



**DENVER HEALTH™**

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FOR LIFE'S JOURNEY

# EMPLOYEE BENEFITS GUIDE



# 2025

BENEFIT PLANS EFFECTIVE JANUARY 1–DECEMBER 31, 2025

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, financially, and socially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2025 plan year (January 1–December 31, 2025). The information inside this guide can help you review your health coverage options, check out tax savings opportunities and learn about voluntary benefit plan offerings.

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# 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 21–November 4, 2024.** The choices you make at this time will remain in place through December 31, 2025. 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.

## TWO WAYS TO ENROLL

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

Benefit counselors are ready to assist you. Call year-round 7 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.

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 2025, 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 that your event occurred within the last 30 days (60 days if Medicaid or Medicare related).

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"> <li>Add new dependent(s) to existing plans.</li> <li>Enroll in health, dental and vision plans.</li> <li>Change FSA election or amount.</li> <li>Remove dependents or drop plans, if gaining other coverage.</li> <li>You cannot switch/drop plans.</li> </ul>
Common Law Marriage	Affidavit of common law marriage	
Registration of Domestic Partnership	Affidavit of domestic partnership or state registry	<ul style="list-style-type: none"> <li>Remove all ineligible dependents from current plans.</li> <li>Enroll if you lost other coverage.</li> <li>Change FSA election or amount.</li> <li>You cannot switch/enroll in new plans.</li> </ul>
Colorado Civil Union		
Divorce	Final divorce decree	<ul style="list-style-type: none"> <li>Add new dependent(s) to existing plan(s).</li> <li>Enroll in health, dental and vision plans.</li> <li>Change FSA election or amount.</li> <li>You cannot remove other dependents.</li> <li>You cannot switch/drop plans.</li> </ul>
Dissolution of Common Law Marriage		
Dissolution of Colorado Civil Union		
Dissolution of Domestic Partnership	Statement of termination	<ul style="list-style-type: none"> <li>Drop coverage if gaining coverage through a spouse.</li> <li>Add coverage for self and/or qualified dependents, if loss of coverage through spouse.</li> <li>Change FSA election or amount.</li> <li>You cannot switch plans.</li> </ul>
Death of a Dependent	Certified copy of death certificate	
Birth (Covered for First 30 Days—Parents Must Enroll for Coverage to Continue)	Birth certificate, hospital certificate or the hospital birth worksheet	<ul style="list-style-type: none"> <li>Enroll in available benefit options.</li> <li>If eligible under ACA, not eligible to enroll in medical, dental and/or vision.</li> </ul>
Adoption or Placement of Adoption	Adoption decree or finalized placement agreement	
Legal Guardianship—Custody of Dependents	Final court decree	<ul style="list-style-type: none"> <li>Remove ineligible dependents.</li> <li>Change FSA election or amount.</li> </ul>
Gaining Coverage Through Spouse's Benefits	HIPAA Certificate, COBRA Notice or letter from spouse's previous employer*	
Change in Spouse's Employment Status		No documentation required
Change in Employment Status from a Non-Benefit-Eligible to Benefit-Eligible Position		
Dependent Reaching Ineligible Age	Proof of Medicare/Medicaid eligibility	<ul style="list-style-type: none"> <li>Eligibility for subsidized coverage under government exchange.</li> </ul>
Medicare Eligibility (You or Your Spouse)		
Medicare/Medicaid Eligibility (Dependents)		
Eligibility for Subsidized Coverage Under Government Exchange	Proof of eligibility and enrollment	

\*Letters must be on the business letterhead and provided by a human resources representative or insurance carrier. This letter must provide type of coverage (medical, dental, vision, etc), covered individuals and date coverage was lost or gained. It is the employee's responsibility to make sure the information provided is sufficient, timely 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 two 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 Denver Health Plan (HMO).** You will pay less from your paycheck each pay period for coverage, and have lower costs at the time of service, when visiting providers and facilities in the Denver Health network.

 Do you or your covered dependents live outside of the Denver area?  
**Consider the Denver Health Extended Plan (POS).** While you will pay more from your paycheck each pay period for coverage, you will have access to a wider selection of providers and facilities outside of the Denver Health network and area.

 Can you set aside money from your paycheck to help pay for out-of-pocket expenses?  
**Consider funding a flexible spending account (FSA).** Both plans allow you to fund a health 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	Denver Health Plan (HMO)		Denver Health Extended Plan (POS)	
	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$47.53	\$95.05	\$124.85	\$144.07
Employee + Spouse	\$121.10	\$201.84	\$299.51	\$309.83
Employee + Child(ren)	\$84.70	\$169.41	\$222.99	\$257.29
Employee + Family	\$168.20	\$280.34	\$411.69	\$425.89

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

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

- **Denver Health Plan (HMO):** This plan provides access exclusively to Denver Health facilities and providers. You may access the First Health network for outpatient behavioral health services only. Providers and facilities outside of Denver Health require prior authorization for services to be covered.
- **Denver Health Extended Plan (POS):** Prior network authorization is not required when using an extended network provider; however, your cost at time of service will be lower should you choose to seek services from Denver Health facilities and providers.
  - » **Denver Health network:** No deductible to meet, access to all Denver Health facilities and providers.
  - » **Extended network:** Access to broader network of providers with a deductible. Network includes AdventHealth, Children’s Hospital, University of Colorado, Intermountain Health, and First Health facilities and providers (excluding HealthOne/HCA).

Locate a Denver Health network provider at [goperspecta.com/VPD/dhmp/public/ProviderSearch/SelectProduct](https://goperspecta.com/VPD/dhmp/public/ProviderSearch/SelectProduct), select DHHA from the drop down menu, then 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	Denver Health Plan (HMO) In Network Only		Denver Health Extended Plan (POS)	
			Denver Health Network	Extended Network
<b>Calendar Year Deductible</b> Individual/Family	None/None		None/None	\$1,500/\$3,000
<b>Out-of-Pocket Maximum<sup>1</sup></b> Individual/Family	\$5,000/\$10,000		\$6,000/\$12,000	
<b>Preventive Care<sup>2</sup></b>	Plan pays 100%		Plan pays 100%	
<b>Physician Services</b> Primary Care Physician Specialist NurseLine DHHA Urgent Care All Other Urgent Care/DispatchHealth	\$10 copay \$30 copay Plan pays 100% Plan pays 100% \$50 copay		\$10 copay \$30 copay Plan pays 100% Plan pays 100% N/A	\$50 copay \$75 copay N/A N/A \$50 copay
<b>Behavioral Health Services</b> Office Visits <sup>2</sup>	\$10 copay		\$10 copay	
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	Plan pays 100% \$150 copay		Plan pays 100% \$150 copay	20% coinsurance 20% after deductible
<b>Hospital Services</b> Inpatient Outpatient	\$500 copay \$250 copay		\$500 copay \$250 copay	20% after deductible 20% after deductible
<b>Emergency Room</b>	\$300 copay		\$300 copay	
<b>Prescription Drugs</b> (Up to a 30-day supply) Preventive Tier 1 Tier 2 Tier 3 Tier 4 <sup>3</sup> Mail Order <sup>4</sup> (Up to a 100-day supply)	DHHA Pharmacy \$0 copay \$15 copay \$25 copay \$60 copay \$100 copay 2x retail copay	Non DHHA Pharmacy \$0 copay \$30 copay 20% coinsurance 25% coinsurance 30% coinsurance 2x retail copay	DHHA Pharmacy \$0 copay \$15 copay \$25 copay \$60 copay \$100 copay 2x retail copay	Non DHHA Pharmacy \$0 copay \$30 copay 20% coinsurance 25% coinsurance 30% coinsurance 2x retail copay

(1) Includes deductible, copays and coinsurance. (2) One free exam per year. (3) Denver Health Plan (HMO) requires use of DHHA pharmacy on this tier. (4) Specialty medications (tier 3 and 4) are not eligible for mail order.

Note: Prior authorization is required for all services completed outside of a Denver Health facility on the Denver Health Plan (HMO). 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.

## PREVENTIVE CARE

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

You won't have to pay anything out of pocket when you receive in-network preventive care at your annual exam. 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](https://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).
- Up to \$350 reimbursement for prescription eyewear once 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](https://denverhealthmedicalplan.org) | 303-602-2100

### VIRTUAL MENTAL HEALTH CARE

Many providers offer access to virtual mental health care. 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](https://denverhealthmedicalplan.org), email [dhmpmemberservices@dhha.org](mailto:dhmpmemberservices@dhha.org) or call 303-602-2100.

### DISPATCHHEALTH



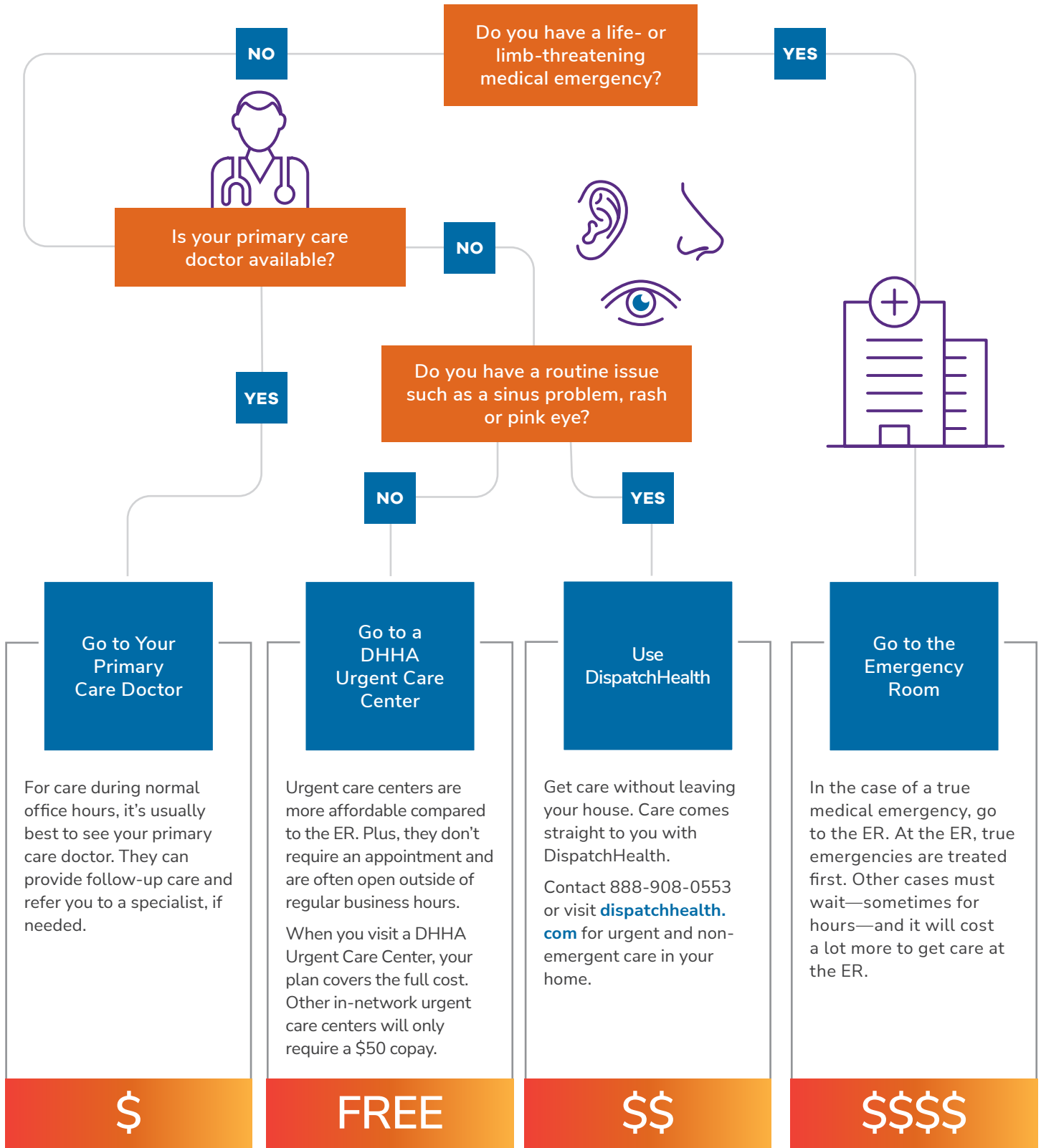
DispatchHealth provides on-demand health care in the convenience of your home. They can treat many of the same illnesses and injuries that are treated at an urgent care center.

Services are only available in certain geographic areas. However, new locations are added all the time. Visit [dispatchhealth.com](https://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](http://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](http://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. 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
<b>Calendar Year Deductible</b> Individual/Family	None/None			\$25/\$75		
<b>Calendar Year Benefit Maximum</b>	\$1,500			\$2,000		
<b>Preventive Care</b> (Oral exams, cleanings, x-rays)	Plan pays 100%			Plan pays 100% after ded.		
<b>Basic Services</b> (Periodontal services, endodontic services, oral surgery, fillings)	50% coinsurance			30% after ded. <sup>1</sup>		
<b>Major Services</b> (Bridges, crowns [inlays/onlays], dentures [full/partial])	60% coinsurance			50% after ded. <sup>1</sup>		
<b>Orthodontia Services</b> Children (to age 19) Adults	50% coinsurance Not covered			50% coinsurance 50% coinsurance		
<b>Orthodontia Lifetime Maximum<sup>2</sup></b>	\$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
<b>Employee Only</b>	\$0.98	\$3.90	\$11.73	\$14.65
<b>Employee + 1</b>	\$2.15	\$7.96	\$17.80	\$23.61
<b>Employee + 2 or More</b>	\$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
<b>Diagnostic and Preventive Services (Deductible Applies)</b>						
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		
<b>Basic Services (Deductible Applies)</b>						
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		
<b>Major Services (Deductible Applies)</b>						
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		
<b>Orthodontic Services</b>						
Orthodontia Treatment	Comprehensive treatment for dependent children up to age 19			Comprehensive treatment for employee, spouse and dependent children up to age 26		
<b>Choosing Your Network is Important: Savings Example for Major Procedure</b>						
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
<b>Eye Exam</b> (Every calendar year) Well Vision Exam Retinal Screening	\$15 copay Up to \$39 copay <sup>1</sup>	Up to \$65 allowance Reimbursement up to \$65
<b>Standard Plastic Lenses</b> (Every calendar year) Single/Bifocal/Trifocal	\$15 copay	Up to \$31/\$50/\$65 allowance
<b>Frames</b> (Every other calendar year)	\$150 allowance + 20% off balance <sup>2</sup>	Up to \$77 allowance
<b>Contact Lenses</b> (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
<b>Laser Vision Correction</b>	15% discount or 5% off promotional price	Not covered
<b>Glasses and Sunglasses</b>	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](https://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](http://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 \$3,200 for the 2025 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 2025 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 2025 plan year.

Note: Enrollees who qualify as highly compensated using 2024 earnings (\$155,000 or more) might see a reduced annual contribution, depending on the results of the required IRS non-discrimination testing in early 2025.

## 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 at [wexinc.com](http://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](https://unum.com) to find the right amount for you.



## VOLUNTARY LIFE AND AD&D INSURANCE

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

You must purchase coverage for yourself in order to purchase coverage for your spouse and/or dependents. Voluntary 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 voluntary 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.



INJURY



DISABILITY  
INSURANCE



FINANCIAL  
PROTECTION

# 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 2.



# VOLUNTARY BENEFITS

employeeconnects.com/denverhealth

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.

### How Accident Insurance Works

Listed below is an example of benefits provided if you were to experience a traffic accident.

BENEFIT	Amount
Ambulance	\$400
Emergency Room Treatment	\$150
X-Ray	\$50
Fractured Foot	\$450
Physician Follow Up (2)	\$150
Crutches	\$100
<b>Total Benefit</b>	<b>\$1,300</b>

### Accident Insurance Costs

Listed below are the per pay period costs for accident insurance.

LEVEL OF COVERAGE	Accident Insurance
Employee Only	\$3.81
Employee + Spouse	\$6.65
Employee + Child(ren)	\$8.77
Employee + Family	\$11.61

## 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.

**Listed below are benefits covered by the hospital indemnity insurance plan (exclusions apply):**

BENEFIT	Amount
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 ICU Confinement	\$100 per day for 30 days
Short Stay	\$500 (2 days per year)
Mental/Nervous or Substance Abuse Treatments	\$250 (1 day per calendar year)

### Hospital Indemnity Insurance Costs

Listed below are the per pay period costs for hospital indemnity insurance.

LEVEL OF COVERAGE	Hospital Indemnity Insurance
Employee Only	\$12.12
Employee + Spouse	\$20.84
Employee + Child(ren)	\$16.99
Employee + Family	\$25.71



# 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.

Coverage includes a Be Well Benefit. Each covered family member eligible for up to \$100 reimbursement for a covered Be Well screening test such as annual preventive exams and cancer screenings.

### Critical Illness Insurance Costs

Listed below are the monthly costs for critical illness insurance. Dependent children are automatically covered at 50% of the employee-elected amount up to the age of 26. 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	\$4.01	\$3.51	\$4.01	\$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](https://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. Whether you're buying or selling a home, starting a family, or caring for aging parents, MetLife Legal Plans provide protection at every step.

For \$17.50 per month, you, your spouse, and your dependents will receive unlimited legal assistance for all legal matters covered under the plan—with no waiting periods, no deductibles, and no claim forms when using a network attorney.

Register at [members.legalplans.com](https://members.legalplans.com) to see coverages and select an attorney or call 800-821-6400 for assistance.

### 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](https://farmers.com).

### ID THEFT PROTECTION

Denver Health provides you with the option to purchase identity theft protection through Norton LifeLock. You have two plan options to choose from at special group discounted rates (see per pay period costs to the right). You may either elect coverage for yourself or your entire family (including children of any age). You may elect this benefit at any time and payments are made through convenient payroll deductions. Visit [norton.com/prempremierplus](https://norton.com/prempremierplus).

LEVEL OF COVERAGE	ID Theft Protection	
	Premier	Premier Plus
Employee Only	\$4.00	\$6.25
Employee + Family	\$7.49	\$10.74



401(A) SOCIAL  
SECURITY  
REPLACEMENT  
AND EMPLOYER  
CONTRIBUTIONS



457(B) DEFERRED  
CONTRIBUTIONS



YOUR TOTAL  
DENVER HEALTH  
RETIREMENT PLAN

## RETIREMENT

Fidelity Investments | [netbenefits.com/denverhealth](https://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.

### 457(B) EMPLOYER MATCH CONTRIBUTION

Denver Health offers a dollar-for-dollar match to help encourage you to actively save for retirement. 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) for employees who are 0.50 FTE and above, except DERP participants.

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](https://fidelity.com/schedule).



# RETIREMENT

Fidelity Investments | [netbenefits.com/denverhealth](https://netbenefits.com/denverhealth) | 800-343-0860

## 457(B) DEFERRED CONTRIBUTION 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](https://netbenefits.com/denverhealth) or through Fidelity's call center at 800-343-0860.

CONTRIBUTION TYPE	Who makes the contribution?	How much is the contribution?
<b>Mandatory contribution made by you and Denver Health into your 401(a) plan</b>		
Employee Social Security Replacement Contribution	You	6.2%
Denver Health Social Security Replacement Contribution	Denver Health	3%
Denver Health Enhanced Contribution*	Denver Health	3%
<b>Voluntary contributions made by you and Denver Health</b>		
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 or matching contributions.



# EMPLOYEE ASSISTANCE PROGRAM

Health Advocate | [members.healthadvocate.com](https://members.healthadvocate.com) | 866-799-2691

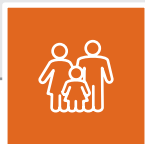
**Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through Health Advocate.**

Your EAP is a free, strictly confidential service that includes 24/7 virtual 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.



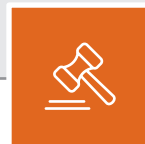
## TOOLS AND RESOURCES

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](https://members.healthadvocate.com), emailing [answers@healthadvocate.com](mailto: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](mailto: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.

## EMPLOYEE FITNESS CENTER

Employees have access to an on-site fitness center located on the fourth floor of the 601 Broadway building (see per pay period costs to the right). 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.

LEVEL OF COVERAGE	Fitness Center Membership
Employee Only	\$9.00

For questions, please email [fitness.center@dhha.org](mailto:fitness.center@dhha.org).

## 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 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/](http://askthenavigator.org/). You can also call 888-219-8993, text NAVIGATOR to 888-219-8993 or email [navigator@worklifepartnership.org](mailto:navigator@worklifepartnership.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.

To sign up, go to [elevationfitnessportal.com/signup/denver-health/](http://elevationfitnessportal.com/signup/denver-health/).

## 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](http://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](https://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](https://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](https://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](https://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](https://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](mailto:support@tuition.io) or 855-353-9395 for more information.

## TUITION REIMBURSEMENT AND ASSISTANCE

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 reimbursement and assistance program. This program includes specific certifications eligible under this plan along with the ability to receive 50% advance payment for these certifications.

Check out the 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.

Check out the policy in Policy Stat for more details.

## DENVER HEALTH OBSERVED HOLIDAYS

Denver Health observes seven (7) paid holidays:

- **New Year's Day:** Wednesday, January 1
- **Martin Luther King Jr. Day:** Monday, January 20
- **Memorial Day:** Monday, May 26
- **Independence Day:** Friday, July 4
- **Labor Day:** Monday, September 1
- **Thanksgiving Day:** Thursday, November 27
- **Christmas Day:** Thursday, 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](https://denverhealth.freshservice.com/support/home)

PROVIDER/PLAN	Phone Number	Website
<a href="#">Medical</a>   Denver Health Medical Plan	800-700-8140	<a href="https://denverhealthmedicalplan.org">denverhealthmedicalplan.org</a> <a href="mailto:DHMPmemberservices@dhha.org">DHMPmemberservices@dhha.org</a>
<a href="#">NurseLine</a>   Denver Health	303-739-1211	<a href="https://denverhealth.org/patients-visitors/nurseline">denverhealth.org/patients-visitors/nurseline</a>
<a href="#">Appointment Line</a>   Denver Health	303-628-2540	<a href="https://denverhealth.org/patients-visitors/appointment-center">denverhealth.org/patients-visitors/appointment-center</a>
<a href="#">Dental</a>   Delta Dental of Colorado	800-610-0201	<a href="https://deltadentalco.com">deltadentalco.com</a> <a href="mailto:customer_service@ddpco.com">customer_service@ddpco.com</a>
<a href="#">Vision</a>   VSP	800-877-7195	<a href="https://vsp.com">vsp.com</a>
<a href="#">Flexible Spending Accounts</a>   WEX	866-451-3399	<a href="https://wexinc.com/resources/benefits-toolkit">wexinc.com/resources/benefits-toolkit</a>
<a href="#">Life and Disability Insurance</a>   Unum	800-421-0344	<a href="https://unum.com">unum.com</a>
<a href="#">Accident Insurance</a>   Unum		
<a href="#">Critical Illness Insurance</a>   Unum		
<a href="#">Hospital Indemnity Insurance</a>   Unum		
<a href="#">Pet Insurance</a>   Nationwide	877-738-7874	<a href="https://petinsurance.com/denverhealth">petinsurance.com/denverhealth</a>
<a href="#">Legal Protection</a>   MetLife	800-821-6400	<a href="https://legalplans.com">legalplans.com</a>
<a href="#">Home and Auto Insurance</a>   Farmers Group Select	800-438-6381	<a href="https://farmers.com">farmers.com</a>
<a href="#">ID Theft Protection</a>   Norton LifeLock	800-607-9174	<a href="https://norton.com/premierplus">norton.com/premierplus</a>
<a href="#">Retirement Savings Plans</a>   Fidelity Investments	800-343-0860	<a href="https://fidelity.com/atwork">fidelity.com/atwork</a>
<a href="#">Employee Assistance Program</a>   Health Advocate	866-799-2691	<a href="https://members.healthadvocate.com">members.healthadvocate.com</a>
<a href="#">Career Service Authority Benefits</a>	720-913-5697	<a href="https://denvergov.org/home/benefits@denvergov.org">denvergov.org/home/benefits@denvergov.org</a>
<a href="#">Denver Employee Retirement Plan</a>	303-839-5419	<a href="https://derp.org">derp.org</a>

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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