

# Denver Fire Department Local 858- Retiree

Summary of Covered Benefits	Pre-65 Retiree - Kaiser			Pre-65 Retiree - Kaiser		
	HDHMO	HMO	Triple / OOA	HDHMO	HMO	Triple / OOA Option
	2022 Premiums			Change		
EE Only	\$454.00	\$613.00	\$744.00	(\$2.00)	(\$2.00)	(\$3.00)
EE + Sp	\$933.00	\$1,253.00	\$1,524.00	(\$4.00)	(\$5.00)	(\$7.00)
EE + Children	\$910.00	\$1,222.00	\$1,486.00	(\$4.00)	(\$5.00)	(\$7.00)
Family	\$1,313.00	\$1,766.00	\$2,145.00	(\$6.00)	(\$8.00)	(\$10.00)

Summary of Covered Benefits	Kaiser Senior		Kaiser Senior Advantage	
	Silver Plan	Gold Plan	Silver Plan	Gold Plan
	2022 Premiums	2022 Premiums	Change	Change
Retiree Only (one on Medicare)	\$146.80	\$208.30	(\$14.07)	(\$7.99)
Retiree + 1 (two on Medicare)	\$293.60	\$416.60	(\$28.14)	(\$15.98)
Retiree + 1 (one on Medicare)	\$600.80	\$662.30	(\$16.07)	(\$9.99)
Retiree + 2 (two on Medicare)	\$747.60	\$870.60	(\$30.14)	(\$17.98)
Retiree + 2 (one on Medicare)	\$962.48	\$1,023.98	(\$17.76)	(\$11.68)
Part B Only	\$573.73	\$635.23	\$15.99	\$22.07
HMO Level of Coverage	2022 Premiums	2022 Premiums	Change	Change
Retiree Only (one on Medicare)	\$146.80	\$208.30	(\$14.07)	(\$7.99)
Retiree + 1 (two on Medicare)	\$293.60	\$416.60	(\$28.14)	(\$15.98)
Retiree + 1 (one on Medicare)	\$759.80	\$821.30	(\$16.07)	(\$9.99)
Retiree + 2 (two on Medicare)	\$906.60	\$1,029.60	(\$30.14)	(\$17.98)
Retiree + 2 (one on Medicare)	\$1,245.28	\$1,306.78	(\$18.59)	(\$12.51)
Part B Only	\$573.73	\$635.23	\$15.99	\$22.07

Summary of Covered Benefits	Retirees - Delta Dental		
	Low Plan	Medium Plan	High Plan
	2022 Premiums		
Retiree	\$17.71	\$24.32	\$30.29
Retiree + 1	\$33.64	\$46.20	\$57.55
Family	\$49.37	\$66.69	\$80.71

no rate changes

Summary of Covered Benefits	Humana	
	2022 Premiums	
	EE Only	\$5.04
EE + Sp	\$10.50	
EE + Children	\$10.17	
Family	\$15.68	

## Denver Fire Department Local 858 Post-65 Retirees Medical Benefit Plan

Summary of Covered Benefits	Sold Renewal Kaiser Senior Advantage Gold Plan In-Network Only	Sold Renewal Silver Plan In-Network Only
<b>Deductible</b>	\$0	\$0
<b>Out-of-Pocket Maximum</b>	\$2,500 per individual	\$2,500 per individual
<b>Preventive Care</b>		
Routine Physical Exam	No charge	No charge
Preventive Services	No charge	No charge
Hearing Exam	<b>\$10 copay per visit</b>	\$15 copay per visit
Vision Exam w/ Optometrist	<b>\$10 copay per visit</b>	\$15 copay per visit
Vision Exam w/ Ophthalmologist	<b>\$25 copay per visit</b>	\$30 copay per visit
Vision Hardware	<b>\$200 credit/2 years</b>	\$100 credit/2 years
<b>Physician Services</b>		
Primary Care	<b>\$10 copay per visit</b>	\$15 copay per visit
Physician Specialist	<b>\$25 copay per visit</b>	\$30 copay per visit
Urgent Care/After Hours	<b>\$25 copay per visit</b>	\$30 copay per visit
<b>Lab/X-Ray</b>		
Diagnostic Lab/X-Ray	No charge	No charge
High-Tech Services (MRI, CT, PET)	\$100 per procedure	\$100 per procedure
<b>Hospital Services</b>		
Inpatient	\$250/ day, \$500 max	\$250/day, \$500 max
Outpatient	\$100 copay per surgery	\$200 copay per surgery
Ambulance Services	20% up to \$195 per trip	20% up to \$195 per trip
Emergency Room	\$65 copay per visit	<b>\$75 copay per visit</b>
<b>Prescription Drugs</b>	No Medicare Part D gap	No Medicare Part D gap
Generic	\$5 copay	\$5/\$10 copay*
Brand	\$20 copay	\$25/\$30 copay**
Specialty	\$40 copay	\$30 copay
Mail Order	2x retail copay (90-day supply)	2x retail copay (90-day supply)
<b>Additional Coverage</b>		
Out-of-Area Routine Coverage	<b>\$1,500 allowance/year</b>	<b>\$1,500 allowance/year</b>
Transportation	<b>20 1-way trips/year</b>	<b>20 1-way trips/year</b>
Over-the-Counter Credit	<b>\$70/quarater no roll-over</b>	<b>\$70/quarater no roll-over</b>

**Green - benefit enhancement**

**Red - decrease in benefit**

## Denver Fire Department 2022 Post 65 plan changes

- **Out-of-Area benefit**
  - Only being added to DFD, group #74, for 2022
  - Benefit gives members access to routine out-of-area services
    - Office visits, lab & x-rays, routine screenings, outpatient rehab, routine podiatry
  - Benefit allowance is \$1,500 per year and does not rollover from year-to-year
  - Member cost shares will closely resemble their in-network cost share (i.e., applicable copay)
  - Rx is excluded; however, members can get mail-order shipped to them in practically every state (Arkansas, Kansas, Louisiana, Nebraska, N. Carolina, Oklahoma, S. Carolina, and S. Dakota excluded)
- **Transportation**
  - Rides with certain transportation vendors, including trained Lyft drivers, 20 1-way trips per calendar year.

- **Over-the-counter credit**
- Members have \$70 per quarter to purchase over-the-counter medications/products, such as; cough/cold meds, allergy, band-aids, etc.
- Resets each quarter, do not rollover any unused balance to the next quarter.