

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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 4, 2015

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 2016 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:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

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

**2016 Health Insurance Recommendations** – OHR respectfully requests the approval of the recommended 2016 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

## 2015 to 2016 Career Service Medical Premiums

<b>2015</b>				
		DHMO: 5%/12.5%/10%/15%		
		HMO: 25%/32.5%/30%/35%		
Carrier	Total Monthly Cost	% EE Cont	Monthly City Cost	Monthly Employee Cost
<b>Employee</b>				
Kaiser HMO	\$543.68	25%	\$407.76	\$135.92
Kaiser DHMO	\$400.19	5%	\$380.18	\$20.01
DHMP HMO	\$572.88	25%	\$429.66	\$143.22
DHMP DHMO	\$401.89	5%	\$381.80	\$20.09
UHC HMO	\$877.44	25%	\$658.08	\$219.36
Navigate	\$638.27	5%	\$606.36	\$31.91
<b>Spouse</b>				
KP HMO	\$1,196.11	12.5%	\$807.37	\$388.74
KP DHMO	\$880.42	32.5%	\$770.37	\$110.05
DHMP HMO	\$1,194.04	12.5%	\$805.98	\$388.06
DHMP DHMO	\$837.65	32.2%	\$732.94	\$104.71
UHC HMO	\$1,930.39	12.5%	\$1,303.01	\$627.38
Navigate	\$1,404.21	32.5%	\$1,228.68	\$175.53
<b>Children</b>				
KP HMO	\$1,087.37	30%	\$761.16	\$326.21
KP DHMO	\$800.39	10%	\$720.35	\$80.04
DHMP HMO	\$925.95	30%	\$648.17	\$277.79
DHMP DHMO	\$649.59	10%	\$584.63	\$64.96
UHC HMO	\$1,754.93	30%	\$1,228.45	\$526.48
Navigate	\$1,276.58	10%	\$1,148.92	\$127.66
<b>Family</b>				
KP HMO	\$1,739.79	35%	\$1,130.86	\$608.93
KP DHMO	\$1,280.62	15%	\$1,088.53	\$192.09
DHMP HMO	\$1,655.65	35%	\$1,076.17	\$579.48
DHMP DHMO	\$1,161.48	15%	\$987.26	\$174.22
UHC HMO	\$2,808.31	35%	\$1,825.40	\$982.91
Navigate	\$2,042.82	15%	\$1,736.40	\$306.42

<b>2016</b>				
		HDHP: 5%/12.5%/10%/15%		
		HSA: \$600 Individual/\$1200 Plus one		
		DHMO 15%/22.5%/20%/25%		
Carrier	Total Monthly Cost	% EE Cont	Monthly City Cost	Monthly Employee Cost
<b>Employee</b>				
Kaiser DHMO	\$454.00	15.0%	\$385.90	\$68.10
Kaiser HDHP	\$369.44	5.0%	\$350.97	\$18.47
Denver Health	\$563.44	15.0%	\$478.92	\$84.52
DHMP HDHP	\$450.01	5.0%	\$427.51	\$22.50
UHC Navigate	\$625.94	15.0%	\$532.05	\$93.89
UHC HDHP	\$600.35	5.0%	\$570.33	\$30.02
<b>Spouse</b>				
KP DHMO	\$998.80	23%	\$774.07	\$224.73
KP HDHP	\$808.86	12.5%	\$707.75	\$101.11
DHMP DHMO	\$1,239.58	22.5%	\$960.67	\$278.91
DHMP HDHP	\$990.03	12.5%	\$866.28	\$123.75
UHC Navigate	\$1,377.08	22.5%	\$1,067.24	\$309.84
UHC HDHP	\$1,320.80	12.5%	\$1,155.70	\$165.10
<b>Children</b>				
KP DHMO	\$908.00	20%	\$726.40	\$181.60
KP HDHP	\$735.62	10%	\$662.06	\$73.56
DHMP DHMO	\$1,126.89	20%	\$901.51	\$225.38
DHMP HDHP	\$900.02	10%	\$810.02	\$90.00
UHC Navigate	\$1,251.92	20%	\$1,001.54	\$250.38
UHC HDHP	\$1,200.73	10%	\$1,080.66	\$120.07
<b>Family</b>				
KP DHMO	\$1,452.80	25%	\$1,089.60	\$363.20
KP HDHP	\$1,175.05	15%	\$998.79	\$176.26
DHMP DHMO	\$1,803.02	25%	\$1,352.27	\$450.76
DHMP HDHP	\$1,440.04	15%	\$1,224.03	\$216.01
UHC Navigate	\$2,003.36	25%	\$1,502.52	\$500.84
UHC HDHP	\$1,921.12	15%	\$1,632.95	\$288.17

\* DHMO OPM of \$3000/\$6000 individual/family for Kaiser, \$2500/\$5000 individual/family for UHC and DHMP. HDHP OPM of \$2700/\$5400 Ind/fam and \$600/\$1200 HSA contribution

2016 Deductible HMO Plans

Summary of Covered Benefits	Denver Health DHMO		Kaiser DHMO		United Healthcare DHMO Navigate	
	HighPoint In-Network	Cofinity Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Covered Providers</b>	Denver Health and Hospital Authority, University of Colorado Hospital and Children's Hospital Colorado providers and facilities. Columbine Network for Chiropractic	Cofinity network providers and facilities. Columbine network for Chiropractic.	Kaiser Network Providers and Hospitals	NA	Same Navigate network	NA
<b>Plan Year Deductible Individual/Family</b>	\$500/\$1,500	\$750/\$1,750	\$500/\$1,500	Not Covered	\$500/\$1,500	Not Covered
<b>Out-of-Pocket maximum</b> Includes deductible, coinsurance, and copays Individual/Family	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	Not Covered	\$2,500/\$5,000	Not Covered
<b>Lifetime Maximum</b>	None	None	None	NA	None	None
<b>Preventive Care</b>	Plan pays 100%	Plan Pays 100%	Plan Pays 100%	Not Covered	Plan Pays 100%	Not Covered
<b>Prenatal Care, Delivery, Inpatient Baby Care</b>	\$0 copay per visit. Plan pays 80% after deductible	\$0 copay per visit. Plan pays 70% after deductible	\$0 copay per visit. 80% after deductible	Not Covered	\$0 copay per visit. Plan pays 80% after deductible.	Not Covered
<b>Physician Services</b> Primary Care Specialist Urgent Care Mental Healthcare	\$25 copay \$50 copay \$75 copay \$50 copay Additional services will require copayment or deductible and coinsurance	\$30 copay \$50 copay \$75 copay \$50 copay Additional services will require copayment or deductible and coinsurance	\$30 copay \$50 copay \$75 copay \$30 copay	Not Covered	\$25 copay \$50 copay with referral. \$75 copay \$50 copay with referral	Not Covered

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

2016 Deductible HMO Plans

Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET	Plan pays 80% after deductible. \$150 copay per visit	Plan pays 70% after deductible. \$200 copay per visit.	Labs are no charge. Plan pays 80% after deductible for xray and MRI, CT, PET	Not Covered	Plan pays 80% after deductible	Not Covered
Hospital Services Inpatient Outpatient	Plan pays 80% after per occurrence copay of \$150 and annual deductible are met.	Plan pays 80% after deductible	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Not Covered
Emergency Room	\$300 Copay	\$300 Copay	\$200 copay	Covered but only in the case of an actual emergency	\$300 copay	Not Covered
Prescription Drugs (30- day supply) Generic Preferred Brand Non-preferred Brand	Denver Health Pharmacy \$12 copay \$40 copay \$50 copay Non Denver Health Pharmacy \$20 copay \$50 copay \$80 copay	Non-Denver Health Pharmacy \$20 copay \$50 copay \$80 copay	\$20 copay \$40 copay \$60 copay	Not covered	\$15 copay \$45 copay \$60 copay	Not Covered
Mail Order (up to 90-day supply) Generic Preferred Brand Non-preferred Brand	Denver Health Pharmacy \$24 copay \$80 copay \$100 copay Non Denver Health Pharmacy \$40 copay \$100 copay \$160 copay	Non-Denver Health Pharmacy \$40 copay \$100 copay \$160 copay	\$40 copay \$80 copay \$120 copay	Not Covered	\$37.50 copay \$112.50 copay \$150 copay	Not Covered
Skilled Nursing Facility	Plan pays 80% after deductible. 60 days per calendar year.	Plan pays 70% after deductible for a maximum of 60 calendar days	Plan pays 80% up to 100 days per calendar year after deductible is met	Not Covered	Plan pays 80% after deductible	Not Covered

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

2016 Deductible HMO Plans

Hospice Care	100% Covered	Plan pays 70% after deductible	Plan Pays 80% after deductible	Not Covered	Plan pays 80% after deductible.	Not Covered
Home Health Care	Plan pays 80% after deductible. 60 days per calendar year maximum.	Plan pays 70% after deductible. 60 days per calendar year maximum.	Plan pays 80% after deductible for prescribed medically necessary part-time home health services	Not Covered	Plan pays 80% after deductible	Not Covered
Durable Medical Equipment	Plan pays 80% after deductible. Maximum benefit is \$2,000 per calendar year.	Plan pays 70% after deductible. Maximum benefit is 2,000 per calendar year.	Plan pays 80% after deductible	Not Covered	Limit \$2,500 in eligible expenses per year.	Not Covered
Hearing Care	Adults: Medically necessary hearing aids prescribed by a DHMP medical care network provider are covered every 5 years in network. For adults over age 18 there is a \$2,500 hearing aid maximum every 5 years. Children: Children under age 18 are covered at 100%, no maximum benefit applies. Cochlear implants are now covered for children under age 18. Applicable	Adults: Medically necessary hearing aids prescribed by a DHMP medical care network provider are covered every 5 years in network. For adults over age 18 there is a \$1500 hearing aid maximum every 5 years. Children: Children under age 18 are covered at 100%, no maximum benefit applies. Cochlear implants are now covered for children under age 18. Applicable inpatient/outpatient surgery charges will apply.	Plan pays 80% after deductible; hardware not covered. Hearing Aid coverage available to children under the age of 18; limitations apply.	Not Covered	Plan pays 80% after deductible	Not Covered

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

2016 Deductible HMO Plans

	inpatient/outpatient surgery charges will apply.					
Chiropractic Care	\$50 copay. Maximum 20 visits per calendar year. Must be in the Columbine Chiropractic Network	Plan pays 80% after deductible. Must be in the Columbine Chiropractic Network	\$30 copay. Limit 20 visits per year.	Not Covered	\$50 copay. Limit 20 visits per year.	Not Covered
Vision Care	\$25 copay 1 Exam every 24 months	Not Covered	\$30 copay; hardware is not covered	Not Covered	\$25 copay; hardware is not covered	Not Covered

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

2016 High Deductible Health Plan Designs

Summary of Covered Benefits	Denver Health HDHP		Kaiser HDHP		United Healthcare HDHP	
	HighPoint In-Network	Cofinity Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Covered Providers</b>	Denver Health and Hospital Authority, University of Colorado Hospital and Children's Hospital Colorado providers and facilities. Columbine Network for Chiropractic	Cofinity network providers and facilities. Columbine network for Chiropractic.	Kaiser Network Providers and Hospitals	NA	Same broad network as the 2015 UHC HMO plan	
<b>Plan Year Deductible Individual/Family</b>	\$1,350/\$2700	\$2,700/\$5400	\$1,350/\$2,700	Not Covered	\$1,350/\$2,700	\$3,000/\$6,000
<b>Out-of-Pocket maximum Includes deductible, coinsurance, and copays Individual/Family</b>	\$2,700/\$5,400	\$2,700/\$5,400	\$2,700/\$5,400	Not Covered	\$2,700/\$5,400	\$6,000/\$12,000
<b>Lifetime Maximum</b>	None	None	None	NA	None	None
<b>Preventive Care</b>	Plan pays 100%	Plan Pays 100%	Plan Pays 100%	Not Covered	Plan Pays 100%	Plan Pays 100%
<b>Prenatal Care, Delivery, Inpatient Baby Care</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Not Covered	Plan Pays 80% after the deductible	Plan pays 50% after deductible
<b>Physician Services Primary Care Specialist Urgent Care</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	50% after deductible
<b>Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	50% after deductible

**NOTICE:** The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

2016 High Deductible Health Plan Designs

<b>Hospital Services Inpatient Outpatient</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Not Covered	Plan pays 80% after deductible	Plan pays 50% after deductible
<b>Emergency Room</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Covered but only in the case of an actual emergency	80% after deductible	50% after deductible
<b>Prescription Drugs (30- day supply) Generic Preferred Brand Non-preferred Brand</b>	Denver Health Pharmacy Deductible, then: * \$10 copay \$15 copay \$30 copay Non Denver Health Pharmacy \$20 copay \$40 copay \$60 copay	Deductible, then: \$20 copay \$40 copay \$60 copay	Deductible, then plan pays 80%	Not covered	Deductible, then: \$10 copay \$35 copay \$60 copay	Not covered
<b>Mail Order (up to 90-day supply)</b>	Denver Health Pharmacy \$20 copay \$30 copay \$60 copay Non Denver Health Pharmacy \$40 copay \$80 copay \$120 copay	Deductible, then: \$40 copay \$80 copay \$120 copay	Mail order drugs are covered at 80% after deductible. Certain drugs limited to a 30 day supply.	Not Covered	2x retail copay	Not covered
<b>Skilled Nursing Facility</b>	100% Covered. Maximum benefit us 100 days per calendar year.	Plan pays 80% after deductible for a maximum of 100 calendar days	Plan pays 80% up to 100 days per calendar year after deductible is met	Not Covered	Plan pays 80% after the deductible	50% after the deductible
<b>Hospice Care</b>	100% Covered	Plan pays 80% after deductible	Plan Pays 80% after deductible	Not Covered	Plan pays 80% after the deductible	50% after the deductible
<b>Home Health Care</b>	100% Covered for prescribed medically necessary skilled home	Plan pays 80% after deductible	Plan pays 80% after deductible for prescribed medically	Not Covered	Plan pays 80% after the deductible	50% after the deductible

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.



2016 High Deductible Health Plan Designs

	health services.		necessary part-time home health services			
Durable Medical Equipment	Plan pays 90% after deductible. Maximum benefit us \$2000 per calendar year.		Plan pays 80% after deductible	Not Covered	Plan pays 80% after the deductible	50% after the deductible
Hearing Care	Adults: Medically necessary hearing aids prescribed by a DHMP medical care network provider are covered every 5 years in network. For adults over age 18 there is a \$1500 hearing aid maximum every 5 years. Children: Children under age 18 are covered at 100%, no maximum benefit applies. Cochlear implants are now covered for children under age 18. Applicable inpatient/outpatient surgery charges will apply.	Adults: Medically necessary hearing aids prescribed by a DHMP medical care network provider are covered every 5 years in network. For adults over age 18 there is a \$1500 hearing aid maximum every 5 years. Children: Children under age 18 are covered at 100%, no maximum benefit applies. Cochlear implants are now covered for children under age 18. Applicable inpatient/outpatient surgery charges will apply.	Plan pays 80% after deductible; hardware not covered. Hearing Aid coverage available to children under the age of 18; limitations apply.	Not Covered	Plan pays 80% after the deductible	50% after the deductible
Chiropractic Care	Plan pays 90% after deductible. Must be in the Columbine Chiropractic Network	Plan pays 80% after deductible. Must be in the Columbine Chiropractic Network	Not covered	Not Covered	Not Covered	Not Covered

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan designs and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.

## 2016 High Deductible Health Plan Designs

Vision Care	Not covered	Not Covered	Plan pays 80% after deductible; hardware is not covered	Not Covered	Plan pays 80% after deductible; hardware is not covered	Not Covered
-------------	-------------	-------------	---	-------------	---	-------------

NOTICE: The plan design and rates stated herein are summarized for information purposes only and do not replace or amend the plan design or rates stated in the underlying insurance policy or controlling ordinances contained in the Denver Revised Municipal Code. All plan design and rates are subject to change as allowed in the underlying insurance policy and Denver Revised Municipal Code.