

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

****All fields must be completed.****

Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: June 3, 2016

Please mark one: **Bill Request** or **Resolution Request**

1. Has your agency submitted this request in the last 12 months?

Yes **No**

If yes, please explain:

2. Title: Approve 2017 Health Insurance Recommendations:

3. Requesting Agency: Office of Human Resources

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** jennifer.cahoon@denvergov.org

5. Contact Person: *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **Name:** Heather Britton
- **Phone:** 720-913-5699
- **Email:** Heather.britton@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

2017 Health Insurance Recommendations – OHR respectfully requests the approval of the recommended 2017 changes to City and County of Denver benefit plans, listed below.

**7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?)
Please explain.**

None known

2017 Career Service Rates with Proposed Increases From 2016

| Tier | 2016 Career Service Rates | | | | | 2017 Career Service Rates with Proposed Increases From 2016 | | | | |
|-----------------------|---------------------------|--------------------------|--------------------------------------|----------------------|-----------------------------|--|--------------------------|--------------------------------------|----------------------|-----------------------------|
| | Carrier | Total Monthly Cost | Required Employee contribution | Monthly City Cost | Monthly Employee Cost | Proposed Increase | Total Monthly Cost | Required Employee contribution | Monthly City Cost | Monthly Employee Cost |
| Employee Only | Kaiser DHMO | \$454.00 | 15.0% | \$385.90 | \$68.10 | 8.66% | \$493.32 | 15.0% | \$419.32 | \$74.00 |
| | Kaiser HDHP | \$366.19 | 5.0% | \$347.88 | \$18.31 | 8.66% | \$397.90 | 5.0% | \$378.01 | \$19.90 |
| | Denver Health DHMO | \$563.44 | 15.0% | \$478.92 | \$84.52 | 4.40% | \$588.23 | 15.0% | \$500.00 | \$88.23 |
| | Denver Health HDHP | \$450.01 | 5.0% | \$427.51 | \$22.50 | 3.03% | \$463.65 | 5.0% | \$440.47 | \$23.18 |
| | UHC Navigate | \$638.27 | 15.0% | \$542.53 | \$95.74 | 2.33% | \$653.13 | 15.0% | \$555.16 | \$97.97 |
| | UHC HDHP | \$600.35 | 5.0% | \$570.33 | \$30.02 | 3.90% | \$623.76 | 5.0% | \$592.57 | \$31.19 |
| Employee + Spouse | Kaiser DHMO | \$998.80 | 22.5% | \$774.07 | \$224.73 | 8.66% | \$1,085.30 | 22.5% | \$841.11 | \$244.19 |
| | Kaiser HDHP | \$805.61 | 12.5% | \$704.91 | \$100.70 | 8.66% | \$875.38 | 12.5% | \$765.96 | \$109.42 |
| | Denver Health DHMO | \$1,239.58 | 22.5% | \$960.67 | \$278.91 | 4.40% | \$1,294.12 | 22.5% | \$1,002.94 | \$291.18 |
| | Denver Health HDHP | \$990.03 | 12.5% | \$866.28 | \$123.75 | 3.03% | \$1,020.03 | 12.5% | \$892.53 | \$127.50 |
| | UHC Navigate | \$1,404.21 | 22.5% | \$1,088.26 | \$315.95 | 2.33% | \$1,436.90 | 22.5% | \$1,113.60 | \$323.30 |
| | UHC HDHP | \$1,320.80 | 12.5% | \$1,155.70 | \$165.10 | 3.90% | \$1,372.30 | 12.5% | \$1,200.76 | \$171.54 |
| Employee + Child(ren) | Kaiser DHMO | \$908.00 | 20% | \$726.40 | \$181.60 | 8.66% | \$986.63 | 20% | \$789.30 | \$197.33 |
| | Kaiser HDHP | \$732.37 | 10% | \$659.13 | \$73.24 | 8.66% | \$795.80 | 10% | \$716.22 | \$79.58 |
| | Denver Health DHMO | \$1,126.89 | 20% | \$901.51 | \$225.38 | 4.40% | \$1,176.47 | 20% | \$941.18 | \$235.29 |
| | Denver Health HDHP | \$900.02 | 10% | \$810.02 | \$90.00 | 3.03% | \$927.30 | 10% | \$834.57 | \$92.73 |
| | UHC Navigate | \$1,276.58 | 20% | \$1,021.26 | \$255.32 | 2.33% | \$1,306.30 | 20% | \$1,045.04 | \$261.26 |
| | UHC HDHP | \$1,200.73 | 10% | \$1,080.66 | \$120.07 | 3.90% | \$1,247.55 | 10% | \$1,122.80 | \$124.76 |
| Family | Kaiser DHMO | \$1,452.80 | 25% | \$1,089.60 | \$363.20 | 8.66% | \$1,578.61 | 25% | \$1,183.96 | \$394.65 |
| | Kaiser HDHP | \$1,171.80 | 15% | \$996.03 | \$175.77 | 8.66% | \$1,273.28 | 15% | \$1,082.29 | \$190.99 |
| | Denver Health DHMO | \$1,803.02 | 25% | \$1,352.27 | \$450.76 | 4.40% | \$1,882.35 | 25% | \$1,411.76 | \$470.59 |
| | Denver Health HDHP | \$1,440.04 | 15% | \$1,224.03 | \$216.01 | 3.03% | \$1,483.69 | 15% | \$1,261.14 | \$222.55 |
| | UHC Navigate | \$2,042.82 | 25% | \$1,532.12 | \$510.71 | 2.33% | \$2,090.38 | 25% | \$1,567.79 | \$522.60 |
| | UHC HDHP | \$1,921.12 | 15% | \$1,632.95 | \$288.17 | 3.90% | \$1,996.03 | 15% | \$1,696.63 | \$299.40 |

High-Deductible Health Plan (HDHP)

Plan overview

Bolded and Italic indicates a change in 2017

| | Denver Health | | | Kaiser | | | United Health Care | | | |
|-----------------------------|---|---------|-------------------|----------------------------|-------------------------|----------------|--------------------|---------|---------|-------------|
| | In Network | | Cofinity Network | No Out-of-Network coverage | | Choice Network | Out-of-Network | | | |
| | Single | Family | Single | Family | Single | Family | Single | Family | | |
| Preventive Visit | No cost to member | | | | | | | | | |
| Deductible | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$3,000 | \$6,000 |
| Coinsurance | 10% | 10% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% |
| Out-of-Pocket Max | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$6,000 | \$12,000 |
| All Medical Services | <p>1. Member pays all non-preventive costs up to their deductible. Those with employee only coverage must meet the in network single deductible (\$1,350), those with dependents enrolled must meet the family deductible (\$2,700).</p> <p>2. After reaching the deductible, member pays a percentage of costs, or coinsurance. Note: Prescription costs below.</p> <p>3. All coinsurance, prescription copay and deductible expenses count toward the out-of-pocket maximum (OPM). Once the OPM is reached, insurance pays 100%. Those with employee only coverage must meet the in network single OPM (\$2,700), those with dependents enrolled must meet the family OPM (\$5,400).</p> | | | | | | | | | |
| Prescription Drugs | After Deductible: | | After Deductible: | | After Deductible | | After Deductible: | | | |
| Generic | \$10 copay | | \$20 copay | | \$10 copay | | \$10 copay | | | Not Covered |
| Preferred Brand | \$15 copay | | \$40 copay | | \$35 copay | | \$35 copay | | | |
| Non-Preferred | \$30 copay | | \$60 copay | | \$60 copay | | \$60 copay | | | |

Deductible HMO (DHMO)/Navigate

Plan overview

Bolded and Italic indicates a change in 2017

| Summary of Covered Services | Denver Health DHMO | Kaiser DHMO | UHC Navigate |
|--|---|-------------------------------|--|
| Preventive Visit | Single/Family Free | Single/Family Free | Single/Family Free |
| Deductible (Does not apply to Office visits and RX) | \$500 single/\$1500 family | \$500 single/\$1500 family | \$500 single/\$1500 family |
| Coinsurance (Does not apply to Office visits and RX) | 20% after deductible | 20% after deductible | 20% after deductible + Per Occurrence Deductible |
| Out-of-Pocket Maximum (OPM) (copays, deductibles and coinsurance count toward OPM) | <i>\$3,000 single/\$6,000 Family</i> | \$3,000 single/\$6,000 Family | <i>\$3,000 single/\$6,000 Family</i> |
| Office Visits and Prescriptions | Member Pays Flat Copay based on service (no deductible) | | |
| All Procedures, Hospitalizations and X-ray | <ol style="list-style-type: none"> 1. Member pays procedure and hospital costs up to their individual \$500 annual deductible. Families pay up to 3 individual deductibles. 2. Then member pays 20% coinsurance. 3. Member pays deductible and coinsurance up to their individual OPM. Once all coinsurance, copay and deductible expenses reach OPM, insurance pays 100%. | | |
| Lab | 20% after deductible | No member cost | 20% after deductible |

