



DENVER HEALTH
MEDICAL PLAN INC.™

**DENVER EMPLOYEE
RETIREMENT PLAN (DERP)
2020 DHMO PLAN**

MEMBER QUICK REFERENCE GUIDE



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DENVER HEALTH MEDICAL PLAN
WE TAKE YOUR HEALTH PERSONALLY

WELCOME TO DHMP

On behalf of Denver Health Medical Plan, Inc. (DHMP), we would like to thank you for choosing us as your health insurance carrier. We hope you will find many advantages of being a member of DHMP, including personalized service and comprehensive health care benefits. Our members come first!

This Quick Reference Guide is filled with very important information on how to get the most out of your health insurance plan. The following tips will help you navigate the process and take advantage of your benefits.

1 SCHEDULE AN APPOINTMENT TO ESTABLISH CARE IF YOU'RE NEW TO DHMP, OR SCHEDULE YOUR PREVENTIVE CARE VISIT.

Make sure you're up-to-date on your preventive care:

- Annual checkups
- Immunizations
- Cancer screenings
- Prenatal visits
- Well-child visits
- Well-woman exams



CONSUMER TIP:

When you visit your provider for an annual preventive exam, feel free to also talk to them about chronic issues such as high blood pressure, diabetes, etc. DHMP will still pay 100% for that preventive visit as long as your provider includes the preventive code along with any other service codes. Cost sharing may apply to additional services such as ultrasound, x-rays, bloodwork, etc.

2 SAVE ON PRESCRIPTION COSTS

Prescription pricing at Denver Health pharmacies is lower than at National Network retail pharmacies. Prescriptions must be written by a Denver Health provider to be filled at a Denver Health pharmacy. You can save up to **50% off** your prescription costs at a Denver Health pharmacy.



3 MEMBER PORTAL

Manage your plan with our online Member Portal. Register for Member Portal access at **DenverHealthMedicalPlan.org**. Click on the **"MEMBER LOGIN"** tab on the home page.



4 PREMIUM PERKS

As an added bonus, you receive discounts on a variety of services. Visit the Premium Perks page on our website, **DenverHealthMedicalPlan.org/Premium-Perks** to check out our growing list of business partners and their special deals just for you.



5 DHMP PHARMACY PORTAL

DHMP has an online Pharmacy Portal where you can login to view your pharmacy claims, print tax documents and get information on drug side effects. Register by visiting your plan's pharmacy page and click "Pharmacy Portal/Drug Information". You can also call our dedicated Pharmacy Department hotline at 303-602-2070.



6 STRONG body STRONG mind

Good health is the best reward...but a **\$100 gift card** doesn't hurt! DHMP has developed a comprehensive, interactive wellness program for your body and mind. See more program details at: **DenverHealthMedicalPlan.org/Commercial-Plans-Online-Wellness**





HOW TO ACCESS

At DHMP, our main concern is that you receive quality health care services. Below is an overview of the networks that are available to you. Please follow the chart to help you navigate your way to Primary Care, Specialty Care, Behavioral Health and Hospital Services. Visit the websites below for the Provider Directories.

TIER ONE: DENVER HEALTH NETWORK



DENVERHEALTH.ORG



 **CALL**
APPOINTMENT CENTER
303-436-4949



MyChart

SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

[MYCHART.
DENVERHEALTH.ORG](http://MYCHART.DENVERHEALTH.ORG)

uchealth

UCHEALTH.ORG



 **CALL**
PROVIDER DIRECTLY
OR MAKE AN
APPOINTMENT ONLINE



MY HEALTH

SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

[UCHEALTH.ORG/
ACCESS-MY-HEALTH-
CONNECTION/](http://UCHEALTH.ORG/ACCESS-MY-HEALTH-CONNECTION/)

ACCESS CARE

Members can obtain the following practitioner information by reviewing the Provider Directory available online, or by calling Health Plan Services: (1) Name, address and telephone numbers; (2) Professional qualifications; (3) Specialty; (4) Medical school attended; (5) Residency completion; (6) Board certification status; and (7) Practitioner and provider availability.

TIER TWO: HIGHPOINT & COFINITY NETWORK



Children's Hospital Colorado

CHILDRENSCOLORADO.ORG



 **CALL
PROVIDER DIRECTLY
OR MAKE AN
APPOINTMENT ONLINE**



SCHEDULE APPOINTMENTS,
EMAIL YOUR DOCTOR AND
ACCESS YOUR LAB RESULTS

**MYCHART.
CHILDRENSCOLORADO.ORG**




COFINITY.NET



 **CALL
PROVIDER DIRECTLY**

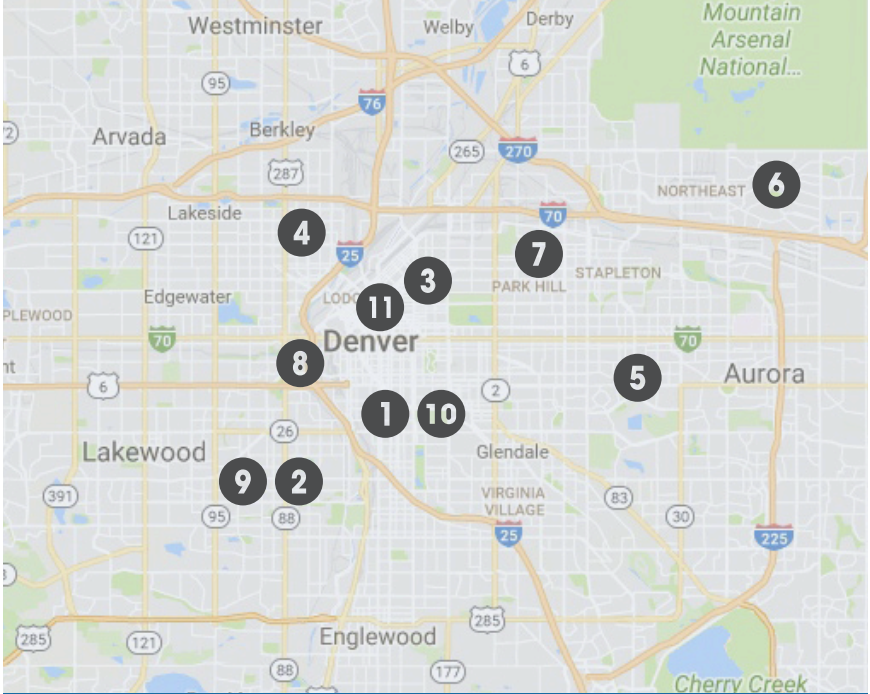


 **TELL PROVIDER YOU
HAVE A
"COFINITY" HEALTH
INSURANCE PLAN**



**DENVER
HEALTH**
— est. 1860 —

NETWORK LOCATIONS



**To view a complete
Provider Directory visit:
denverhealthmedicalplan.org**

1 Wellington Webb
Center for
Primary Care
301 W. 6th Ave.
Rx

2 Federico F. Peña
Southwest Family
Health Center
1339 S. Federal Blvd.
Rx +

3 Gipson Eastside
Family Health Center
501 28th St.
Rx

4 La Casa/Quigg
Newton Family Health
Center
4545 Navajo St.
Rx

5 Lowry Family
Health Center
1001 Yosemite St.
Rx

6 Montbello Family
Health Center
12600 Albrook Dr.
Rx

7 Park Hill Family
Health Center
4995 E. 33rd Ave.
Rx

8 Sandos Westside
Family Health Center
1100 Federal Blvd.
Rx

9 Westwood Family
Health Center
4320 W. Alaska Pl.
Rx

10 Denver Health
Medical Center
777 Bannock St.
Rx +

11 Downtown Urgent
Care Center
1545 California St.
+

Rx Pharmacy
at this clinic

+ Urgent Care
at this clinic

YOUR DHMP IDENTIFICATION CARD

You, and each member of your family on this plan, will receive a Member Identification (ID) card upon enrollment. The ID card lists the most common services. You will need to have this card with you when accessing care. If you have misplaced it, login to the Member Portal to request a new one or call Health Plan Services at 303-602-2100 for a replacement card.

Front of card

Your plan description → Denver Health Medical Plan Inc. Denver Employee Retirement Plan Denver Health DHMO


Your unique Member ID information → Card Issued: CO-DOI
Member ID #: Denver Health
Name: PRE/PCP/SCP/ER/UC/Hospital
Group #: \$0/25/50/300/75/Ded&Coins
Medical Record #: HighPoint & Cofinity
PRE/PCP/SCP/ER/UC/Hospital
\$0/30/50/300/75/Ded&Coins

Pharmacy information for your pharmacist → **MedImpact**
RxBIN: 003585
RxPCN: ASPROD1
RxGrp: DHM06
Rx ID #: **Out of Network**
ER/UC
\$300/75


Back of card

In case of emergency call 911 or go to the nearest hospital emergency room. ER/UC is covered anywhere in the U.S.
This card does not prove membership or guarantee coverage.
Prior Authorization may be required for some services.

Health Plan Services: 303-602-2100	<u>Medical Providers</u>
Toll-Free: 800-700-8140	Prior Authorization: 303-602-2140
TTY Users: 711	
DH Central Appt: 303-436-4949	<u>Pharmacy Providers</u>
NurseLine: 303-739-1261	Rx Help Desk/Auths: 303-602-2070
denverhealthmedicalplan.org	MedImpact Help Desk: 800-788-2949



P.O. Box 24631
Seattle, WA 98124
EDI Payor ID # 84-135



P.O. Box 21524
Eagan, MN 55121
EDI Payor ID # 65456

Cost sharing amounts. Visit our website to see details about your specific plan.

Important phone numbers for you and your doctor.



HEALTH INSURANCE 101: SIMPLE LANGUAGE

Monthly Premium: Monthly charge to a subscriber for medical benefit coverage for the subscriber and their eligible, enrolled dependents.

Out-of-Pocket Costs: What you pay for medical expenses that aren't paid by your health insurance plan. Your out-of-pocket costs include deductibles, copays and coinsurance for health care services. In other words, any costs you personally pay for covered medical or pharmacy services.

"Billed" Amount: This is what the provider bills to the insurance plan for a service you received. These are the "full" charges, and the discount DHMP negotiated has not been applied yet.

"Allowed" Amount: DHMP negotiates a discount with each provider in our network. You have the advantage of this discount ("allowed" amount) and will never pay more than this negotiated price.

Embedded Plan: A deductible is the amount you have to pay for allowable covered expenses under a health plan during a specified time period (e.g., a plan year or benefit year) before the plan will begin paying for covered expenses. 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.

Coinsurance: This is the charge, stated as a percentage of eligible expenses, that you are required to pay for certain covered health services.

Out-of-Pocket Maximums: The maximum amount you will have to pay for allowable covered expenses under a health plan. The specific deductibles or cost sharing included in the out-of-pocket maximum may vary by policy.



same day care

When you can't get in to see your Primary Care Provider or need care after normal business hours...

THE NURSELINE IS HERE TO HELP YOU.



Call **303-739-1261** and speak to a Denver Health nurse about your health concerns at no cost to you. Sometimes they can even call in a prescription for you. NurseLine nurses can help you decide the best plan to get the care you need, which may include any of the options below.

DISPATCHHEALTH WILL COME TO YOU.



DispatchHealth is our on-demand health care provider that can treat a range of injuries and illnesses in the comfort and convenience of your home. Visit **dispatchhealth.com** or call **303-500-1518**.

VISIT AN URGENT CARE CENTER.



Denver Health offers three Urgent Care centers. There are separate Pediatric (open 24/7) and Adult (open Mon-Fri, 7 a.m. to 8 p.m. | Sat-Sun, 8 a.m. to 7 p.m.) Urgent Care centers on its Main Campus at 777 Bannock St., as well as the Southwest Clinic for Pediatrics and Adults at 1339 Federal Blvd. (open Mon-Fri, 9 a.m. to 8 p.m. | Sat-Sun, 9 a.m. to 4 p.m., closed holidays) and the Downtown Urgent Care Center at 1545 California St. (open Mon-Fri, 7 a.m. to 6 p.m. | Sat-Sun, 9 a.m. to 4 p.m.).

Note: You are covered at any urgent care center, anywhere in the U.S.

EMERGENCY ROOM.



You can access 24/7 emergency care for both children and adults on the Denver Health Main Campus at 777 Bannock St. The Denver Health Pediatric Emergency Department is designed just for kids and is completely separate from the Adult Emergency Department.

Note: If you need emergency care, go to the nearest hospital or call 9-1-1. You are covered at any emergency room, anywhere in the U.S.



PHARMACY BENEFITS

WHERE YOU CAN FILL YOUR PRESCRIPTION

- » You can fill your prescription at one of thousands of contracted pharmacies nationwide including Denver Health Pharmacies, King Soopers, Safeway, Target, Walgreens and more.
- » Want to lower your out-of-pocket costs? Denver Health Pharmacies are conveniently located in many of the Denver Health clinics and will give you the lowest out-of-pocket costs.
 - Important: Prescriptions must be written by a Denver Health provider in order to be filled at a Denver Health Pharmacy.

WE PASS THE SAVINGS ON TO YOU

DHMP uses lesser of logic to calculate your copay. This means DHMP will never charge you more than your copay, and if the pharmacy submits a cost less than your copay, that savings is passed on to you. Example: If your copay is \$8 and the pharmacy submits a cost of \$10, you will pay \$8. However, if your copay is \$8 and the pharmacy submits a cost of \$6, you will only pay \$6.

HOW TO SAVE MONEY ON PRESCRIPTIONS

- » Ask your provider for a 90-day supply; the cost of a 90-day supply is less than getting a 30-day supply each month.
 - 90-day supplies can also be sent to your home through the mail using the plan's Mail Order Pharmacy.
- » Fill your prescriptions at a Denver Health Pharmacy (if your prescription is written by a Denver Health provider).
 - Don't have time to get to a Denver Health Pharmacy? Denver Health Pharmacy by Mail will send prescriptions directly to your home!

SPECIALTY DRUGS

- » If you fill prescriptions written by a specialist provider such as an infectious disease specialist, rheumatologist, neurologist or oncologist, you may have specialty drugs.
- » Specialty drugs can only be filled at a Denver Health Pharmacy or the preferred specialty pharmacies chosen by DHMP.
- » Most specialty drugs can only be filled for a 30-day supply, even if they are sent to your home in the mail.



PHARMACY BENEFITS CONT.

VISIT [DENVERHEALTHMEDICALPLAN.ORG](https://denverhealthmedicalplan.org) FOR:

- » Mail order forms and information
- » Search tools to find a pharmacy or check the price of a drug
- » The Formulary and Pharmaceutical Management Procedures, which contain:
 - A list of covered pharmaceuticals (i.e., the drug formulary)
 - An explanation of limits on refills, doses or prescriptions
 - Pharmaceuticals that require Prior Authorization (PA)
 - Use of generic substitution, therapeutic interchange and step-therapy protocols
 - An explanation of how to start a PA (i.e., exception request) and what information must be provided
 - The list of drugs that are excluded from coverage
 - Procedures that affect coverage of pharmaceuticals
 - The copayment structure for restricted pharmaceuticals
- » Access to the Pharmacy Portal



If you do not have access to the internet, fax or email, please contact Health Plan Services at 303-602-2100 to request a mailed copy of your plan information.

2020 Summary of Benefits

DHMO PLAN	TIER ONE	TIER TWO
	Individual Family	Individual Family
Deductible (by tier)	\$500 \$1,500	\$750 \$1,750
Out-of-Pocket Maximum (by tier)	\$3,000 \$6,000	\$3,000 \$6,000
Coinsurance	20%	30%
Preventive Care	No Charge	No Charge
Primary Care Provider (PCP)	\$25 copay per visit	\$30 copay per visit
Specialist	\$50 copay per visit	\$50 copay per visit
Lab/X-ray	20% after deductible	30% after deductible
Hospital Services	20% after \$150 per occurrence deductible and annual deductible are met	30% after \$150 per occurrence deductible and annual deductible are met
Emergency Care (Facility)	\$300 copay per visit	\$300 copay per visit
Urgent Care	\$75 copay per visit	\$75 copay per visit
Prescription Drugs	Denver Health Pharmacy (30-day) Discount: \$10 Tier 1: \$12 Tier 2: \$35 Tier 3: \$45 Tier 4: \$55 Tier 5: \$65 National Network Pharmacy (30-day) Discount: \$20 Tier 1: \$24 Tier 2: \$70 Tier 3: \$90 Tier 4: \$110 Tier 5: \$130	National Network Pharmacy (30-day) Discount: \$20 Tier 1: \$24 Tier 2: \$70 Tier 3: \$90 Tier 4: \$110 Tier 5: \$130

This is a summary of the most frequently asked about benefits. For a complete explanation and list of full benefits, please refer to the Member Handbook on our website at denverhealthmedicalplan.org.

UTILIZATION MANAGEMENT/ PRIOR AUTHORIZATION PROCESS

DHMP uses key Utilization Management (UM) procedures including, but not limited to: (1) Preservice review; (2) Urgent concurrent review; (3) Postservice review; and (4) Filing an appeal. Prior Authorization (PA) may be required for some services.

Please refer to the PA list on our website at:

denverhealthmedicalplan.org/medical-prior-authorization-list

For questions regarding PA, please call Health Plan Services at 303-602-2100 or Toll-Free 1-800-700-8140. TTY users call 711.

HEALTH PLAN MEDICAL MANAGEMENT

For information on our Health Plan Medical Management programs, call Health Plan Services at 303-602-2100.

QUALITY IMPROVEMENT PROGRAM

DHMP continually strives to improve the quality of care and service to members by ongoing monitoring of services. Please visit:

denverhealthmedicalplan.org/quality-improvement-program

to learn more about our programs such as goals, processes, outcomes and specific measurements.



WHERE TO LOCATE IMPORTANT PLAN INFORMATION

The following resources are located online at:

denverhealthmedicalplan.org

- » Benefits and services included in, and excluded from, coverage
- » Benefit restrictions that apply to services obtained outside the health insurance plan's system or service area
- » Copayments and other charges for which you are responsible
- » How the health insurance plan evaluates new technology for inclusion as a covered benefit
- » How to appeal a decision that adversely affects coverage, benefits or your relationship with the health insurance plan
- » How to obtain care and coverage when you are out of the health insurance plan's service area, including information on covered and noncovered benefits
- » How to submit a claim for covered services, if applicable
- » How to submit a complaint, both orally and in writing
- » Member Handbook
- » Member Rights and Responsibilities
- » Potential network, service or benefit restrictions that apply to services obtained outside the health insurance plan's service area
- » Protected Health Information (PHI) Use and Disclosure, including:
 - DHMP's routine use and disclosures of PHI
 - Use of authorizations to approve the release of information
 - Access to medical records and PHI
 - Protection of oral, written and electronic information across the health insurance plan
 - Protection of information disclosed to health insurance plan sponsors or employers
- » Pharmacy benefits and pharmaceutical management procedures

If you do not have access to the internet, fax or email, please contact Health Plan Services at 303-602-2100 to request a mailed copy of your plan information.



HEALTH PLAN SERVICES

Phone: 303-602-2100

Toll-Free: 1-800-700-8140

Hours of Operation: Mon - Fri | 8 a.m. - 5 p.m.

Website: denverhealthmedicalplan.org

DENVER HEALTH APPOINTMENT LINE

Phone: 303-436-4949

Hours of Operation: Mon - Fri | 7 a.m. - 6 p.m.

LANGUAGE ASSISTANCE

We're here to help all members regardless of any language barriers that may exist. We offer translation services, bilingual staff and interpretation professionals to help members obtain information about benefits, access to medical services and more. DHMP contracts with Language Line Services, Inc. to provide translation services at no cost to members. Some documents can also be translated upon request. To request services at any point during an interaction, contact Health Plan Services at 303-602-2100 or Toll-Free at 1-800-700-8140. TTY users call 711.

COORDINATION OF BENEFITS

You must tell DHMP if you have more than one health insurance plan. This helps us know which plan should pay your claims first, and which should pay second. If this applies to you, please fill out the form found online at:

denverhealthmedicalplan.org/coordination-benefits

and send it back using the instructions listed, or call Health Plan Services at 303-602-2100 with questions.





Local. Nonprofit. Health Insurance.

777 Bannock St., MC 6000

Denver, CO 80204

Health Plan Services: 303-602-2100

Toll-Free: 1-800-700-8140

TTY: 711

denverhealthmedicalplan.org

If you do not have access to the internet, fax or email, please contact Health Plan Services to request a mailed copy of your plan information.