

2018 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., a Colorado nonprofit corporation affiliated with the Denver Health and Hospital Authority, a body corporate and political subdivision of the State of Colorado (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 the authorized representative to sign the attached final insurance policies, the attached Exhibits, and any other documents necessary to effectuate the policy-related documents, and implement the administration of the approved plan design and coverage the City desires to purchase.

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, 2018, and will terminate at 11:59 p.m., on December 31, 2018 (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 **EIGHT MILLION FOUR HUNDRED TWENTY-THREE THOUSAND DOLLARS AND 00/100 (\$8,423,000.00)** (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 Schedules, which Monthly Premium Schedules are included as **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 identity or gender expression, 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

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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 _____



Contract Control Number: CSAHR-201736839-00

Contractor Name: Denver Health Medical Plan

By: Greg McCarthy

Name: Greg McCarthy
(please print)

Title: CEO
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)



EXHIBIT A

Summary of Benefits and Coverage & Performance Guarantees



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-700-8140. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,350 individual or \$2,700 family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care services and preventive pharmacy are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For in-network providers \$2,700 individual or \$5,400 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.denverhealthmedicalplan.org or call 1-800-700-8140 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay the least if you use a <u>provider</u> in HighPoint Denver network. You pay more if you use a <u>provider</u> in Cofinity network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. Out-of-network providers are not covered on this plan except for urgent care or emergency.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a referral.

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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.



All **copayment** and **coinsurance** costs shown in this chart are after your overall **deductible** has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
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-----
	<u>Specialist</u> visit	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	-----none-----
	Other practitioner office visit	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	Care must be received by Columbine Chiropractic provider. Coverage is limited to 20 visits annually.
	<u>Preventive care/screening/immunization</u>	\$0 coinsurance	\$0 coinsurance	Not covered	-----none-----
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required for PET scans and MRI only

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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.denverhealthmedicalplan.org.</p>	Preferred generic drugs	<p>Deductible will apply: 30 day supply: DH Pharmacy \$10 copay; National Network Pharmacy \$20 copay. 90 day supply: DH Pharmacy \$20 copay; National Network Pharmacy \$40 copay.</p>	<p>Deductible will apply: 30 day supply: National Network Pharmacy \$20 copay. 90 day supply: National Network Pharmacy \$40 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Generics and preferred brand drugs	<p>30 day supply: DH Pharmacy \$15 copay; National Network Pharmacy \$40 copay. 90 day supply: DH Pharmacy \$30 copay; National Network Pharmacy \$80 copay.</p>	<p>30 day supply: National Network Pharmacy \$40 copay. 90 day supply: National Network Pharmacy \$80 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Non-preferred brand drugs	<p>30 day supply: DH Pharmacy \$30 copay; National Network Pharmacy \$60 copay. 90 day supply: DH Pharmacy \$60 copay; National Network Pharmacy \$120 copay.</p>	<p>30 day supply: National Network Pharmacy \$60 copay. 90 day supply: National Network Pharmacy \$120 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	<u>Specialty drugs</u>	<p>30 day supply: DH Pharmacy \$30 copay; National Network Pharmacy \$60 copay. 90 day supply: DH Pharmacy N/A; National Network Pharmacy N/A.</p>	<p>30 day supply: National Network Pharmacy \$60 copay. 90 day supply: National Network Pharmacy N/A.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)

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

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
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.
	Physician/surgeon fees	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
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.
	Physician/surgeon fee	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
If you need mental health, behavioral health, or substance abuse services	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.
	Substance use disorder outpatient services	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	-----none-----
	Substance use disorder inpatient services	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
If you are pregnant	Prenatal and postnatal care	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	Preventive visits are \$0
	Delivery and all inpatient services	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	-----none-----

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	Deductible and 10% coinsurance *	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	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required. Coverage is limited to 100 days annually.
	Durable medical equipment	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
	Hospice service	Deductible and 10% coinsurance *	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	Excluded service.
	Glasses	Not covered	Not covered	Not covered	Excluded service.
	Dental check-up	Not covered	Not covered	Not covered	Fluoride varnish at PCP visit covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Routine eye care • Routine foot care • Weight loss programs

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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care
- Hearing aids
- Private-duty nursing (when medically necessary)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa.healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other options to continue coverage are available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Denver Health Medical Plan, Inc. at 1-800-700-8140 or www.denverhealthmedicalplan.org, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month under this plan or under other coverage, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standard? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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

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

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible:** \$1,350
- **Specialist copayment:** Deductible and 10% coinsurance
- **Hospital (facility coinsurance):** Deductible and 10% coinsurance
- **Other coinsurance:** 0%

This EXAMPLE event includes services like:

- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

Total Example Cost	\$12,739
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$40
Coinsurance	\$1,260
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,710

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible:** \$1,350
- **Specialist copayment:** Deductible and 10% coinsurance
- **Hospital (facility coinsurance):** Deductible and 10% coinsurance
- **Other coinsurance:** 0%

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$505
Coinsurance	\$293
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$2,203

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible:** \$1,350
- **Specialist copayment:** Deductible and 10% coinsurance
- **Hospital (facility coinsurance):** Deductible and 10% coinsurance
- **Other coinsurance:** 0%

This EXAMPLE event includes services like:

- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

Total Example Cost	\$1,926
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$0
Coinsurance	\$193
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,543

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Language Access Services:

(Spanish) Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Denver Health Medical Plan, Inc. tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-700-8140.

(Vietnamese) Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Denver Health Medical Plan, Inc. quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-700-8140.

(Chinese) 如果您或您正在幫助的人有關於 Denver Health Medical Plan, Inc. 方面的問題您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話請致電 1-800-700-8140。

(Korean) 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Denver Health Medical Plan, Inc. 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-700-8140 로 전화하십시오.

(Russian) Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Denver Health Medical Plan, Inc. то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-700-8140.

(Amharic) ከርስዎ፣ ወይም ከርስዎ ያሚያግዙት ግለሰብ፣ ስለ Denver Health Medical Plan, Inc. ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ ክርዳታና መረጃ የማግኘት መብት ካላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-700-8140 ይደውሉ።

(Arabic) اية دون من بلغتك الضرورية والمعلومات المساعدة على الحصول في إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Denver Health Medical Plan, Inc. فلدريك 1-800-700-8140 ب اتصل مترجم مع للتحدث. تكلفة

(German) Falls Sie oder jemand, dem Sie helfen, Fragen zum Denver Health Medical Plan, Inc. haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-700-8140 an.

(French) Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Denver Health Medical Plan, Inc. vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-700-8140.

(Nepali) यदि तपाईं आफ्ना लागि आफैं आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ, Denver Health Medical Plan, Inc.

बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा निःशुल्क सहायता वा जानकारी पाउने अधिकार छ । दोभाषे (इन्टरप्रेटर) सँग कुरा गरुपरे 1-800-700-8140 मा फोन गर्नुहोस् ।

(Tagalog) Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Denver Health Medical Plan, Inc. may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-700-8140.

(Japanese) ご本人様、またはお客様の身の回りの方でも Denver Health Medical Plan, Inc. についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-800-700-8140 までお電話ください。

(Cushite) Isin yookan namni biraa isin deeggartan Denver Health Medical Plan, Inc. irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-700-8140 tiin bilbilaa.

(Persian) Denver Health Medical Plan, Inc. را خود زبان به اطلاعات و کمک که دارید را این حق باشید داشته‌اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد. نماینده حاصل تماس 1-800-700-8140 دریافت رایگان طور به

(Kru) I bale we, tole mut u ye hola, a gwee mbarga inyu Denver Health Medical Plan, Inc. U gwee Kunde I kosna mahola ni biniiguene i hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-800-700-8140.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-700-8140. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 individual or \$1,500 family for In-Network. \$750 individual or \$1,750 family for Cofinity Network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Preventive care services and preventive pharmacy are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$150 for delivery and inpatient hospitalization. \$150 for outpatient/ambulatory surgery. There are other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For in-network <u>providers</u> \$3,000 individual or \$6,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.denverhealthmedicalplan.org or call 1-800-700-8140 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay the least if you use a <u>provider</u> in HighPoint Denver network. You pay more if you use a <u>provider</u> in Cofinity network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. Out-of-network providers are not covered on this plan except for urgent care or emergency.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a referral.

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All **copayment** and **coinsurance** costs shown in this chart are after your overall **deductible** has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
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-----
	<u>Specialist</u> visit	\$50 copay per visit	\$50 copay per visit	Not covered	-----none-----
	Other practitioner office visit	\$50 copay per visit	\$50 copay per visit	Not covered	Care must be received by Columbine Chiropractic provider. Coverage is limited to 20 visits annually.
	<u>Preventive care/screening/immunization</u>	\$0 coinsurance	\$0 coinsurance	Not covered	-----none-----
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Deductible and 20% coinsurance	Deductible and 30% coinsurance	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	\$150 copay per visit *	\$200 copay per visit *	Not covered	* Pre-authorization required for PET scans and MRI only

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
<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.</p>	Preferred generic drugs	<p>30 day supply: DH Pharmacy \$12 copay; National Network Pharmacy \$24 copay. 90 day supply: DH Pharmacy \$24 copay; National Network Pharmacy \$48 copay.</p>	<p>30 day supply: National Network Pharmacy \$24 copay. 90 day supply: National Network Pharmacy \$48 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Generics and preferred brand drugs	<p>30 day supply: DH Pharmacy \$40 copay; National Network Pharmacy \$80 copay. 90 day supply: DH Pharmacy \$80 copay; National Network Pharmacy \$160 copay.</p>	<p>30 day supply: National Network Pharmacy \$80 copay. 90 day supply: National Network Pharmacy \$160 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Non-preferred brand drugs	<p>30 day supply: DH Pharmacy \$50 copay; National Network Pharmacy \$100 copay. 90 day supply: DH Pharmacy \$100 copay; National Network Pharmacy \$200 copay.</p>	<p>30 day supply: National Network Pharmacy \$100 copay. 90 day supply: National Network Pharmacy \$200 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	<u>Specialty drugs</u>	<p>30 day supply: DH Pharmacy \$50 copay; National Network Pharmacy \$100 copay. 90 day supply: DH Pharmacy N/A; National Network Pharmacy N/A.</p>	<p>30 day supply: National Network Pharmacy \$100 copay. 90 day supply: National Network Pharmacy N/A.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
	Physician/surgeon fees	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required.
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% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
	Physician/surgeon fee	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required.

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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral health outpatient services	\$50 copay per visit	\$50 copay per visit	Not covered	-----none-----
	Mental/Behavioral health inpatient services	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
	Substance use disorder outpatient services	\$50 copay per visit	\$50 copay per visit	Not covered	-----none-----
	Substance use disorder inpatient services	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
If you are pregnant	Prenatal and postnatal care	Deductible and 20% coinsurance	Deductible and 30% coinsurance	Not covered	Preventive visits are \$0
	Delivery and all inpatient services	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	-----none-----

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required. Coverage is limited to 60 visits annually.
	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	* Pre-authorization required. Coverage is limited to 100 days annually.
	Durable medical equipment	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required.
	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	Coverage is limited to 1 exam every 24 months.
	Glasses	Not covered	Not covered	Not covered	Excluded service.
	Dental check-up	Not covered	Not covered	Not covered	Fluoride varnish at PCP visit covered.

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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Routine foot care • Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care 	<ul style="list-style-type: none"> • Hearing aids • Private-duty nursing (when medically necessary) 	<ul style="list-style-type: none"> • Routine eye care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa.healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other options to continue coverage are available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Denver Health Medical Plan, Inc. at 1-800-700-8140 or www.denverhealthmedicalplan.org, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month under this plan or under other coverage, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standard? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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

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

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible: \$500
- Specialist copayment: \$50 copay per visit
- Hospital (facility coinsurance): Deductible and 20% coinsurance
- Other coinsurance: 0%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,731
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$650
Copayments	\$0
Coinsurance	\$2,350
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,060

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible: \$500
- Specialist copayment: \$50 copay per visit
- Hospital (facility coinsurance): Deductible and 20% coinsurance
- Other coinsurance: 0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$7,426
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$1,192
Coinsurance	\$372
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$2,120

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible: \$500
- Specialist copayment: \$50 copay per visit
- Hospital (facility coinsurance): Deductible and 20% coinsurance
- Other coinsurance: 0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$2,268
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$1,150
Coinsurance	\$172
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,822

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Language Access Services:

(Spanish) Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Denver Health Medical Plan, Inc. tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-700-8140.

(Vietnamese) Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Denver Health Medical Plan, Inc. quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-700-8140.

(Chinese) 如果您或您正在幫助的人有關於 Denver Health Medical Plan, Inc. 方面的問題您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話請致電 1-800-700-8140。

(Korean) 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Denver Health Medical Plan, Inc. 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-700-8140 로 전화하십시오.

(Russian) Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Denver Health Medical Plan, Inc. то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-700-8140.

(Amharic) አርስዎ፣ ወይም አርስዎ የሚያግዙት ግለሰብ፣ ስለ Denver Health Medical Plan, Inc. ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ አርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-700-8140 ይደውሉ።

(Arabic) اية دون من بلغتك الضرورية والمعلومات المساعدة على الحصول في إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Denver Health Medical Plan, Inc. فلدريك 1-800-700-8140 ب اتصل مترجم مع للتحدث. تكلفة

(German) Falls Sie oder jemand, dem Sie helfen, Fragen zum Denver Health Medical Plan, Inc. haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-700-8140 an.

(French) Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Denver Health Medical Plan, Inc. vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-700-8140.

(Nepali) यदि तपाईं आफ्ना लागि आफैं आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ, Denver Health Medical Plan, Inc.

बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा निःशुल्क सहायता वा जानकारी पाउने अधिकार छ । दोभाषे (इन्टरप्रेटर) सँग कुरा गरुपरे 1-800-700-8140 मा फोन गर्नुहोस् ।

(Tagalog) Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Denver Health Medical Plan, Inc. may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-700-8140.

(Japanese) ご本人様、またはお客様の身の回りの方でも Denver Health Medical Plan, Inc. についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-800-700-8140 までお電話ください。

(Cushite) Isin yookan namni biraa isin deeggartan Denver Health Medical Plan, Inc. irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-700-8140 tiin bilbilaa.

(Persian) Denver Health Medical Plan, Inc. را خود زبان به اطلاعات و کمک که دارید را این حق باشید داشته‌اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد. نماینده حاصل تماس 1-800-700-8140 دریافت رایگان طور به

(Kru) I bale we, tole mut u ye hola, a gwee mbarga inyu Denver Health Medical Plan, Inc. U gwee Kunde I kosna mahola ni biniiguene i hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-800-700-8140.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-700-8140. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 individual or \$1,500 family for In-Network. \$750 individual or \$1,750 family for Cofinity Network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Preventive care services and preventive pharmacy are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$150 for delivery and inpatient hospitalization. \$150 for outpatient/ambulatory surgery. There are other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For in-network <u>providers</u> \$3,000 individual or \$6,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.denverhealthmedicalplan.org or call 1-800-700-8140 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay the least if you use a <u>provider</u> in HighPoint Denver network. You pay more if you use a <u>provider</u> in Cofinity network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. Out-of-network providers are not covered on this plan except for urgent care or emergency.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a referral.

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

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All **copayment** and **coinsurance** costs shown in this chart are after your overall **deductible** has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
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-----
	<u>Specialist</u> visit	\$50 copay per visit	\$50 copay per visit	Not covered	-----none-----
	Other practitioner office visit	\$50 copay per visit	\$50 copay per visit	Not covered	Care must be received by Columbine Chiropractic provider. Coverage is limited to 20 visits annually.
	<u>Preventive care/screening/immunization</u>	\$0 coinsurance	\$0 coinsurance	Not covered	-----none-----
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Deductible and 20% coinsurance	Deductible and 30% coinsurance	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	\$150 copay per visit *	\$200 copay per visit *	Not covered	* Pre-authorization required for PET scans and MRI only

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.denverhealthmedicalplan.org.</p>	Preferred generic drugs	30 day supply: DH Pharmacy \$12 copay; National Network Pharmacy \$24 copay. 90 day supply: DH Pharmacy \$24 copay; National Network Pharmacy \$48 copay.	30 day supply: National Network Pharmacy \$24 copay. 90 day supply: National Network Pharmacy \$48 copay.	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Generics and preferred brand drugs	30 day supply: DH Pharmacy \$40 copay; National Network Pharmacy \$80 copay. 90 day supply: DH Pharmacy \$80 copay; National Network Pharmacy \$160 copay.	30 day supply: National Network Pharmacy \$80 copay. 90 day supply: National Network Pharmacy \$160 copay.	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Non-preferred brand drugs	30 day supply: DH Pharmacy \$50 copay; National Network Pharmacy \$100 copay. 90 day supply: DH Pharmacy \$100 copay; National Network Pharmacy \$200 copay.	30 day supply: National Network Pharmacy \$100 copay. 90 day supply: National Network Pharmacy \$200 copay.	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	<u>Specialty drugs</u>	30 day supply: DH Pharmacy \$50 copay; National Network Pharmacy \$100 copay. 90 day supply: DH Pharmacy N/A; National Network Pharmacy N/A.	30 day supply: National Network Pharmacy \$100 copay. 90 day supply: National Network Pharmacy N/A.	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
	Physician/surgeon fees	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required.
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% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
	Physician/surgeon fee	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required.

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral health outpatient services	\$50 copay per visit	\$50 copay per visit	Not covered	-----none-----
	Mental/Behavioral health inpatient services	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
	Substance use disorder outpatient services	\$50 copay per visit	\$50 copay per visit	Not covered	-----none-----
	Substance use disorder inpatient services	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	Not covered	* Pre-authorization required.
If you are pregnant	Prenatal and postnatal care	Deductible and 20% coinsurance	Deductible and 30% coinsurance	Not covered	Preventive visits will be \$0
	Delivery and all inpatient services	20% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	30% coinsurance after Per Occurrence Deductible of \$150 and Annual Deductible have been met *	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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required. Coverage is limited to 60 visits annually.
	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	* Pre-authorization required. Coverage is limited to 100 days annually.
	Durable medical equipment	Deductible and 20% coinsurance *	Deductible and 30% coinsurance *	Not covered	* Pre-authorization required.
	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	Coverage is limited to 1 exam every 24 months.
	Glasses	Not covered	Not covered	Not covered	Excluded service.
	Dental check-up	Not covered	Not covered	Not covered	Fluoride varnish at PCP visit covered.

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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Infertility treatment• Long-term care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Hearing aids• Private-duty nursing (when medically necessary)	<ul style="list-style-type: none">• Routine eye care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa.healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other options to continue coverage are available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Denver Health Medical Plan, Inc. at 1-800-700-8140 or www.denverhealthmedicalplan.org, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month under this plan or under other coverage, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standard? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

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

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This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible: \$500
- Specialist copayment: \$50 copay per visit
- Hospital (facility coinsurance): Deductible and 20% coinsurance
- Other coinsurance: 0%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,731
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$650
Copayments	\$0
Coinsurance	\$2,350
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,060

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible: \$500
- Specialist copayment: \$50 copay per visit
- Hospital (facility coinsurance): Deductible and 20% coinsurance
- Other coinsurance: 0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$7,426
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$1,192
Coinsurance	\$372
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$2,120

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible: \$500
- Specialist copayment: \$50 copay per visit
- Hospital (facility coinsurance): Deductible and 20% coinsurance
- Other coinsurance: 0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$2,268
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$1,150
Coinsurance	\$172
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,822

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Language Access Services:

(Spanish) Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Denver Health Medical Plan, Inc. tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-700-8140.

(Vietnamese) Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Denver Health Medical Plan, Inc. quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-700-8140.

(Chinese) 如果您或您正在幫助的人有關於 Denver Health Medical Plan, Inc. 方面的問題您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話請致電 1-800-700-8140。

(Korean) 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Denver Health Medical Plan, Inc. 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-700-8140 로 전화하십시오.

(Russian) Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Denver Health Medical Plan, Inc. то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-700-8140.

(Amharic) አርስዎ፣ ወይም አርስዎ የሚያግዙት ግለሰብ፣ ስለ Denver Health Medical Plan, Inc. ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ አርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-700-8140 ይደውሉ።

(Arabic) اية دون من بلغتك الضرورية والمعلومات المساعدة على الحصول في إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Denver Health Medical Plan, Inc. فلدريك 1-800-700-8140 ب اتصل مترجم مع للتحدث. تكلفة

(German) Falls Sie oder jemand, dem Sie helfen, Fragen zum Denver Health Medical Plan, Inc. haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-700-8140 an.

(French) Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Denver Health Medical Plan, Inc. vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-700-8140.

(Nepali) यदि तपाईं आफ्ना लागि आफैं आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ, Denver Health Medical Plan, Inc.

बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा निःशुल्क सहायता वा जानकारी पाउने अधिकार छ । दोभाषे (इन्टरप्रेटर) सँग कुरा गरुपरे 1-800-700-8140 मा फोन गर्नुहोस् ।

(Tagalog) Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Denver Health Medical Plan, Inc. may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-700-8140.

(Japanese) ご本人様、またはお客様の身の回りの方でも Denver Health Medical Plan, Inc. についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-800-700-8140 までお電話ください。

(Cushite) Isin yookan namni biraa isin deeggartan Denver Health Medical Plan, Inc. irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-700-8140 tiin bilbilaa.

(Persian) Denver Health Medical Plan, Inc. را خود زبان به اطلاعات و کمک که دارید را این حق باشید داشته‌اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد 1-800-700-8140 نمایید حاصل تماس دریافت رایگان طور به نمایید حاصل تماس 1-800-700-8140

(Kru) I bale we, tole mut u ye hola, a gwee mbarga inyu Denver Health Medical Plan, Inc. U gwee Kunde I kosna mahola ni biniiguene i hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-800-700-8140.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-700-8140. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$1,350 individual or \$2,700 family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care services and preventive pharmacy are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For in-network providers \$2,700 individual or \$5,400 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.denverhealthmedicalplan.org or call 1-800-700-8140 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay the least if you use a <u>provider</u> in HighPoint Denver network. You pay more if you use a <u>provider</u> in Cofinity network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. Out-of-network providers are not covered on this plan except for urgent care or emergency.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a referral.

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

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All **copayment** and **coinsurance** costs shown in this chart are after your overall **deductible** has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
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-----
	<u>Specialist</u> visit	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	-----none-----
	Other practitioner office visit	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	Care must be received by Columbine Chiropractic provider. Coverage is limited to 20 visits annually.
	<u>Preventive care/screening/immunization</u>	\$0 coinsurance	\$0 coinsurance	Not covered	-----none-----
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required for PET scans and MRI only

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.denverhealthmedicalplan.org.</p>	Preferred generic drugs	<p>Deductible will apply: 30 day supply: DH Pharmacy \$10 copay; National Network Pharmacy \$20 copay. 90 day supply: DH Pharmacy \$20 copay; National Network Pharmacy \$40 copay.</p>	<p>Deductible will apply: 30 day supply: National Network Pharmacy \$20 copay. 90 day supply: National Network Pharmacy \$40 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Generics and preferred brand drugs	<p>30 day supply: DH Pharmacy \$15 copay; National Network Pharmacy \$40 copay. 90 day supply: DH Pharmacy \$30 copay; National Network Pharmacy \$80 copay.</p>	<p>30 day supply: National Network Pharmacy \$40 copay. 90 day supply: National Network Pharmacy \$80 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Non-preferred brand drugs	<p>30 day supply: DH Pharmacy \$30 copay; National Network Pharmacy \$60 copay. 90 day supply: DH Pharmacy \$60 copay; National Network Pharmacy \$120 copay.</p>	<p>30 day supply: National Network Pharmacy \$60 copay. 90 day supply: National Network Pharmacy \$120 copay.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	<u>Specialty drugs</u>	<p>30 day supply: DH Pharmacy \$30 copay; National Network Pharmacy \$60 copay. 90 day supply: DH Pharmacy N/A; National Network Pharmacy N/A.</p>	<p>30 day supply: National Network Pharmacy \$60 copay. 90 day supply: National Network Pharmacy N/A.</p>	Not covered	Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)

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

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
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.
	Physician/surgeon fees	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
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.
	Physician/surgeon fee	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
If you need mental health, behavioral health, or substance abuse services	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.
	Substance use disorder outpatient services	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	-----none-----
	Substance use disorder inpatient services	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
If you are pregnant	Prenatal and postnatal care	Deductible and 10% coinsurance	Deductible and 20% coinsurance	Not covered	Preventive visits are \$0
	Delivery and all inpatient services	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	-----none-----

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		HighPoint Denver Network Provider (You will pay the least)	Cofinity Network Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	Deductible and 10% coinsurance *	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	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required. Coverage is limited to 100 days annually.
	Durable medical equipment	Deductible and 10% coinsurance *	Deductible and 20% coinsurance *	Not covered	* Pre-authorization required.
	Hospice service	Deductible and 10% coinsurance *	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	Excluded service.
	Glasses	Not covered	Not covered	Not covered	Excluded service.
	Dental check-up	Not covered	Not covered	Not covered	Fluoride varnish at PCP visit covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Infertility treatment Long-term care Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Routine eye care Routine foot care Weight loss programs

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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care
- Hearing aids
- Private-duty nursing (when medically necessary)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa.healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other options to continue coverage are available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Denver Health Medical Plan, Inc. at 1-800-700-8140 or www.denverhealthmedicalplan.org, or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month under this plan or under other coverage, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standard? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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

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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible:** \$1,350
- **Specialist copayment:** Deductible and 10% coinsurance
- **Hospital (facility coinsurance):** Deductible and 10% coinsurance
- **Other coinsurance:** 0%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost	\$12,739
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$40
Coinsurance	\$1,260
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,710

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible:** \$1,350
- **Specialist copayment:** Deductible and 10% coinsurance
- **Hospital (facility coinsurance):** Deductible and 10% coinsurance
- **Other coinsurance:** 0%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$505
Coinsurance	\$293
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$2,203

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible:** \$1,350
- **Specialist copayment:** Deductible and 10% coinsurance
- **Hospital (facility coinsurance):** Deductible and 10% coinsurance
- **Other coinsurance:** 0%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost	\$1,926
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,350
Copayments	\$0
Coinsurance	\$193
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,543

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 www.denverhealthmedicalplan.org or call 1-800-700-8140 to request a copy.

Language Access Services:

(Spanish) Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Denver Health Medical Plan, Inc. tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-700-8140.

(Vietnamese) Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Denver Health Medical Plan, Inc. quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-700-8140.

(Chinese) 如果您或您正在幫助的人有關於 Denver Health Medical Plan, Inc. 方面的問題您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話請致電 1-800-700-8140。

(Korean) 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Denver Health Medical Plan, Inc. 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-700-8140 로 전화하십시오.

(Russian) Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Denver Health Medical Plan, Inc. то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-700-8140.

(Amharic) አርስዎ፣ ወይም አርስዎ የሚያግዙት ግለሰብ፣ ስለ Denver Health Medical Plan, Inc. ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ አርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-700-8140 ይደውሉ።

(Arabic) اية دون من بلغتك الضرورية والمعلومات المساعدة على الحصول في إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Denver Health Medical Plan, Inc. فلدريك 1-800-700-8140 ب اتصل مترجم مع للتحدث. تكلفة

(German) Falls Sie oder jemand, dem Sie helfen, Fragen zum Denver Health Medical Plan, Inc. haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-700-8140 an.

(French) Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Denver Health Medical Plan, Inc. vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-700-8140.

(Nepali) यदि तपाईं आफ्ना लागि आफैं आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ, Denver Health Medical Plan, Inc.

बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा निःशुल्क सहायता वा जानकारी पाउने अधिकार छ । दोभाषे (इन्टरप्रेटर) सँग कुरा गरुपरे 1-800-700-8140 मा फोन गर्नुहोस् ।

(Tagalog) Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Denver Health Medical Plan, Inc. may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-700-8140.

(Japanese) ご本人様、またはお客様の身の回りの方でも Denver Health Medical Plan, Inc. についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-800-700-8140 までお電話ください。

(Cushite) Isin yookan namni biraa isin deeggartan Denver Health Medical Plan, Inc. irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-800-700-8140 tiin bilbilaa.

(Persian) Denver Health Medical Plan, Inc. را خود زبان به اطلاعات و کمک که دارید را این حق باشید داشته‌اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد. نماینده حاصل تماس 1-800-700-8140 دریافت رایگان طور به

(Kru) I bale we, tole mut u ye hola, a gwee mbarga inyu Denver Health Medical Plan, Inc. U gwee Kunde I kosna mahola ni biniiguene i hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-800-700-8140.

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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- 1 Who Can Use the City and County of Denver Logo**
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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.



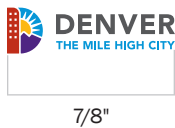
CLEAR ZONE, MINIMUM SIZES & TYPEFACES



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; margin-top: 5px;"> 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; text-align: center;"> 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; margin-top: 5px;"> 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; text-align: center;"> 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; margin-top: 5px;"> 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; text-align: center;"> 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; margin-top: 5px;"> 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; text-align: center;"> 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.