design. The expanded palette includes four secondary colors and four accent colors.

PRIMARY PALETTE

SPOT COLOR (PANTONE)



PMS 1805

BRICK RED



PMS 2925

SKY BLUE



PMS 130

SUNSHINE GOLD



PMS 268

MOUNTAIN PURPLE



PANTONE
PROCESS
80% BLACK

80% BLACK

SECONDARY PALETTE

SPOT COLOR (PANTONE)



PMS 384

YELLOW GREEN



PMS 294

BRIGHT BLUE



PMS 152

ORANGE



PMS 180

RED ORANGE

4 COLOR PROCESS (CMYK)

C 18
M 0
Y 100
K 31

C 100
M 58
Y 0
K 21

C 0
M 51
Y 100
K 1

C 0
M 79
Y 100
K 11

RGB

R 159
G 166
B 23

R 0
G 85
B 150

R 243
G 144
B 29

R 217
G 83
B 30

HEX COLOR (WEB)

#9FA617

#005596

#F3901D

#D9531E

ACCENT COLORS



PMS 296

NAVY

C 100
M 46
Y 0
K 70

R 0
G 45
B 86

#002D56



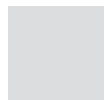
PMS 7496

BRIGHT GREEN

C 40
M 0
Y 100
K 38

R 109
G 141
B 36

#6D8D24



PMS 420

LIGHT GRAY

C 0
M 0
Y 0
K 15

R 220
G 221
B 222

#DCDDDE



PMS 7501

CREAM

C 0
M 4
Y 20
K 6

R 241
G 227
B 197

#F1E35C

Pantone® is a registered trademark of PANTONE Inc.'s color matching system.

Note: Palette colors pertain to both coated and uncoated stocks



EXPANDED PALETTE: SUGGESTED USAGE



When selecting colors for a new program identity, please choose from the primary and expanded palette.

While it is not required to use a primary palette color, it is recommended to maintain brand recognition throughout subbrands.

Example Palette 1



Example Palette 2



You may use up to all four colors in the secondary palette, but please do not exceed five colors overall in identity development.

Example Palette 3



Example Palette 1



If you are using one or more accent color (up to three), please use at least one color from the primary or secondary palette.

Example Palette 2



Do not use a color from the accent palette as the dominant color in the application.

Example Palette 3





ALLIED ORGANIZATIONS AND CO-BRANDING

EXISTING ALLIED ORGANIZATIONS

It is recognized that there are several organizations that are closely aligned with the City and County of Denver, which each have their own brand personality. Examples of these organizations include the Denver Zoo, the Denver Botanic Gardens, Denver Water, and Denver Public Schools. These organizations are not required to rebrand to align with the new branding standards.

DENVER BOTANIC
GARDENS

x



.75 x

ALLIED ORGANIZATION CO-BRANDING WITH THE CITY OF DENVER

Allied organizations with their own brand personality are not required to include the City and County of Denver logo on their collateral. However, if they decide to do so and have met the requirements outline on page 1, the City and County of Denver logo usage must comply with this guide and it must visually be at least 75% of the allied organization's logo. Additionally, please do not lockup the allied organization and City and County of Denver's logo, or use parts of the Denver logo within the allied organization's logo. Maintain clear space defined on **page 3**.



DENVER BOTANIC
GARDENS



(Maintain clear area defined on p. 3)

CO-BRANDING PARTNERING AGENCIES AND SPONSORS

The City and County of Denver often partners with outside entities to promote a program or service. When partnering with outside organizations it is acceptable, if granted permission by both entities, to place their logos side by side with the Denver D.



GLOSSARY OF TERMS

Accent Color — A palette chosen to accent or support main colors utilized in identity development.

Clear Zone — Logo guidelines often specify a clear zone surrounding the logo. No other art or type should encroach on the clear zone.

Co-Branding — If two logos appear together to imply a cooperative effort, it is called co-branding. Logos used in co-branding should always respect the necessary clear space surrounding each logo.

Digital File — Digital files that are prepared by graphic designers to be printed or to be uploaded to web sites.

Foreground — The visual plane in an image closest to the viewer.

Four-Color Process — Process printing uses four inks (cyan, magenta, yellow and black — also referred to as CMYK) printed together to create a wide spectrum of colors.

Graphic Standards — An organization's requirements for reproducing its graphics and branding elements on all surfaces.

Glyph Icons — A graphic symbol that provides the appearance or form for a character. A glyph can be an alphabetic or numeric font or some other symbol that pictures an encoded character.

Hex Colors — Hexadecimal numbers or "hex" numbers are a base-16 numbering system used to define colors on web pages. A hex number is written from 0-9 and then A-F.

Lockup — The final form of a logo and an icon with all of the elements locked in their relative positions. For the sake of maintaining consistency in all mediums and to create a sense of cohesion between the elements, the lockup should not be taken apart or altered in any way.

Logotype — Logotype refers specifically to a word integrated into the logo.

Mobile Application — Also known as an app, a mobile application is a term used to describe software that runs on smart phones and mobile phones.

Monochromatic — Containing or using only one color.

Navigation — A user interface element within a webpage that contains links to other sections of the website.

Pixels — A physical point in a raster image, or the smallest addressable element in a display device; so it is the smallest controllable element of a picture represented on the screen.

Primary Icon — An organization's predominant mark; the preferred logo to be used on collateral.

Primary Palette — The main colors that comprise an organization's identity.

Raster Image — In computer graphics, a raster image, or bitmap, is a dot matrix data structure representing a generally rectangular grid of pixels, or points of color, viewable via a monitor, paper, or other display medium. Raster images are stored in image files with varying formats.

Re-Typeset — To re-typeset essentially means to re-type. It is never acceptable to re-type the words in a logo or tag line; instead always use the artwork provided.

Reverse Logo — A reverse logo is used when a logo appears on a dark background color that doesn't provide enough contrast. In order to make the logo more legible, the logo colors are changed to white.

RGB Format — Colors are used in RGB (red, green and blue) format when they appear on computer or television screens.

Scalable — An icon or logo's ability to be reduced or blown up in size.

Secondary Palette — Colors chosen to support the primary palette in an organization's identity.



GLOSSARY OF TERMS CONTINUED

Splash Screen — An image that appears while a computer program is loading. It may also be used to describe an introduction page on a website.

Spot Color — Spot color printing uses pre-mixed ink colors determined by the Pantone Matching System (PMS). They accurately represent color chips provided to the print and design industry.

Tagline — Tagline refers to a few word description that often accompanies a logo to make it more descriptive.

Tonal Contrast — The difference between the light and dark areas in a composition.

Typeface — Typeface is the same as “font.” A font or typeface is a professionally designed alphabet. Most logo guidelines specify the typeface to use with the logo.

Typesetting — Before computers became a part of design and printing, words were prepared for print by manually setting individual letters in the right sequence: “typesetting.” The term is still used to describe preparation of letters and words for print. If you choose a font and letter size for placement in a document, you are “typesetting.”

Vector — An image made up of solids, lines and curves that can be scaled or edited without affecting image resolution.

Web-Safe Font — A set of fonts that appear on a large percentage of computers. Common Web-safe fonts include: Arial, Courier New, Times New Roman, Georgia, Trebuchet, and Verdana.