



DENVER HEALTH™

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FOR LIFE'S JOURNEY

EMPLOYEE BENEFITS GUIDE



2024

BENEFIT PLANS EFFECTIVE JANUARY 1–DECEMBER 31, 2024

At Denver Health, we are invested in you. That’s why we’ve designed a benefits package that helps to support your total well-being—physically, emotionally and financially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2024 plan year (January 1–December 31, 2024). The information inside this guide can help you review your health coverage options, check out tax savings opportunities and learn about voluntary benefits options.

WHAT’S INSIDE

HOW BENEFITS WORK

Eligibility	3
Enrollment	3
Changing Your Benefits	4
Key Terms To Know	5

HEALTH PLANS

Medical Benefits	6
Dental Benefits	11
Vision Benefits	13

TAX SAVINGS

Flexible Spending Accounts	14
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FINANCIAL SECURITY

Life and AD&D Benefits	15
Disability Benefits	16
Voluntary Benefits	17
Retirement	20

ADDITIONAL INFORMATION

Employee Assistance Program	22
Denver Health RESTORE	22
Well-Being Benefits	23
Additional Perks	25
Time Away From Work	26
Contacts	28

ELIGIBILITY

If you are scheduled to work at least 20 hours per week (0.50 FTE or higher) on a regular basis, you are eligible to participate in the Denver Health benefits plans.

All other employees, including PRN, may be eligible for medical, dental and vision benefits in accordance with the Affordable Care Act guidelines.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse, common-law spouse, civil union partner or domestic partner.
- **Your child(ren):** This includes your children up to age 26, regardless of student, marital or tax-dependent status (including a stepchild, child of your domestic partner, legally adopted child, a child placed with you for adoption or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

ENROLLMENT

You can only sign up for benefits, change your elections or change your covered dependents at the following times:

- **Within 30 days of Denver Health benefits eligibility.** Your initial eligibility date is the day you meet the Denver Health benefit eligibility requirements as described above (i.e., your date of hire, effective date of status change, etc.).
- **During the annual benefits enrollment period: October 23–November 8, 2023.** The choices you make at this time will remain in place through December 31, 2024. If you do not sign up for benefits during your initial eligibility period or during open enrollment, you will not be able to elect coverage until the next open enrollment period or unless you experience a qualifying life event.
- **Within 30 days of a qualifying life event.** Since a portion of your benefit premiums are paid with pre-tax dollars, IRS regulations prohibit you from making any changes to your benefit elections during the plan year, unless you experience a qualified life event. Election changes must be consistent with your life event. See page 4 for more information on eligible events and supporting documentation.

THREE WAYS TO ENROLL

Contact the Benefits Concierge Center at 303-602-6947, option 2.

Benefit counselors are ready to assist you. Call year-round 6 a.m. to 6 p.m. MST, Monday–Friday. Interpreter services available.

Note: Outside of annual open enrollment, the Benefits Concierge Center is closed on Mondays from 1:00–2:30 p.m. MST; however, you can leave a voicemail and expect a return call the same business day.

Schedule an appointment with a benefits counselor.

Visit employeeconnects.com/denverhealth.

Self-enroll in your benefits using Workday!

Log into the Workday system. If you need assistance with your username and password, please contact the IT help desk at 303-436-3777.



CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

To request a benefits change, notify human resources or the Benefits Concierge Center (303-602-6947, option 2) within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You will need to provide supporting documentation for your event.

See below for required documentation if you experience a qualifying life event and need to change your benefits:

QUALIFYING LIFE EVENT	Documentation Needed Photocopies accepted	Permitted Changes
Marriage	Marriage license/certificate	<ul style="list-style-type: none"> Add new dependent(s) to existing plans. Enroll in health, dental and vision plans. Change FSA election or amount. Remove dependents or drop plans, if gaining other coverage. You cannot switch plans.
Common Law Marriage	Affidavit of common law marriage	
Registration of Domestic Partnership	Affidavit of domestic partnership or state registry	
Colorado Civil Union		
Legal Separation	Legal separation order	<ul style="list-style-type: none"> Remove all ineligible dependents from current plans. Enroll if you lost coverage during a qualifying life event. Change FSA election or amount. You cannot switch/enroll in new plans.
Divorce	Final divorce decree	
Dissolution of Common Law Marriage		
Dissolution of Colorado Civil Union		
Dissolution of Domestic Partnership	Statement of termination	<ul style="list-style-type: none"> Add new dependent(s) to existing plan(s). Enroll in health, dental and vision plans. Change FSA election or amount. You cannot remove other dependents.
Birth (Covered for First 30 Days—Parents Must Enroll for Coverage to Continue)	Birth certificate, hospital certificate or the hospital birth worksheet	
Adoption	Adoption court papers	
Legal Guardianship—Custody of Dependents	Final court decree	<ul style="list-style-type: none"> Drop coverage if gaining coverage through a spouse. Add spouse and dependent children to health, dental and vision benefits. Change FSA election or amount.
Death of a Dependent	Certified copy of death certificate	
Gaining Coverage Through Spouse's Benefits	HIPAA Certificate, COBRA Notice or letter from spouse's previous employer* (Must provide proof of coverage lost in last 30 days)	
Change in Spouse's Employment Status		
Significant Change in Spouse's Health Care Coverage Due to Spouse's Employment		<ul style="list-style-type: none"> Enroll in all benefit options. Employees moving from a FT to PT position may remove dependents or drop coverage.
Change in Employment Status from a Non-Benefit-Eligible to Benefit-Eligible Position	No documentation required	
Dependent Reaching Ineligible Age	No documentation required	<ul style="list-style-type: none"> Remove ineligible dependents. Change FSA election or amount. Opt out of health, dental and vision benefits. Change FSA election or amount.
Medicare Eligibility (You or Your Spouse)	Proof of Medicare eligibility (Must provide proof within 60 days)	
Medicare/Medicaid Eligibility (Dependents)		
Eligibility for Subsidized Coverage Under Government Exchange	Proof of eligibility and enrollment (Must provide proof within 30 days)	

*Letters must be on the business letterhead and provided by a human resources representative or insurance carrier. The letter must provide appropriate information to determine if employee previously had health insurance and when the health insurance coverage ended. It is the employee's responsibility to make sure the information provided is sufficient and accurate.



KEY TERMS TO KNOW

Take the first step to understanding your benefits by learning these four common terms.



COPAY

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



DEDUCTIBLE

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



COINSURANCE

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



OUT-OF-POCKET MAXIMUM

This includes copays, deductibles and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.




MEDICAL BENEFITS


Denver Health | denverhealthmedicalplan.org | 303-602-2100


Denver Health offers three medical plan options through the Denver Health Medical Plan.

Before you enroll in medical coverage, take some time to fully understand how each plan works. See page 7 for an overview of the plans available.

ASK YOURSELF THESE QUESTIONS:

 Do you live in the Denver area and plan to use the Denver Health network and services?
Consider the Medical Care HMO. You will pay less from your paycheck each pay period for coverage and have access to services in the Denver Health network.

 Do you live outside of the Denver area?
Consider the HighPoint HMO or HighPoint POS plan. You will have a wider selection of providers outside of the Denver Health network and be able to seek care closer to you at UC Health or Intermountain Health.

 Can you set aside money from your paycheck to help pay for out-of-pocket expenses?
Consider funding a flexible spending account (FSA). All three plans allow you to fund a health care and/or dependent care FSA to pay for eligible expenses with tax-free dollars. See page 14 for more information.

MEDICAL COSTS

Listed below are the biweekly costs (24 pay periods) for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

LEVEL OF COVERAGE	Medical Care HMO		HighPoint HMO		HighPoint POS	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$46.74	\$93.48	\$118.73	\$137.00	\$162.72	\$162.72
Employee + Spouse	\$99.25	\$198.50	\$252.15	\$290.94	\$344.44	\$344.44
Employee + Child(ren)	\$83.30	\$166.61	\$211.63	\$244.19	\$290.63	\$290.63
Employee + Family	\$137.85	\$275.71	\$350.22	\$404.10	\$470.47	\$470.47

Full-time benefits eligible: 0.75 to 1.0 FTE

Part-time benefits eligible: 0.50 to 0.74 FTE

MEDICAL BENEFITS

Denver Health | denverhealthmedicalplan.org | 303-602-2100

The Denver Health Medical Plan offers in-network benefits only.

Denver Health provides you with three different medical plan options with different networks from the Denver Health Medical Plan (DHMP):

- **Medical Care HMO:** Denver Health main campus and clinics
- **HighPoint HMO:** Denver Health, University of Colorado, Intermountain Health (formerly SCL) (Denver-area locations) and Children’s Hospital and affiliated network providers
- **HighPoint POS:** Denver Health, University of Colorado, Intermountain Health (formerly SCL) (Denver area locations), Children’s Hospital, plus First Health network facilities and providers

Locate a Denver Health network provider at goperspecta.com/VPD/dhmp/public/ProviderSearch/SelectProduct > Select the dropdown menu > DHHA > Choose your medical plan.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Medical Care HMO In Network Only	HighPoint HMO In Network Only	HighPoint POS In Network Only
Calendar Year Deductible Individual/Family	None/None	\$250/\$500	\$750/\$1,500
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays and coinsurance		
	\$5,000/\$10,000	\$5,250/\$10,500	\$5,250/\$10,500
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician ¹ Specialist Nurse Advice Line DispatchHealth Urgent Care	\$25 copay \$30 copay Plan pays 100% \$50 copay \$50 copay	\$35 copay after ded. \$40 copay after ded. Plan pays 100% \$50 copay after ded. \$50 copay after ded.	\$30 copay \$40 copay Plan pays 100% \$50 copay \$50 copay
Behavioral Health Services Office Visits	\$15 copay	\$25 copay after ded.	\$30 copay
Lab/X-Ray Diagnostic Lab/X-Ray/CT MRI PET	\$0 copay \$150 copay \$150 copay	\$0 copay after ded. \$250 copay after ded. \$150 copay after ded.	20% after ded. \$250 copay \$150 copay
Hospital Services Inpatient Outpatient	\$400 copay \$200 copay	\$600 copay after ded. \$400 copay after ded.	20% after ded. 20% after ded.
Emergency Room	\$300 copay	\$300 after deductible	\$300 copay
Prescription Drugs² Discount Preferred Generic Non-Preferred Generic Preferred Brand Non-Preferred Brand Specialty Mail Order ³ (Up to a 90-day supply)	\$4 copay \$15 copay \$25 copay \$40 copay \$50 copay \$60 copay 2x retail copay	\$4 copay \$15 copay \$25 copay \$40 copay \$50 copay \$60 copay 2x retail copay	\$4 copay \$15 copay \$25 copay \$40 copay \$50 copay \$60 copay 2x retail copay

(1) Three PCP visits per calendar year are offered at \$0 cost sharing at Denver Health facilities only. Then subject to applicable plan design copay.
 (2) Prices listed are for Denver Health Pharmacy. Please note if you fill your prescription at a national network pharmacy the price may be up to 2x the listed copays above. All medications are not available to fill outside of Denver Health. (3) Specialty medication is not eligible for mail order.
 Note: Prior authorization may be required for some services. Please refer to the [prior authorization list](#) or call 303-602-2100 (toll free: 800-700-8140; TTY/TTD users: 711) Monday-Friday, 8 a.m. to 5 p.m. MST with questions.



MEDICAL BENEFITS

ARE YOU COVERING YOUR SPOUSE, PARTNER AND/OR DEPENDENT CHILDREN?

In an embedded deductible plan, cost sharing for a member will begin when that member reaches their individual deductible or when a combination of members reaches the family deductible. This means that a member will start to pay copays and/or coinsurance for the remainder of the plan year or until the individual out-of-pocket maximum is met. Once the individual reaches their out-of-pocket maximum, then the plan will pay 100% of covered services for that member for the remainder of the plan year.

Note: An individual who meets their individual deductible will initiate cost sharing with the plan prior to other members on the plan.

OUT-OF-AREA EMPLOYEES AND DEPENDENTS

Out-of-area employees and dependents may qualify to access the national First Health network. For more info visit [Out-of-Area/Out-of-State Spouse or Dependents | Denver Health Medical Plan](#).

PREVENTIVE CARE

In-network preventive care is covered at 100% for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.

Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.

Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at denverhealthmedicalplan.org.

VISION CARE

If you enroll in a Denver Health Medical Plan, you will have access to enhanced vision benefits:

- \$30 copay per visit for routine eye exams at either Denver Health Eye Clinic or [Eyecare Specialties of Colorado](#) (limited to one routine eye exam every 24 months).
- The date(s) of service for requested reimbursement cannot be within 24 months of your last requested reimbursement date(s) of service.
- \$200 toward Lasik surgery once per lifetime.



MEDICAL BENEFITS

Denver Health | denverhealthmedicalplan.org | 303-602-2100

VIRTUAL MENTAL HEALTH CARE

You have access to virtual mental health care through Elevate Mind. Whether you're on the go, at home or at the office, care comes to you in the form of virtual mental health care.



Receive mental health support and counseling.

Hand-selected, U.S.-trained, board-certified licensed therapists and psychologists can help diagnose, treat and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, grief and loss and more.



Talk with a licensed therapist or psychologist by phone or video, 24/7.

Use virtual mental health care to prioritize your health by getting the care you need when you need it. Visit denverhealthmedicalplan.org, email dhmpmemberservices@dhha.org or call 303-602-2100.

DISPATCHHEALTH



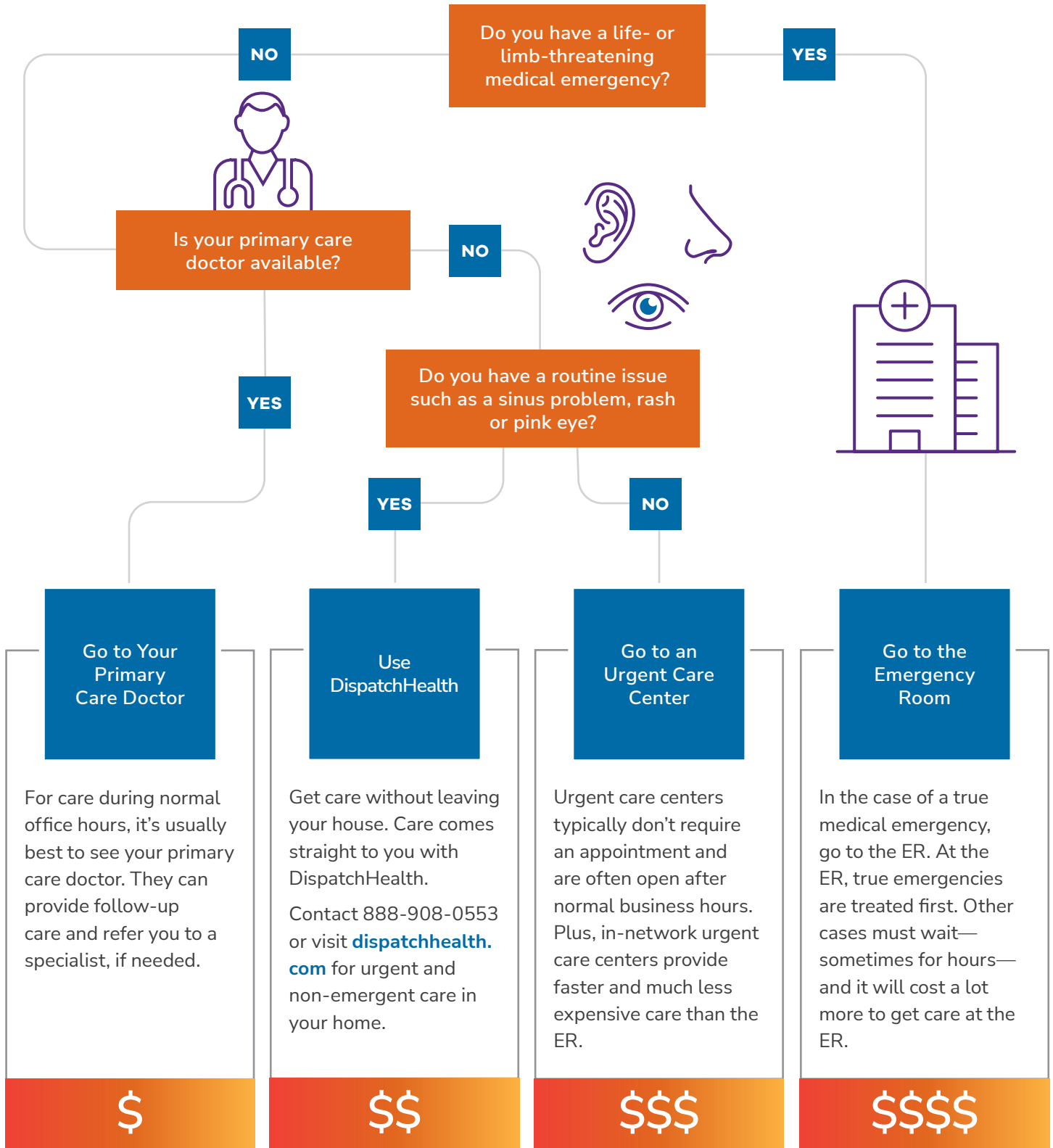
DispatchHealth provides on-demand health care in the convenience of your home. They can treat many of the same illnesses and injuries that are treated at an urgent care center.

Services are only available in certain geographic areas. However, new locations are added all the time. Visit dispatchhealth.com, download the app or call 888-908-0553 to see if DispatchHealth is available in your area.

MEDICAL BENEFITS

KNOW WHERE TO GO FOR CARE

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



DENTAL BENEFITS

Delta Dental of Colorado | deltadentalco.com | 800-610-0201

Denver Health offers two dental insurance plan options through Delta Dental of Colorado.

The Low and High plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. Both plans offer a three-tier network structure. You will receive the greatest discounts and lowest out-of-pocket costs when you choose to see a PPO network provider.

To find a provider, visit deltadentalco.com/dentist-search.html and under “Plans participating in,” select Delta Dental PPO Plus Premier.

Maximum Allowable Charge (MAC): Claims for out-of-network providers are paid according to a PPO fee schedule (the maximum amount Delta Dental will pay), meaning you will pay more when you see a non-PPO provider.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Low PPO MAC Dental Plan			High PPO Dental Plan		
	PPO Dentist	Premier Dentist	Out of Network	PPO Dentist	Premier Dentist	Out of Network
Calendar Year Deductible Individual/Family	None/None			\$25/\$75		
Calendar Year Benefit Maximum	\$1,500			\$2,000		
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%			Plan pays 100% after ded.		
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	50%			30% after ded. ¹		
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	60%			50% after ded. ¹		
Orthodontia Services Children (to age 19) Adults	50% Not covered			50% 50%		
Orthodontia Lifetime Maximum²	\$1,000			\$2,000		

(1) Restrictions apply for children. (2) Orthodontia services do not count toward your annual calendar-year maximum.

DENTAL COSTS

Listed below are the biweekly costs (24 pay periods) for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

LEVEL OF COVERAGE	Low PPO MAC Dental Plan		High PPO Dental Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$0.98	\$3.90	\$11.73	\$14.65
Employee + 1	\$2.15	\$7.96	\$17.80	\$23.61
Employee + 2 or More	\$3.53	\$12.34	\$32.98	\$41.79

Full-time benefits eligible: 0.75 to 1.0 FTE

Part-time benefits eligible: 0.50 to 0.74 FTE



DENTAL BENEFITS

SUMMARY OF COVERED BENEFITS	Low PPO MAC Dental Plan Benefit Frequency and Information			High PPO Dental Plan Benefit Frequency and Information		
	PPO Dentist	Premier Dentist	Out of Network	PPO Dentist	Premier Dentist	Out of Network
Diagnostic and Preventive Services (Deductible Applies)						
Oral Exams	Twice each in a 12-month period			Twice each in a 12-month period		
Routine Cleanings	Twice each in a 12-month period. Two additional cleanings available per 12 months for members with periodontal treatment			Twice each in a 12-month period. Two additional cleanings available per 12 months for members with periodontal treatment		
Sealants	Once per tooth in 36 months for permanent molars in children through age 14			Once per tooth in 36 months for permanent molars in children through age 14		
Bitewing X-Rays	Twice each in a 12-month period			Twice each in a 12-month period		
Full-Mouth X-Rays	Once in a 36-month period			Once in a 36-month period		
Fluoride	Twice in a 12-month period, through age 15			Twice in a 12-month period, through age 15		
Space Maintainers	For posterior primary teeth, through age 13			For posterior primary teeth, through age 13		
Basic Services (Deductible Applies)						
Fillings	Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth only			Once per tooth in a 12-month period; amalgam fillings on back teeth; composite (white) fillings on front teeth only		
Oral Surgery/Extractions	Includes local anesthesia and routine post-op care, which are not covered separately			Includes local anesthesia and routine post-op care, which are not covered separately		
Endodontics	Includes root canals, Apicoectomy, cracked teeth treatment and other endodontic retreatment or surgeries			Includes root canals, Apicoectomy, cracked teeth treatment and other endodontic retreatment or surgeries		
Periodontics	Includes scaling and root planning, pocket reduction, gum graft and other non-surgical periodontal treatment			Includes scaling and root planning, pocket reduction, gum graft and other non-surgical periodontal treatment		
Major Services (Deductible Applies)						
Implants	Once per tooth in a 60-month period; not covered for children under 16			Once per tooth in a 60-month period; not covered for children under 16		
Crowns	Once per tooth in a 60-month period; not covered for children under 12			Once per tooth in a 60-month period; not covered for children under 12		
Dentures and Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit for children under age 16			Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit for children under age 16		
Orthodontic Services						
Orthodontia Treatment	Comprehensive treatment for dependent children up to age 19			Comprehensive treatment for employee, spouse and dependent children up to age 26		
Choosing Your Network is Important: Savings Example for Major Procedure						
Procedure Cost	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00
Max Allowed Fees	\$850.00	\$975.00	Unlimited	\$850.00	\$975.00	\$700.00
PPO Fee	\$850.00	\$850.00	\$850.00	N/A	N/A	N/A
Amount Delta Dental Pays	\$425.00 (50% of benefit)	\$425.00 (50% of benefit)	\$425.00 (50% of benefit)	\$425.00 (50% of benefit)	\$487.50 (50% of benefit)	\$350.00 (50% of benefit)
Total Amount You May Pay	\$425.00	\$550.00	\$775.00+	\$425.00	\$487.50	\$850.00
Dentist Can Balance-Bill	No	Yes	Yes	No	No	Yes

Note: Payment examples above are for illustration purposes only. Example assumes deductible has been met.

VISION BENEFITS

VSP | vsp.com | 800-877-7195

Denver Health offers a vision insurance plan through VSP.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. This plan can be used in conjunction with the DHMP vision benefits.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF COVERED BENEFITS	Vision Plan	
	In Network	Out of Network
Eye Exam (Every calendar year) Well Vision Exam Retinal Screening	\$15 copay Up to \$39 copay ¹	Up to \$65 allowance Reimbursement up to \$65
Standard Plastic Lenses (Every calendar year) Single/Bifocal/Trifocal	\$15 copay	Up to \$31/\$50/\$65 allowance
Frames (Every other calendar year)	\$150 allowance + 20% off balance ²	Up to \$77 allowance
Contact Lenses (Every calendar year in lieu of standard plastic lenses) Elective Medically Necessary	\$150 allowance Plan pays 100%	Reimbursement up to \$135 Reimbursement up to \$316
Laser Vision Correction	15% discount or 5% off promotional price	Not covered
Glasses and Sunglasses	20% off additional glasses and sunglasses, including lens enhancements	N/A

(1) \$0 for members with type 1 or 2 diabetes when in network, and up to \$39 for all other members when in network. (2) \$80 allowance at Costco or Walmart.



Diabetic Eye Care Plus Program

As part of your VSP vision plan, you have access to additional services and savings through the Diabetic Eye Care Plus program. Plan members with diabetes receive retinal screenings **AT NO COST**. Additional exams and services are available for members with diabetic eye disease, glaucoma or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Visit vsp.com for details.

VISION COSTS

Listed below are the biweekly costs (24 pay periods) for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

LEVEL OF COVERAGE	Vision Plan
Employee Only	\$3.02
Employee + 1*	\$6.04
Employee + 2 or More*	\$9.72

*Please note: Frame allowance will apply every other calendar year, even if your covered dependent changes.



FLEXIBLE SPENDING ACCOUNTS

WEX | wexinc.com | 866-451-3399

Denver Health offers two flexible spending account (FSA) options through WEX.

HEALTH CARE FSA

Pay for eligible out-of-pocket medical, dental and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is \$3,050* for the 2024 calendar year.

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age or elderly parent(s) residing in your home who are physically or mentally unable to care for themselves.

You may contribute up to \$5,000* to the dependent care FSA for the 2024 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500* for the 2024 plan year.

*Amount subject to change pending IRS.

HOW TO USE AN FSA

1

CONTRIBUTE

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

PAY

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at wexinc.com. Keep all receipts in case WEX requires you to verify the eligibility of a purchase.

3

USE IT OR LOSE IT

FSA funds are use it or lose it. Any remaining funds will be forfeited at the end of the plan year.



BENEFITS BY WEX APP

The Benefits by WEX app is the most convenient and secure way for you to access and manage your account. Use the app to: view account balances, submit receipts for reimbursement, check and file claims and more.

Download the Benefits by WEX app from the [App Store](#) or [Google Play](#).

LIFE AND AD&D BENEFITS

Unum | unum.com | 800-421-0344

Denver Health's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

BASIC LIFE AND AD&D INSURANCE

Denver Health automatically provides basic life and AD&D insurance through Unum to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Benefits will reduce to 65% at age 65 and to 50% at age 70. Please be sure to keep your beneficiary designations up to date.

- **Employee life benefit:** 1x annual earnings up to a maximum of \$500,000 (with a minimum benefit of \$50,000)
- **Employee AD&D benefit:** 1x annual earnings up to a maximum of \$500,000 (with a minimum benefit of \$50,000)

Note: Under IRS code, the cost of Associate Group Term Life and AD&D coverage provided by an employer in excess of \$50,000 is included in the gross income of active employees. It is the responsibility of the employer to report this portion of the cost of premium on associate's W-2 form. The premium value of supplemental life insurance in excess of \$50,000 is subject to FICA and is reflected as "GTL (Group Term Life)" on your paycheck.

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Use the calculator at unum.com to find the right amount for you.



SUPPLEMENTAL LIFE AND AD&D INSURANCE

Denver Health provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse and your dependent children through Unum.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 70 and to 50% at age 75.

- **Employee:** Increments of \$10,000 up to \$500,000—guarantee issue: \$250,000
- **Spouse:** Increments of \$10,000 up to \$500,000 or 100% of employee election, whichever is less—guarantee issue: \$50,000
- **Dependent children:** Live birth to 14 days: \$1,000; 14 days to age 26: Up to \$10,000—guarantee issue: \$10,000



If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible or are currently enrolled and choose to increase coverage during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Unum.

DISABILITY BENEFITS

Short-term disability: Denver Health | 303-602-6947

Long-term disability: Unum | unum.com | 800-421-0344

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

SHORT-TERM DISABILITY INSURANCE

Denver Health automatically provides short-term disability (STD) insurance to all benefits-eligible employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of base weekly compensation up to \$1,750 per week
- **Elimination period:** 7 days
- **Benefit duration:** Up to 26 weeks

STD Buy-Up Option

You have the option to purchase an additional buy-up STD coverage.

- **Benefit:** 70% of base weekly compensation up to \$3,850 per week
- **Elimination period:** 7 days
- **Benefit duration:** Up to 26 weeks

Note: Cost is dependent on salary.

LONG-TERM DISABILITY INSURANCE

Denver Health automatically provides long-term disability (LTD) insurance through Unum to all benefits-eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly earnings up to \$15,000 per month
- **Elimination period:** 180 days
- **Benefit duration:** Social Security normal retirement age

Disability insurance is an important part of your benefits coverage. You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, child care and more. If you are enrolled and become unable to work due to an accident, illness, injury or pregnancy, you must apply for benefits as soon as you are able after your event. Please notify the Denver Health leave team as soon as possible by calling 303-602-6947, option 3.



INJURY



DISABILITY
INSURANCE



FINANCIAL
PROTECTION

VOLUNTARY BENEFITS

employeeconnects.com/dhhavoluntarybenefits/

Denver Health offers the following voluntary benefits to support your financial well-being.

ACCIDENT INSURANCE

Denver Health provides you the option to purchase accident insurance through Unum. Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident.

Accident Insurance Costs

Listed below are the monthly costs for accident insurance.

LEVEL OF COVERAGE	Accident Insurance
Employee Only	\$7.61
Employee + Spouse	\$13.29
Employee + Child(ren)	\$17.54
Employee + Family	\$23.22

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is designed to complement medical coverage costs by paying a cash benefit following a hospitalization. This option will pay benefits that help you with costs associated with a hospital visit such as a covered accident, illness, or childbirth. This benefit pays you a lump-sum upon admittance so that you can choose how best to cover your expense.

The plan pays a \$50 benefit once per calendar year when you or your dependents complete a covered wellness screening.

- **Hospital admission:** \$1,500 per admission (2 days per year)
- **Hospital confinement:** \$100 per day for 365 days
- **Hospital ICU admission:** \$1,000 per admission (2 days per year)
- **Hospital intensive care unit confinement:** \$100 per day for 30 days

Hospital Indemnity Insurance Costs

Listed below are the monthly costs for hospital indemnity insurance.

LEVEL OF COVERAGE	Hospital Indemnity Insurance
Employee Only	\$24.23
Employee + Spouse	\$41.68
Employee + Child(ren)	\$33.97
Employee + Family	\$51.42



VOLUNTARY BENEFITS

CRITICAL ILLNESS INSURANCE

Denver Health provides you the option to purchase critical illness insurance through Unum. Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment or handle unexpected medical expenses.

Critical Illness Insurance Costs

Listed below are the monthly costs for critical illness insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

AGE	Employee (\$10,000 of Coverage with \$50 Be Well Benefit)		Spouse (\$10,000 of Coverage with \$50 Be Well Benefit)		Child
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	
Under 25	\$2.91	\$2.91	\$2.91	\$2.91	Automatically included with employee coverage
25-29	\$4.05	\$3.51	\$4.05	\$3.51	
30-34	\$5.11	\$4.31	\$5.11	\$4.31	
35-39	\$7.21	\$5.51	\$7.21	\$5.51	
40-44	\$9.61	\$7.21	\$9.61	\$7.21	
45-49	\$13.51	\$9.31	\$13.51	\$9.31	
50-54	\$18.01	\$12.01	\$18.01	\$12.01	
55-59	\$25.01	\$16.11	\$25.01	\$16.11	
60-64	\$35.11	\$22.51	\$35.11	\$22.51	
65-69	\$46.41	\$33.01	\$46.41	\$33.01	
70-74	\$67.31	\$51.01	\$67.31	\$51.01	
75-79	\$92.11	\$74.61	\$92.11	\$74.61	
80-84	\$130.01	\$107.41	\$130.01	\$107.41	
85 +	\$203.21	\$172.31	\$203.21	\$172.31	



SUBMIT A CLAIM USING THE UNUM APP



VOLUNTARY BENEFITS

PET INSURANCE

Denver Health provides you with the option to purchase pet insurance through Nationwide. Pet insurance is designed to help you save up to 25% on veterinary expenses with contracted veterinarians. Pet insurance provides coverage for a wide range of veterinary services, such as wellness visits, vaccinations, surgical procedures, medical care following accidents and illnesses and more. Participating veterinarians can be found at petinsurance.com/denverhealth.

Contact Nationwide at 877-738-7874 for a quote.

LEGAL PROTECTION

Denver Health provides you with the option to purchase a legal plan through MetLife. The legal plan includes advice from an attorney on an unlimited number of topics, letters and phone calls on your behalf, legal document review (up to 15 pages), will preparation and trial defense hours.

The cost for legal protection is \$17.50 per month for you, your spouse and your dependents.

Visit metlife.com or call 800-821-6400 for more information.

HOME AND AUTO INSURANCE

Denver Health provides you with the option to purchase auto, home and renters insurance through Farmers Group Select. The auto and home insurance plans offer special group rates to insure your property against personal liability. You may elect this benefit at any time and payments are made through convenient payroll deductions.

Enroll at farmers.com.



YOUR
CONTRIBUTION



DENVER
HEALTH
MATCHING
CONTRIBUTION



YOUR TOTAL 401(A)
RETIREMENT PLAN
CONTRIBUTION

RETIREMENT

Fidelity Investments | netbenefits.com/denverhealth |
800-343-0860

Denver Health offers two retirement savings plans administered by Fidelity Investments.

The Denver Health Retirement Plan consists of two parts:

- 401(a) plan for all Social Security replacement contributions and contributions made by Denver Health
- 457(b) plan for your employee voluntary contributions

401(A) DEFINED CONTRIBUTION PLAN AND TRUST

Social Security Replacement Plan

This is a mandatory defined plan that cannot be modified, in which you are automatically vested. Denver Health employees have a special retirement plan available that most employers are not able to offer. While working for Denver Health, all employees contribute 6.2% of each paycheck (up to IRS limits) to an individual 401(a) plan instead of paying into Social Security. In addition, Denver Health contributes a total of 3% (up to Social Security limits) of each paycheck on the employee's behalf.

401(A) ENHANCED RETIREMENT PROVISION

Employees who are 0.50 FTE and above are eligible for the additional 3% contribution to the Social Security Replacement Plan. Denver Health contributes an additional 3% (up to IRS limits) on behalf of all benefit-eligible employees, except Denver Employees Retirement Program (DERP) participants. These contributions are 100% vested after three years of employment with Denver Health.

DID YOU KNOW?

Denver Health offers a dollar-for-dollar match to help encourage you to actively save for retirement. For employees who are 0.50 FTE and above, Denver Health will also contribute a dollar to your 401(a) account, up to 3.5% of eligible pay, for every dollar you contribute in the 457(b).

Employees can meet with a Denver Health Fidelity representative for a one-on-one meeting to discuss your Fidelity retirement plan. Meetings require an appointment.

Please call 800-642-7131 to schedule an appointment or visit fidelity.com/schedule.



RETIREMENT

Fidelity Investments | netbenefits.com/denverhealth | 800-343-0860

457(B) DEFERRED COMPENSATION PLAN

Voluntary Retirement Savings Plan

Denver Health offers this voluntary retirement plan that allows employees to invest more pre-tax or after-tax (Roth) dollars. Denver Health will match dollar-for-dollar up to 3.5% of the employee's eligible salary. All employees are auto-enrolled in this plan with contributions set at 3.5%. It may take up to two pay cycles for the auto-enrollment process to activate and for any modifications to take effect.

Denver Health's matching contribution is subject to the three-year vesting schedule. Other percentage limits of compensation will apply.

Fidelity Investments is Denver Health's retirement plan vendor. A variety of Fidelity options are available to meet your investment needs. Employees can direct their investments either online at netbenefits.com/denverhealth or through Fidelity's call center at 800-343-0860.

CONTRIBUTION TYPE	Who makes the contribution?	How much is the contribution?
Mandatory contribution (12.2%) made by you and Denver Health into your 401(a) plan		
Employee Social Security Replacement Contribution	You	6.2%
Denver Health Social Security Replacement Contribution	Denver Health	3%
Denver Health Enhanced Contribution*	Denver Health	3%
Voluntary contributions made by you and Denver Health		
Employee Voluntary Contribution (made into your 457(b) plan)	You	Up to the IRS limit
Denver Health Matching Contribution* (made into your 401(a) plan)	Denver Health	Dollar-for-dollar match up to 3.5% of your eligible pay

*Employees under 0.50 FTE and DERP participants are not eligible for the enhanced contribution.



EMPLOYEE ASSISTANCE PROGRAM

Health Advocate | members.healthadvocate.com | 866-799-2691

Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through Health Advocate.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **five free face-to-face** visits per person, per issue, per year with a licensed counselor. Don't hesitate to reach out whenever you need it. No personal information is ever shared with Denver Health and access to the EAP is completely confidential. Household eligibility includes dependent children, spouse, parents and parent-in-laws.



TOOLS AND RESOURCES

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments and more.



CARE OPTIONS

Find child and elder care to support you and your family's day-to-day needs.



LEGAL AND FINANCIAL GUIDANCE

Receive guidance for buying a home, planning for retirement, budgeting and more.



SUPPORT ALL YEAR

Connect with a mental health professional about addiction, family and individual counseling.



Access your EAP by calling 866-799-2691, visiting members.healthadvocate.com, emailing answers@healthadvocate.com or downloading the Health Advocate mobile app.

DENVER HEALTH RESTORE

RESILIENCE AND EQUITY THROUGH SUPPORT AND TRAINING FOR ORGANIZATIONAL RENEWAL

24/7 RESTORE Peer Support Line: 303-436-7473 | General, Non-Urgent Information: restore@dhha.org

RESTORE has a mission of promoting and sustaining the mental well-being of the health professional workforce. RESTORE's Peer Support Team provides timely and confidential peer-to-peer support of trained Peer responders to all personnel who experience distress. Additionally, RESTORE provides trauma- and resilience-informed systems training and education.

WELL-BEING BENEFITS

Denver Health cares about YOU! As an employee at Denver Health, you have access to many benefits and resources that support Total Worker Health—a holistic approach that supports worker safety, health and well-being.

WORKLIFE PARTNERSHIP

Denver Health partners with WorkLife Partnership to provide resources and assistance to help you and your family one generation up and one generation down overcome work-life challenges. WorkLife services are always free and confidential.

A Community Resource Specialist can help you with:

- Receiving a small dollar loan from \$400 to \$1,000 (no credit check required, no interest, 12-month repayment option through payroll deductions)
- Support for transportation
- Finding resources for affordable child care
- Budgeting and financial wellness
- Accessing food pantries
- Locating resources for housing
- Connecting with mental behavioral health resources

To access assistance, visit askthenavigator.org/. You can also call 888-219-8993, text NAVIGATOR to 888-219-8993 or email navigator@worklifepartnership.org.

EMPLOYEE FITNESS CENTER

The employee fitness center is located on the fourth floor of the 601 Broadway building. Membership costs \$7.50 per pay period. Members can access the fitness center 24/7 with their badge. Membership includes access to group fitness classes and fitness challenges, plus locker rooms. Enroll via Workday.

For questions, please email fitness.center@dhha.org.

ELEVATION FITNESS PORTAL

All Denver Health employees have access to our free Elevation Fitness Portal. Elevation Fitness is a free virtual fitness membership offering live and on-demand fitness classes and video library, wellness workshops and podcasts.

Visit elevationportal.com and click “Sign Up.”

MYSTRENGTH

Recharge, refresh and improve your mood with myStrength. All Denver Health employees have free access to myStrength’s web and mobile tools to support your goals and well-being. Learning to use myStrength’s tools can help you overcome the challenges you face and stay mentally strong.

Visit mystrength.com and click on “Sign Up”; use access code DHHAemployees.



WELL-BEING BENEFITS

CHILD CARE DISCOUNT PROGRAM

Denver Health is pleased to announce a partnership with The Learning Care Group (LCG). LCG offers infant care to school-age programs and flexible enrollment options to fit your schedule. Enjoy child care options at over 1,100 high-quality early education child care centers across the country.

Through this partnership, you will receive a 10% tuition discount on your child care expenses, which includes infants up to age 2, along with priority enrollment and a waived initiation fee (valued at \$175–\$220).

Learn more about LCG and locations near you by visiting mylearningcaregroup.com/denverhealth or calling 877-747-2492.

KINDERCARE

Denver Health offers child care benefits through KinderCare Learning Centers for kids ages 6 weeks to 12 years. Enjoy exclusive tuition savings up to 10% for your family.

To learn more or to schedule a center tour, contact 888-525-2780 or visit kindercare.com/denverhealth.

ADDITIONAL PERKS

ADOPTION ASSISTANCE PROGRAM

All benefit-eligible employees can receive a lump-sum payment of \$8,700 when they adopt a child. The benefit is available to employees who have been in a benefit eligible position for at least 12 months prior to the finalization of the adoption. One payment is available per family per year regardless of number of children adopted and is payable for all types of adoptions except for stepchildren already in the custody of a biological parent.

Please submit a ticket on FreshService at denverhealth.freshservice.com/support/home.

PERKSPOT

PerkSpot is a one-stop-shop for exclusive discounts on many of your favorite products! You can use PerkSpot to find hundreds of deals on everything from household essentials to once-in-a-lifetime vacations. Access these discounts anywhere.

Visit PerkSpot at denverhealth.perkspot.com to create a personal account.

RTD ECOPASS

All Denver Health and CSA employees in a 0.50 FTE or higher position are eligible to receive an RTD EcoPass. Employees may enroll in the EcoPass at any time during the calendar year. There is no cost to eligible employees to apply for the EcoPass. Pursuant to the EcoPass contract, RTD or Denver Health may confiscate and prosecute unauthorized use of the EcoPass.

Start the enrollment process for an electronic EcoPass through Workday.

COLLEGE INVEST

CollegeInvest administers the State of Colorado's 529 plan. Denver Health has partnered with CollegeInvest to help our employees save for higher education. Contributions are tax deductible and all babies receive a \$100 free gift. Attend a webinar or lunch and learn to learn more and receive your \$25 KickStart bonus.

Call 800-448-2424 or visit collegeinvest.org to learn more.

PUBLIC SERVICE LOAN FORGIVENESS SUPPORT

Oftentimes, employees perceive Public Service Loan Forgiveness (PSLF) as a simple form filing process, when in reality there are a myriad of rules and regulations that must be followed in order to qualify. In addition, the Department of Education has instituted a number of programs designed to minimize your monthly payments, while accelerating your time to loan forgiveness. To help you achieve loan forgiveness as quickly as possible, while making the lowest possible monthly payment, Denver Health has partnered with Tuition.io to provide start-to-finish guidance through PSLF. Benefits-eligible employees (and their family members) will have full access to student loan coaches and a treasure chest of student loan assistance tools and resources.

Eligible employees will receive a welcome email to sign up for these services. You may also contact support@tuition.io or 855-353-9395 for more information.

TUITION REIMBURSEMENT

Denver Health recognizes the value and importance of an educated workforce. Benefits-eligible employees who have more than 90 days of employment may be eligible to apply for the tuition assistance and reimbursement program. Denver Health has expanded this policy in 2024 to include specific certifications eligible under this plan along with the ability to receive 50% advance payment for these certifications.

Check out the updated policy in Policy Stat for more details.



TIME AWAY FROM WORK

PAID TIME OFF (PTO)

Denver Health recognizes the need for employees to have time away from work and provides paid time off (PTO) for eligible employees. PTO accrual is pro-rated based on the actual number of hours worked in a pay period to a maximum of 80 hours.

PTO is flexible paid time off from work that can be used for such needs as vacation, personal or family illness, doctor's appointments and other activities of the employee's choice.

COMPLETED YEARS OF SERVICE	Paid Time Off (PTO) Accrual Rates for 1.0 FTE		
	Annual Accrual	Maximum Carry-Over Hours	Maximum Hours
0 to 4 Years	160 hours or 20 days	152 hours	240 hours
5 to 9 Years	184 hours or 23 days	160 hours	276 hours
10 to 14 Years	208 hours or 26 days	176 hours	312 hours
15 Plus Years	232 hours or 29 days	184 hours	348 hours

BEREAVEMENT LEAVE

In the event of the death of an immediate family member, employees will be given up to 24 paid leave hours annually. An immediate family member is a spouse, child, parent, grandparent, grandchild or sibling. Each employee is entitled to up to one Bereavement Leave per year. Bereavement leave does not accrue and does not add to an employee's PTO balance.

LEAVE SHARING

Denver Health allows leave sharing, which is a person-to-person donation of PTO to assist a fellow employee in need. Employees that experience a medical emergency for themselves or their immediate family or have a death of an immediate family member may be eligible to receive PTO donation from another employee. Recipient employees who are expected to be out for at least two weeks must be on an approved leave of absence, not qualify for disability benefits and have used all available PTO. To complete an application or discuss your options, contact the Leave of Absence (LOA) team at 303-602-6947, option 3.

Note: Restrictions apply.

DENVER HEALTH OBSERVED HOLIDAYS

Denver Health observes seven (7) paid holidays:

- **New Year's Day:** Monday, January 1
- **Martin Luther King Jr. Day:** Monday, January 15
- **Memorial Day:** Monday, May 27
- **Independence Day:** Thursday, July 4
- **Labor Day:** Monday, September 2
- **Thanksgiving Day:** Thursday, November 28
- **Christmas Day:** Wednesday, December 25



Reminder to plan your PTO!

Don't wait until the end of the year. Find your current PTO balance through Workday.

CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact Denver Health Benefits Concierge Center.

303-602-6947, option 2

Open a FreshService ticket at denverhealth.freshservice.com/support/home

PROVIDER/PLAN	Phone Number	Website
Medical Denver Health	800-700-8140	denverhealthmedicalplan.org DHMPmemberservices@dhha.org
Nurse Advice Line Denver Health	303-739-1211	denverhealth.org/patients-visitors/nurseline
Appointment Line Denver Health	303-628-2540	mychart.denverhealth.org/mychart/openscheduling
DispatchHealth	888-908-0553	dispatchhealth.com
Dental Delta Dental of Colorado	800-610-0201	deltadentalco.com customer_service@ddpco.com
Vision VSP	800-877-7195	vsp.com
Flexible Spending Accounts WEX	866-451-3399	wexinc.com
Life and Disability Insurance Unum	800-421-0344	unum.com
Accident Insurance Unum	800-421-0344	unum.com
Critical Illness Insurance Unum	800-421-0344	unum.com
Hospital Indemnity Insurance Unum	800-421-0344	unum.com
Pet Insurance Nationwide	877-738-7874	petinsurance.com/denverhealth
Legal Protection MetLife	800-821-6400	metlife.com
Home and Auto Insurance Farmers Group Select	800-438-6381	farmers.com
Retirement Savings Plans Fidelity Investments	800-343-0860	fidelity.com/atwork
Employee Assistance Program Health Advocate	866-799-2691	members.healthadvocate.com
Career Service Authority Benefits	720-913-5697	denvergov.org/homebenefits@denvergov.org
Denver Employee Retirement Plan	303-839-5419	derp.org

This summary of benefits is not intended to be a complete description of the terms and Denver Health insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Denver Health maintains its benefit plans on an ongoing basis, Denver Health reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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