



2017 Open Enrollment Benefit Information for PERA Retirees



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2017 OPEN ENROLLMENT

Welcome to Open Enrollment for the 2017 Benefits Plan!

This is the time of year to re-evaluate your existing benefit elections, review the benefit offerings for 2017, determine the programs that are appropriate for you and your family, and make changes that best fit your needs.

**OPEN ENROLLMENT IS MONDAY, OCTOBER 31, 2016
THROUGH MONDAY, NOVEMBER 14, 2016**

We are excited to share there will be no changes to your premiums in 2017! And there are no changes to your dental and/or vision coverage plans!

2017 BENEFIT RATES

2017 Monthly Retiree Dental Plan Rates	
Delta Hi-Option	
Retiree Only	\$44.00
Retiree + Spouse	\$100.00
Retiree + Children	\$80.00
Retiree + Family	\$124.00
Delta Standard Option	
Retiree Only	\$31.00
Retiree + Spouse	\$73.00
Retiree + Children	\$58.00
Retiree + Family	\$90.00

2017 Monthly Retiree Vision Plan Rates	
VSP - Choice Plan	
Retiree Only	\$7.58
Retiree + Spouse	\$15.16
Retiree + Children	\$16.23
Retiree + Family	\$25.93

DENTAL INSURANCE

The City offers two Delta dental plans with different options: Delta Hi-Option PPO Dental Plan and Delta Standard DPO Dental Plan. All of these options pay 100% for cleanings, oral exams and x-rays if you use a PPO Dentist. Please refer to the current year Dental Plan Comparison and Rate Chart and/or the Delta Dental Plan Document for more information. Call Delta Dental at (800) 610-0201 or visit deltadentalco.com to find a PPO Provider.

Type of Benefit	Delta Hi-Option PPO ⁽¹⁾		Delta Standard-Option PPO	
	PPO Dentist	Premier and Non-Participating Dentists	PPO Dentist	Premier and Non-Participating Dentists
Annual Maximum Plan Will Cover	\$2,000 per individual	\$1,500 per individual	\$1,500 per individual	
Annual Deductible				
Per Person	\$50		\$50	
Per Family	\$150		\$150	
Routine Dentistry ⁽²⁾		(5) (6)		(5)
Cleaning	100%	80%	100%	80%
Oral Exams	100%	80%	100%	80%
X-Rays	100%	80%	100%	80%
Sealants ⁽³⁾	100%	80%	100%	80%
Basic Dentistry ^{(4) (6)}		(5) (6)		(5) (6)
Fillings	90%	50%	80%	50%
Extraction	90%	50%	80%	50%
Root Planning/Quadrant	90%	50%	80%	50%
Major Dentistry ⁽⁶⁾		(5) (6)	(5) (6)	
Crown (full cast)	60%	50%	50%	
Denture Repair	60%	50%	50%	
Bridge	60%	50%	50%	
Orthodontia	(6)		(6)	
Orthodontic Benefit	60%		Not covered	
Lifetime Maximum	\$2,000		Not covered	
Implant Coverage	All steps included		Not covered	
Prevention First	Included		Included	

Notes:

- (1) Employee and plan receive discounted contract pricing if a PPO & Premier In-Network provider is utilized.
- (2) Deductible does not apply to routine dentistry services.
- (3) Sealants for permanent teeth for children through age 14 are a covered benefit on all plans as a routine dentistry service. Sealants for pre-molars are covered.
- (4) Resin or Composite filling will be covered at the same benefit as amalgam filling.
- (5) Services received by a Non-Participating dentist are reimbursed at the allowable Maximum Plan Allowance (MPA) for non-contracted dentist. Members will be responsible for the difference between the allowable fee for non-contracted provider and the billed amount. By using a Delta Dental contracted provider PPO or Premier the member will not be balanced billed for the difference between the allowable MPA fee and the billed amount, must be written off by provider.
- (6) The deductible applies to these services.
 - The plan will pay 50% coinsurance for one occlusal mouth guard per lifetime to prevent grinding.
 - Over-the-counter (OTC) mouth guards will be excluded under the Dental Plan.
 - The coinsurance will apply towards the Annual Plan Maximum.

VISION INSURANCE

The City offers one vision plan option. This plan provides coverage once per plan year for routine eye exams, frames, lenses and contact lenses and provides other services such as member preferred pricing on contact lenses and direct delivery to the home. Please refer to the current year Plan Summary and Rate Chart and/or Vision Plan Document for more information, or call VSP at (800) 877-7195. Visit vsp.com to find a VSP Provider and learn about additional discounts.

Note: You are not eligible for eyeglasses and contact lenses in the same benefit period. Although this plan does offer limited out-of-network benefits, coverage is much better if you use a VSP provider.

Benefit		Description	Co-pay	Frequency
WellVision Exam		<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every calendar year
Prescription Glasses	Frames	<ul style="list-style-type: none"> \$175 Allowance for a wide selection of frames \$195 allowance for featured frame brands \$95 allowance at Costco 20% savings on the amount over your allowance 	\$15	Every calendar year
	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and line trifocal lenses Polycarbonate lenses for dependent children 	\$10	Every calendar year
	Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)		<ul style="list-style-type: none"> \$175 allowance for contacts; co-pay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program		<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings		<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 co-pay on routine screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to \$45	Single Vision Lenses.....up to \$30	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

VENDOR DIRECTORY

Benefit Plan	Vendor Name	Contact Information
Dental Insurance	Delta Dental Plans Hi-Option (Premier) Plan # 1512 Standard Option (Preferred) Plan #1844	(800) 610-0201 www.deltadentalco.com
Vision Insurance	Vision Service Plan (VSP) Policy # 12-061804-00-36-0036	(800) 877-7195 www.vsp.com
Life Insurance	AETNA U.S. HealthCare Policy/Control: 721111 10 001	(800) 523-5065 www.aetna.com
Retirement	Public Employees Retirement Assoc. (PERA)	(800) 753-7372 www.copera.org

This benefits guide is not intended to include all benefit details. It is an outline of coverage available and is not intended to be a legal contract. If a discrepancy exists between this document and the Plan Documents, the Plan Documents govern.

Benefits and Wellness

(719) 385-5125

Citybenefitshelp@springsgov.com

NOTICES

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by the City of Colorado Springs health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: The City of Colorado Springs Health Plans. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not City of Colorado Springs as an employer — that's the way the HIPAA rules work. Different policies may apply to other City of Colorado Springs programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with the City of Colorado Springs

The Plan, or its health insurer, may disclose your health information without your written authorization to the City of Colorado Springs for plan administration purposes. The City of Colorado Springs may need your health information to administer benefits under the Plan. The City of Colorado Springs agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources and Finance are the only City of Colorado Springs employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and the City of Colorado Springs, as allowed under the HIPAA rules:

- The Plan, or its insurer, may disclose "summary health information" to City of Colorado Springs, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying,

amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.

- The Plan, or its insurer, may disclose to the City of Colorado Springs information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option offered by the Plan.
- In addition, you should know that the City of Colorado Springs cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by the City of Colorado Springs from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

1) Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
2) Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
3) Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
4) Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
5) Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
6) Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
7) Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
8) Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
9) Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project

10) Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
11) Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
12) HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request.

You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances

- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on *September 23, 2013*. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice emailed to you or mailed to your home address.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, you may send a written complaint to the Plan’s Privacy Officer, 30 South Nevada Avenue, Suite 702, Colorado Springs, CO 80903; or you may file a complaint with the Secretary of the Department of Health Human Services, Huber H. Humphrey Building, 2000 Independence Avenue SW., Washington, DC 20201

Contact

For more information on the Plan’s privacy policies or your rights under HIPAA, contact Privacy Officer, 30 South Nevada Avenue, Suite 702, Colorado Springs, CO 80903.