

PRE-MEDICARE

2024

PERACARE
HEALTH BENEFITS PROGRAM



PERACare Plan Contact Information

Cigna Dental

Group #3171792
Pre-Enrollment: 800-564-7642
Post Enrollment: 877-635-PERA (7372)
cigna.com

Delta Dental

Group #11869
800-610-0201
deltadentalco.com

Kaiser Permanente

Group #1804
303-338-3800 or 800-632-9700
kp.org

UMR (a UnitedHealthcare® company)

Group #76-415014
866-683-6435
go.umar.com/pera
Rx BIN: 610127
Rx PCN: 01960000
Rx Group: 01963640

VSP

Group #12144626
800-877-7195
vsp.com

Colorado PERA Contact Information

Mailing Address

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

Phone/Website/Email

800-759-7372 (PERA)
copera.org (email via the “Contact Us” link on the PERA homepage)

Customer Service Center Phone Hours (Mountain time)

7:00 a.m.–5:30 p.m. Monday–Thursday
7:00 a.m.–4:30 p.m. Friday

Denver Main Office

1301 Pennsylvania Street
Denver, CO 80203

Westminster Office

1120 W. 122nd Avenue
Westminster, CO 80234

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PERACare Program Enrollment Guidelines

Who is Eligible to Enroll in PERACare?

Colorado PERA benefit recipients and their eligible dependents may enroll in PERACare.

A benefit recipient is a retiree, spouse, cobeneficiary, qualified child, or dependent parent receiving a monthly full service or reduced service retirement, disability retirement, or survivor benefit from PERA.

The benefit recipient must be enrolled in order for any dependents to be enrolled. If the benefit recipient is enrolled, they may enroll the following dependents:

- » Spouse, including a civil union partner as recognized under Colorado law; and
- » Unmarried, dependent children under age 26, certain mentally or physically incapacitated adult children, and dependent parents. (Any child claimed as a dependent for income tax purposes who lives with the benefit recipient and meets these guidelines also is eligible.)

In addition, the following individuals are eligible to be enrolled in PERACare:

- » Guardians of children receiving PERA survivor benefits, as long as the children also are enrolled.
 - » Surviving spouses of deceased retirees who chose single-life annuity options (Option 1 under the PERA benefit structure, or Options A or B under the DPS benefit structure), if the surviving spouse was enrolled in the PERACare program when the retiree's death occurred.
 - » Divorced spouses of retirees who are not receiving PERA benefits, but were enrolled in the PERACare program when the divorce from the PERA retiree occurred.
- * *If a surviving or divorced spouse discontinues coverage, re-enrollment is not allowed.*

You must complete a *PERACare Enrollment/Change Form* if you want to enroll in PERACare, even if you are choosing PERACare coverage with the same insurance carrier you had with a prior employer or group.

When Can I Enroll?

You can enroll in PERACare when you retire by submitting your enrollment form within 30 days of your first benefit payment date. If you enroll at retirement, you may choose an effective date up to six months in the future, as long as you remain covered by your employer’s plan in the interim.

You are also eligible to enroll during the annual open enrollment period or throughout the year based on certain life events listed in the chart below.

PERACare coverage is effective on the first day of the month. If you are enrolling in PERACare due to a loss of other coverage, you are not allowed to enroll with a gap in coverage.

The chart below summarizes when you are first eligible to enroll, the life events that allow you to enroll throughout the year, and which changes you can make. If you are enrolling due to a life event listed below, your request must be received within 30 days of the event.

PERACare Enrollment Eligibility Chart

Eligibility Event	Proof Required	Change(s) You Can Make
You are first eligible to enroll:		
Within 30 days of the date of your first PERA benefit payment (as a retiree, cobeneficiary, or survivor benefit recipient)	None	Enroll yourself, your spouse, and your children
During the annual PERACare open enrollment period in the fall	None	Enroll, add coverage for spouse or children, or change plans
Life Events:		
Involuntary loss of coverage ^{**} : <ul style="list-style-type: none"> Loss of employer/group coverage Loss of individual coverage Completion of COBRA coverage period (18, 29, or 36 months) 	CPHCC* signed by an administrator of the previous plan or a copy of a letter confirming the termination of coverage	Enroll yourself, your spouse, and children (if they were covered)
Enrollment in Medicare (you or your spouse)	A copy of Medicare card(s)	Enroll or change PERACare health care plan ^{***} . You may also enroll a Pre-Medicare spouse or dependent if they have had continuous health coverage.
Moving out of your PERACare plan’s service area	Address change notice to PERA	Change to another PERACare plan
Marriage, civil union	Copy of marriage certificate	Add coverage for spouse
Birth or adoption of child(ren)	Copy of birth certificate or adoption papers	Add coverage for child(ren)
Divorce	CPHCC*	Enroll yourself

* CPHCC—PERA’s *Certification of Previous Health Care Coverage* form.

** Loss of coverage must be an involuntary event. If you remain eligible for coverage but choose not to pay premiums or select a new plan, you are not eligible to enroll in PERACare.

*** You may also enroll in PERACare dental and/or vision plans at this time if you are enrolling in a PERACare health care plan and had dental and/or vision coverage prior to becoming eligible for Medicare.

Options for Combination Coverage

Combination coverage applies if you would like to cover yourself and your dependent(s) and some of you are eligible for Medicare and others are not.

For information and rates, see the *PERACare Health Benefit Program - Combination Coverage booklet* at copera.org by clicking on “Health Benefits (PERACare)” under the “Retirees” drop-down.

Traveling

If you are traveling and have a medical emergency, all PERACare health care plans cover your emergency and urgent care services at the in-network benefit level, even if the facility is not part of your plan’s network.

Moving

If you move, please notify PERA of your new address so PERA can advise your health care, dental, and/or vision carrier.

If you are enrolled in a Kaiser Permanente plan and move outside of your plan’s service area, you must cancel your plan and enroll in one of UMR’s PPO plans to continue to have PERACare coverage. You can submit a *PERACare Enrollment/Change Form* to enroll within 30 days of your address change.

Cancellation of Coverage

You may cancel coverage for yourself and/or any dependent with 30-days written notice to PERA. Be sure to sign and date your cancellation request. PERA may cancel coverage if you and/or any dependents are no longer eligible to participate in PERACare or if your premium payments are not current.

Disability and Medicare

PERA has contracted with SSDC Services Corp. (SSDC), a national advocacy firm specializing in Medicare coordination and Social Security Disability Insurance (SSDI) benefits.

SSDC can identify whether you or your covered dependent(s) are eligible for SSDI and early Medicare benefits and assist with filing and obtaining these benefits at no cost to you.

If you think you or your dependent(s) may be eligible, contact SSDC’s call center at 800-374-9950 x222, Monday through Friday, 7:00 a.m.–4:00 p.m. (MT), or visit SSDC’s website at ssdcservices.com.

Turning Age 65

When you turn age 65, you are no longer eligible to be enrolled in a PERACare Pre-Medicare health care plan. Instead, you become eligible to enroll in a PERACare Medicare health care plan.

Three months before your 65th birthday month, PERA will send you a booklet with information about your PERACare Medicare plan options. (Plan information is also available on PERA’s website at copera.org.)

You should also contact Social Security and enroll in Medicare Part B at this time. You are eligible for Medicare Part B even if you never worked under Social Security or contributed to Medicare. You must be enrolled in Medicare Part B to be in a PERACare health care plan once you turn 65.

Note that you are not required to have, or to purchase, Medicare Part A, but you should enroll in Part A if you are eligible to receive it at no cost.

If you become eligible for Medicare before age 65 because of a medical condition or disability, you should advise PERA.

HIPAA Information

Colorado PERA complies with the Notice of HIPAA Privacy Practices regulations.

You may access or obtain this notice by:

- Visiting the “Health Benefits (PERACare)” page under the “Retirees” drop-down menu on copera.org
- Calling PERA’s Customer Service Center at 800-759-7372
- Writing to PERA at
PO Box 5800
Denver, CO 80217-5800



Plan Benefit Choices

What Plans Does PERACare Offer?

PERACare includes health care, dental, and vision plans. You may enroll in any or all of these types of coverage. You may also enroll eligible dependents in any of the plans in which you are enrolled.

- » PERACare’s health care plan partners for Pre-Medicare coverage are UMR (a UnitedHealthcare company) and Kaiser Permanente (Kaiser).
- » PERACare’s dental plan partners are Cigna Dental and Delta Dental.
- » PERACare’s vision plan partner is VSP.

Health Savings Accounts

Of the four health plans offered, only the Kaiser High Deductible Health Plan (HDHP) meets the requirements set forth in federal law to allow enrollees to contribute to a Health Savings Account (HSA). The other three plans have benefits and Out-of-Pocket Maximums (OPMs) that do not allow for enrollees to contribute to an HSA. However, you can use the funds from an existing HSA to pay for your share of services in any of the PERACare plans.

Online Provider Directories

Provider directories for the PERACare health care, dental, and vision plans are available online through PERA’s website. Visit copera.org and click on “Health Benefits (PERACare)” from the “Retirees” drop-down menu then click on “PERACare Carriers.”

If you do not have internet access, call the plan directly for assistance or to request a printed directory. Phone numbers and plan group numbers for each of the plans are listed on the inside front cover of this booklet.

Choosing a Health Care Plan

Questions to Consider When Choosing a Health Care Plan

Which plans are available where you live?

- » **UMR:** Available nationwide and the U.S. territories.
- » **Kaiser:** Available in Colorado based on county as described on page 12.

Is your current doctor covered in the health care plan? If not, are you willing to switch providers?

- » **UMR:** Choose from a broad network of providers plus coverage for out-of-network providers at a higher cost.
- » **Kaiser:** With the Kaiser plans you have access to coordinated care at any of the Kaiser medical offices in Colorado, as well as from their network of doctors and hospitals. With the exception of emergency and urgent care, Kaiser does not cover out-of-network physicians.

How much health care do you expect to use?

Consider your typical health care costs by answering the following questions:

- » Did you meet your deductible last year?
- » How often do you visit your primary care physician (PCP) or a specialist?
- » Do you anticipate any surgeries or hospital stays this year?
- » How many prescription medications do you take? Are they generic or brand name?

All PERACare plans cover preventive care at 100%.

What are the benefits and metal levels of the plans you are considering?

Look at the health care you expect to receive and compare the costs under the different plans including:

- » The cost to see your PCP or a specialist.
- » Your projected costs for prescriptions.
- » The plan's cost, both monthly and annually.
- » The annual Out-of-Pocket Maximum (OPM) for each plan. This amount is the most you will pay for medical services in a given year. If you meet that amount, you will no longer have to pay any portion of medical expenses.
- » The metal level of your plan. There are four metal levels of health insurance: Bronze, Silver, Gold, and Platinum. The levels are based on how you and your insurance company will split costs for that plan and have nothing to do with quality of care. The lowest level, Bronze, will typically have the lowest premiums, but the insurance company will pay the lowest percentage of costs when you receive care. The higher levels, Gold and Platinum, will typically have higher premiums, but the insurance company will pay a higher percentage of the costs when you receive care.

What are the coverage options outside of PERACare?

Consider any coverage outside of PERACare that you might be eligible for such as coverage through an employer or spouse's employer, COBRA, or via your state health insurance marketplace. Many retirees may be eligible for federal subsidies toward coverage purchased via the marketplace that could make it the most affordable option. Colorado residents can visit connectforhealthco.com or call 855-752-6749. Outside Colorado visit healthcare.gov or call 800-318-2596 to find your state's insurance marketplace.



UMR Plan Description

UMR Plans

The UMR PPO plans are available nationwide. The plans have access to UnitedHealthcare's Choice Plus nationwide network of doctors and facilities, which includes the Premium Designation of Premium Care Physician for physicians who meet criteria for providing high quality and cost-efficient care. Premium Care Physicians are noted with two blue hearts by their name in the provider search on the UMR website.

- » You are encouraged to select a Primary Care Physician to help coordinate your medical care, but referrals are not needed to see another doctor or specialist.
- » Primary care visits are not subject to deductible, and if you see a Premium Care Physician you will have a \$0 copay.
- » Visits to specialists, and physical, occupational, and speech therapists are not subject to the deductible. The office visit copay will be lower if you see a Premium Care Physician.
- » Services such as outpatient surgery and advanced imaging (MRI, PET, CT) have different costs depending on the site of care.
- » Preventive care is covered at 100%, not subject to deductible when provided by any in-network physician.

- » If you see out-of-network providers you will have a higher deductible and coinsurance, except in the case of emergency or urgently needed care.

Questions about what services are covered?

To review the detailed Summary Plan Description for these plans visit go.umar.com/pera.

You may also call UMR's Customer Service Center at 866-683-6435 if you have questions about benefits, coverage, or claims.

Prescription Drug Coverage

You may get your prescriptions filled at local retail pharmacies and through the UMR/OptumRx mail-service pharmacy. The list of covered medications (formulary) are the same for both PPO #1 and PPO #2 plans. If you have questions about prescription benefits, call UMR/OptumRx at 866-683-6435.

UMR Plans Benefit Highlights

	PPO #1	PPO #2
Network	Choice Plus Network with Premium Designation available nationwide. Premium Care Physicians are noted with two blue hearts by their name in the provider search.	
Metal Level	Gold	Silver
Annual Deductible	Individual: \$3,500/Family: \$7,000	Individual: \$6,000/Family: \$12,000
Annual Out-of-Pocket Maximum (Includes medical deductible, coinsurance, and copays, but not prescriptions)	Individual: \$10,000/Family: \$20,000	Individual: \$16,000/Family: \$32,000
Lifetime Benefit Maximum (per individual)	\$5,000,000 (includes \$1,000,000 transplant lifetime benefit)	
Out-of-Network Coverage	40% coinsurance Emergency and Urgent Care are always covered at the in-network level. No out-of-network coverage for preventive services, durable medical equipment, oxygen, and organ transplants. A separate deductible and Out-of-Pocket Maximum (two times the in-network amounts above) are applied to all covered Out-of-Network services.	

Preventive Care—Covered In-Network only, not subject to deductible

Exams, Screenings, Immunizations	No charge
Vaccinations	No charge at your in-network doctor's office

Physician Services—Not subject to deductible

Primary Care Office Visit	Premium Care Physician: \$0 copay Non-Premium Care Physician: \$40 copay	
Specialist Office Visit	Premium Care Physician: \$40 copay Non-Premium Care Physician: \$60 copay	Premium Care Physician: \$60 copay Non-Premium Care Physician: \$80 copay
Physical, Occupational, Speech Therapy Office Visit	Premium Care Physician: \$40 copay Non-Premium Care Physician: \$60 copay	Premium Care Physician: \$60 copay Non-Premium Care Physician: \$80 copay
Urgent Care	\$75 copay	

Outpatient Services

Outpatient Surgery	\$1,000 copay, not subject to deductible at non-hospital surgical center 20% coinsurance at hospital
Lab and X-ray	20% coinsurance
MRI, PET, CT	\$500 copay, not subject to deductible at non-hospital facility 20% coinsurance at hospital
Home Health Care	20% coinsurance (maximum 100 visits per year)
Hospice Care	No charge
Oxygen	20% coinsurance
Durable Medical Equipment	20% coinsurance
Chiropractic Care	20% coinsurance

To find in-network providers, visit copera.org and select “Health Benefits (PERACare)” under the “Retirees” menu. Click on “PERACare Carriers” to find the “Provider Directory” under UMR. You can also call UMR at 866-683-6435.

UMR Plans Benefit Highlights

	PPO #1	PPO #2
Inpatient Care		
Inpatient Hospitalization	20% coinsurance	
Skilled Nursing Facility Care	20% coinsurance (maximum 100 days per year)	
Emergency Care		
Emergency Care	20% coinsurance	
Ambulance Services	20% coinsurance	
Prescription Benefits-Administered by OptumRx		
Retail Copay (up to 31-day supply)	Generic \$10 Preferred Brand \$75 Non-Preferred Brand \$100	Generic \$20 Preferred Brand \$100 Non-Preferred Brand \$125
Mail Copay (up to 90-day supply)	Generic \$20 Preferred Brand \$150 Non-Preferred Brand \$200	Generic \$40 Preferred Brand \$200 Non-Preferred Brand \$250
Specialty Copay (up to 31-day supply) Specialty prescriptions must be obtained via OptumRx mail service pharmacy	Specialty \$125	Specialty \$150
Vaccinations Flu, pneumonia, and shingles	No charge at your in-network retail pharmacy	
Additional Benefits		
Specialist Management Solutions (SMS) for Orthopedic and Musculoskeletal Conditions	If you suffer from back, knee, or hip pain the SMS nurse team can help you understand your treatment options, decide where to go for care, and enjoy lower costs and a shorter recovery if you do need surgery. Enrollment in SMS is required prior to back, hip, or knee surgery. Call 800-379-6898 to enroll.	
Real Appeal	Real Appeal is a free online lifestyle and weight management program where a coach will help you learn how to handle emotional eating, lack of motivation and more. Learn more at realappeal.com or call UMR at 866-683-6435.	
One Pass Fitness Center Program	With One Pass you receive free fitness center memberships to any participating gym or fitness centers nationwide, an annual personalized fitness plan, and access to on-demand workout videos and livestreaming classes. Visit Rally Health by going to go.umar.com/pera to get started.	
Talkspace	With Talkspace online therapy, you can communicate with a therapist safely and securely from your phone or computer with a \$0 copay. Find a provider at talkspace.com .	
UnitedHealthcare Hearing	Access hundreds of name-brand and private-label hearing aids and personalized care to help you improve your hearing through UnitedHealthcare Hearing. Visit uhchearing.com for more information.	
Virta Health	Virta is a virtual clinic that helps you eat your way to better health with care plans made just for you and support from health care clinicians, coaches and digital health tools. Virta members can reverse type 2 diabetes, high blood sugar, and weight gain. Visit virtahealth.com/join/copera for more information.	

See page 17 for premium details

Two Ways to Enroll in PERACare

Complete the *PERACare Enrollment/Change Form* included in this booklet or go online to enroll in or change existing coverage.



ONLINE

Go to **copera.org** and log in with your User ID and password.



MAIL

Send your completed form to:
PERA
PO Box 5800
Denver, CO 80217-5800

Accessing Your PERA Account

PERA encourages all retirees to create an online user profile to expedite the submission and processing of PERACare enrollments/changes.

You can access your PERA account online by logging in with your User ID and password. If you do not have a User ID and password, you will first need to create an online user profile.

To create an online user profile, click the “Member Login/Registration” button on **copera.org**, then click “Register as a new user.” You will enter your personal information, verify your identity, and set up your User ID and password.



Kaiser Permanente Plan Description

Kaiser Permanente Plans

The Everyday Care Plan (EDCP) and High Deductible Health Plan (HDHP) are available in Kaiser's Colorado service areas.

Kaiser plans offer convenience through an integrated network of providers. You are encouraged to stay within Kaiser's network, but if you are traveling and have a medical emergency, the plan will cover your emergency and urgent care services at the in-network benefit level, even if the facility is not part of the Kaiser network.

If you travel to another Kaiser service area, you generally have access to covered routine care, inpatient and outpatient services, labs, X-rays, and prescription drugs. Kaiser operates outside of Colorado in all or parts of: California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington D.C. Please call the Kaiser Away from Home Travel Line at 951-268-3900 or visit kp.org/travel for more information.

Everyday Care Plan (EDCP) Features

- » No charge for physician office visits, urgent care, and generic prescriptions.
- » \$4,000 deductible, but preventive care, routine office visits, and some other services are not subject to the deductible.
- » Deductible, coinsurance, and copays (including prescription copays) apply to the Out-of-Pocket Maximum (OPM).
- » Each enrollee is responsible for meeting the individual deductible and OPM until the family limit is met.

High Deductible Health Plan (HDHP) Features

- » \$5,000 deductible applies to all medical and prescription drug costs, but preventive care is not subject to the deductible.
- » Medical and prescription deductible, copays, and coinsurance apply to the OPM.
- » Designed as a lower cost alternative and for those who want to contribute to a Health Savings Account (HSA).
- » The family deductible and OPM must be met by one or more family members. Individual amounts do not apply.

Questions about what services are covered?

If you enroll, you will receive an Evidence of Coverage (benefits booklet) from Kaiser which describes the terms and conditions of your coverage. You may also call Kaiser's Customer Service Center if you have questions about benefits or coverage. Please see the inside front cover of this booklet for Kaiser phone numbers.

Kaiser Permanente Plans Benefit Highlights

	EDCP	HDHP
Plan Availability	Plan is available in the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, El Paso, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, Teller and Weld	
Metal Level	Gold	Silver
Annual Deductible	Individual: \$4,000/Family: \$8,000	Individual: \$5,000/Family: \$10,000
Annual Out-of-Pocket Maximum	Individual: \$4,000/Family: \$8,000	Individual: \$7,500/Family: \$15,000
Lifetime Benefit Maximum (per individual)	None	
Out-of-network services covered?	Emergency and urgent care are covered at the in-network level	

Preventive Care—Not subject to deductible

Exams, Screenings, Immunizations	No charge	
Vaccinations	No charge at a Kaiser facility	

Physician Services

Primary Care Office Visit	No charge	20% coinsurance
Specialist Office Visit	No charge	20% coinsurance
Virtual Care	No charge	20% coinsurance
Urgent Care	No charge	20% coinsurance

Outpatient Services

Office-Administered Medication	\$300 copay, not subject to deductible	20% up to \$100 maximum per medication
Outpatient Surgery	\$500 copay, not subject to deductible at ambulatory surgery center; 0% coinsurance at hospital	10% coinsurance at ambulatory surgery center; 20% coinsurance at hospital
Diagnostic Lab	No charge	20% coinsurance
Diagnostic X-ray	No charge	20% coinsurance
Therapeutic X-ray; MRI, PET, CT	\$500 copay, not subject to deductible	20% coinsurance
Durable Medical Equipment	0% coinsurance	20% coinsurance
Oxygen	No charge	20% coinsurance
Physical, Occupational, and Speech Therapy*	No charge	20% coinsurance
Home Health Care	0% coinsurance	20% coinsurance
Hospice Care	No charge	20% coinsurance
Vision Care	No charge	20% coinsurance
Chiropractic Care*	\$25 copay/20 visits, not subject to deductible	20% coinsurance/20 visits

Inpatient Care

Inpatient Hospitalization	0% coinsurance	20% coinsurance
Skilled Nursing Facility Care*	0% coinsurance	20% coinsurance

Emergency Care

Emergency Room Visit	\$500 copay, not subject to deductible	20% coinsurance
Ambulance Services	\$500 copay, not subject to deductible	20% coinsurance

* Maximum benefit may be limited

Kaiser Permanente Plans Benefit Highlights

	EDCP	HDHP
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Prescription Drugs

Pharmacy Copay (up to a 30-day supply)	<p>Copays apply before deductible:</p> <p>Preferred Generic \$0</p> <p>Preferred Brand \$50</p> <p>Non-Preferred \$125</p> <p>Specialty \$300</p>	<p>Copays apply after deductible:</p> <p>Preferred Generic \$10</p> <p>Preferred Brand \$30</p> <p>Non-Preferred \$50</p> <p>Specialty 20% coinsurance (\$100 max)</p>
Mail-Order Copay (up to a 90-day supply)	<p>Copays apply before deductible:</p> <p>Preferred Generic \$0</p> <p>Preferred Brand \$100</p> <p>Non-Preferred \$250</p>	<p>Copays apply after deductible:</p> <p>Preferred Generic \$20</p> <p>Preferred Brand \$60</p> <p>Non-Preferred \$100</p>

Additional Benefits

Away from Home Travel Line	Kaiser has you covered while you're traveling. You can get urgent and emergency care anywhere in the world, but for non-urgent care you can access Kaiser providers in other Kaiser Permanente states, or outside of those states you can visit any Cigna PPO Network provider. Call the Kaiser Away from Home Travel Line for more information at 951-268-3900.
SilverSneakers	With SilverSneakers you receive a free basic fitness center membership to thousands of participating fitness locations nationwide, as well as access to SilverSneakers classes, online workouts and nutrition videos with SilverSneakers On-Demand. To get started visit silversneakers.com .
Mindfulness Apps	Get total health support for mind, body, and spirit with free access to Kaiser's mindfulness apps (Calm, Ginger, and myStrength). Visit Kaiser's Self Care page by logging in at kp.org .
Community Resource Directory	If you ever need help with your daily needs, it's good to know where you can turn. Kaiser's community resource directory is a convenient online tool to help you find services for healthy food, housing, financial assistance, transportation, and more by visiting kp.org/communityresources .
Nurseline	When you're not sure what type of care you need, call Kaiser's appointment and advice line at 303-338-4545 or 800-218-1059. Advice nurses are available to answer your questions 24 hours a day, 7 days a week. Together, you and the advice nurse can decide what type of care is best for the situation at hand. They can even offer you options such as a physician phone appointment, a trip to an urgent care facility, or a same-day appointment with your doctor.

See page 17 for
premium
details

Dental Plans Benefit Highlights

Network Information	Cigna Dental HMO	Delta Dental PPO
Provider Network	Cigna Dental Care Access	Delta Dental PPO Network
How to Find a Dentist	Search cigna.com or call 877-635-7372	Search deltadentalco.com or call 800-610-0201
Plan Availability	Metro Denver, Front Range, and major metro areas in many states	Nationwide

Features

Individual Plan Annual Deductible ¹	None	\$100
Family Plan Annual Deductible ¹	None	\$200
Annual Benefit Maximum ² (per individual)	None	\$2,000
Lifetime Benefit Maximums for Orthodontics (per individual)	No limitation	\$1,500

Covered Services

Diagnostic and Preventive	Covered In-Network Only	Covered In- and Out-of-Network
	Your Copay	What you pay if you use a network dentist ³
Office Visit	\$0 copay	Nothing
Oral Exams and Regular Cleanings	\$0 copay	Nothing
X-rays	\$0 copay	Nothing
Sealants	\$12 per tooth	Nothing

Basic Services

Basic Restorative (fillings)	\$0 to \$115 copay	20% of PPO Contracted Fee
Oral Surgery (extractions)	\$12 to \$125 copay	20% of PPO Contracted Fee
Endodontics (root canal therapy)	\$14 to \$430 copay	20% of PPO Contracted Fee
Periodontics (gum disease treatment)	\$42 to \$430 copay	20% of PPO Contracted Fee

Major Services

Prosthodontics (dentures, bridges)	\$43 to \$715 copay	50% of PPO Contracted Fee
Special Restorative (crowns, bridges)	\$13 to \$500 copay	50% of PPO Contracted Fee
Orthodontics (braces)	\$67 to \$2,376 copay	50% of PPO Contracted Fee
Implants	\$82 to \$1,230 copay	50% of PPO Contracted Fee

¹ Deductible applies to Basic and Major Services, but not Diagnostic and Preventive.

² Benefits paid for preventive care do not apply to the Annual Benefit Maximum.

³ You have the lowest cost if you use a PPO dentist. If you see a Delta Dental Premier dentist or dentist who does not participate in the plan's network, you may be balance billed, meaning you will pay the difference between the PPO contracted fee and the fee charged by the dentist, in addition to any deductible and coinsurance. Premier dentists are limited in the amount they can balance bill over the PPO contracted fee, but non-participating dentists are not.

See page 17 for
premium
details

Vision Plans Benefit Highlights

	Vision PPO #1		Vision PPO #2		Vision PPO #3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Availability	Nationwide					
VSP Network Doctors See VSP Choice Network directory for a complete list of current doctors	Nationwide access to thousands of private practice VSP doctors	Non-VSP providers licensed or certified to provide covered benefits	Nationwide access to thousands of private practice VSP doctors	Non-VSP providers licensed or certified to provide covered benefits	Nationwide access to thousands of private practice VSP doctors	Non-VSP providers licensed or certified to provide covered benefits
Well Vision Exam (Every 12 months)	\$10 copay, then covered in full	\$10 copay, then covered up to \$45	\$25 copay, then covered in full	\$25 copay, then covered up to \$45	\$10 copay, then covered in full	\$10 copay, then covered up to \$45
Prescription Glasses ¹	\$25 copay for lenses and frame		\$25 copay for lenses and frame		20% discount off complete pair of glasses only; no discount for lenses only, frame only, or replacement parts or repairs	Not covered
Lenses	Covered once per calendar year		Covered once per calendar year			
Single Vision	Covered in full	Covered up to \$30	Covered in full	Covered up to \$30		
Bifocal	Covered in full	Covered up to \$50	Covered in full	Covered up to \$50		
Trifocal	Covered in full	Covered up to \$65	Covered in full	Covered up to \$65		
Frame ¹	Covered once per calendar year		Covered once every other calendar year			
	\$160 allowance, \$210 on featured frame brands	Covered up to \$70	\$115 allowance, \$165 on featured frame brands	Covered up to \$70		
Contacts ²	Covered once per calendar year		Covered once per calendar year		15% discount for evaluation and fitting, no discount for lenses	Not covered
	\$160 allowance for evaluation, fitting, and lenses	\$105 allowance for evaluation, fitting, and lenses	\$105 allowance for evaluation, fitting, and lenses	\$105 allowance for evaluation, fitting, and lenses		
Lens Options	Standard progressives covered in full. Discounts for all other options average 30%	Not covered	Standard progressives covered in full. Discounts for all other options average 30%	Not covered	20% discount	Not covered
Easy Options Upgrades	Select one upgrade ³	Not covered	Not covered	Not covered	Not covered	Not covered
Additional Glasses (Including Sunglasses)	20% discount	Not covered	20% discount	Not covered	20% discount	Not covered
Laser Vision Correction	15% discount	Not covered	15% discount	Not covered	Not covered	Not covered

¹ Frame allowance is higher if Marchon featured frame brands are selected.

² You may choose prescription glasses or contacts, but not both.

³ Upgrade options are: a \$250 frame allowance, \$200 contact lens allowance, fully covered premium or custom progressive lenses, fully covered light-reactive lenses, or fully covered anti-glare coating.

VSP partners with TruHearing to offer VSP enrollees in PERACare special discounts on hearing tests and hearing aids. Call 866-929-3827 and tell them you are with Colorado PERA to schedule a hearing test and learn if you need a hearing aid.

See page 17 for premium details



Premiums and Subsidies

Premiums and Subsidies Overview

Your health care premium is determined by:

- » The plan(s) you select,
- » The number of people you enroll, and
- » Your PERA subsidy.

How does the PERACare health care subsidy work?

PERA provides a health care subsidy to retirees and some cobeneficiaries and survivors to help offset PERACare health care premiums. The subsidy amount is based upon your years of service credit, and is applied to your total health care premium. By law the subsidy cannot be applied to dental or vision premiums.

The maximum subsidy is \$230 for Pre-Medicare retirees with 20 or more years of service credit. If you have less than 20 years of service credit see the Subsidy Chart on page 17 to determine your subsidy amount.

How do I pay my PERACare premium?

PERA will determine your PERACare plan premium based on the plan(s) you select, subtract your subsidy amount, and then deduct the balance from your PERA benefit each month on an after-tax basis. For example, your January premium is deducted from your December 31 benefit. If your monthly benefit is not large enough to accommodate this, please contact PERA to request a *PERACare Automatic Payment Authorization Form*. Coverage will not be set up until the form is received.

Plans and premiums in this section are for PERACare Pre-Medicare coverage only. If you are enrolling dependents in health care who have Medicare, please review the *PERACare Health Benefit Program - Combination Coverage* booklet online at copera.org.

Premium Details

Health Care Monthly Premiums

UMR

	PPO #1	PPO #2
Benefit Recipient (BR) only	\$1,446.00	\$846.00
BR + Spouse	2,892.00	1,692.00
BR + Child(ren)	2,604.00	1,524.00
BR + Spouse + Child(ren)	4,050.00	2,370.00

Kaiser Permanente

	EDCP	HDHP
BR only	\$1,428.00	\$877.00
BR + Spouse	2,855.00	1,753.00
BR + Child(ren)	2,568.00	1,577.00
BR + Spouse + Child(ren)	3,998.00	2,454.00

Dental and Vision Monthly Premiums

Cigna Dental

	HMO
BR only	\$21.23
BR + Spouse	42.47
BR + Child(ren)	48.83
BR + Spouse + Child(ren)	67.93

Delta Dental

	PPO
BR only	\$43.26
BR + Spouse	86.51
BR + Child(ren)	99.47
BR +Spouse + Child(ren)	138.39

VSP

	PPO #1	PPO #2	PPO #3
BR only	\$9.70	\$5.78	\$0.91
BR + Spouse	15.50	9.29	1.49
BR + Child(ren)	15.84	9.49	1.52
BR + Spouse + Child(ren)	25.54	15.30	2.43

Pre-Medicare Benefit Recipient (BR) Monthly Subsidy Chart

YEARS OF SERVICE	MONTHLY SUBSIDY
20+	\$230.00
19	218.50
18	207.00
17	195.50
16	184.00
15	172.50
14	161.00
13	149.50
12	138.00
11	126.50
10	115.00
9	103.50
8	92.00
7	80.50
6	69.00
5	57.50
4	46.00
3	34.50
2	23.00
1	11.50

Calculating Your Health Care Premium

After you have selected a health care plan and chosen a level of coverage from the premium charts above, you are ready to calculate your premium for that plan.

A. Enter the total health care premium amount

\$

B. Subtract your PERA subsidy

- \$

C. This is your monthly health care premium

\$



PERACare Enrollment/Change Form

Pre-Medicare Coverage—2024

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • copera.org



Your SSN

_____|_____|_____|_____|_____|_____|

Complete and return this form if you want to enroll in, change, or cancel coverage(s).

Your Information

Name _____
Last First MI
Phone Number () _____ Email _____
Sign up for electronic delivery of PERA information? Yes No

Signature Certification

By signing the form, I certify that if I am enrolling my spouse and/or dependents, they are eligible to be enrolled. I acknowledge that the Medicare plan will release my information to Medicare and other plans as in necessary for health plan operations. I authorize Colorado PERA to deduct from my monthly benefit the premium for my coverage. Finally, I agree that, if I wish to cancel this coverage, I must provide PERA with a 30-day advance notices.

Sign Here → Your Signature _____ Date _____

Effective Date

I would like to request my effective date to enroll in, change, or cancel coverage to be _____ 1, 2024.*

* See the PERACare Enrollment Eligibility Chart in the front of this booklet to determine if a Certification of Previous Health Care Coverage is required.

Dependent Enrollment Information

Complete this section if you are adding coverage(s) for your Pre-Medicare spouse and/or dependent children. If you are adding coverage for dependents with Medicare, use the *PERACare Enrollment/Change Form Combination Pre-Medicare and Medicare Coverage—2024*.

Spouse's Last Name	First Name	MI	Birthdate / /	SSN	M/F
Child's Last Name	First Name	MI	Birthdate / /	SSN	M/F
Child's Last Name	First Name	MI	Birthdate / /	SSN	M/F
Child's Last Name	First Name	MI	Birthdate / /	SSN	M/F

(Continued on reverse)



Glossary of Key Terms

The health care terms listed below are used in this booklet, and are defined here in the context of their usage by PERA. The definitions are not meant to be comprehensive, but rather to be helpful in understanding PERA's program and plans.

Carrier

Insurance company or administrator offering coverage.

Coinsurance

The percentage of covered medical expenses that you pay once the deductible has been met. For example, if your coinsurance for a hospital stay is 20%, you would pay 20% of the charges and the plan would pay the other 80%.

Copay or Copayment

The dollar amount that you pay to a provider for a covered service. For example, if your copay for a hospital stay is \$1,000, you would pay \$1,000 and the plan would pay all or a percentage of remaining charges.

Deductible

Individual Deductible

What you must pay for covered expenses each year before the plan starts to pay. In some plans, you must pay the deductible before the plan pays for any covered services. In other plans, some routine and preventive services (those referenced as "not subject to the deductible") are covered before you have met the deductible.

Family Deductible

Limits a family's potential costs by not requiring all family members to satisfy their individual deductibles.

Formulary

A list of covered drugs that you can receive through the plan, including generic, brand-name, and specialty drugs.

High Deductible Health Plan (HDHP)

An HDHP meets the definitions of federal law and can be used alone or in conjunction with a Health Savings Account (HSA). (See page 5.)

Health Maintenance Organization (HMO)

Members receive care from the HMO's provider network, but do not have access to providers who are outside of the plan's network. HMOs typically use the "gatekeeper" approach, where a patient's care is managed by the patient's PCP.

Out-of-Network Provider

A doctor, hospital, or other provider who does not contract with your health care plan. In PPO plans, you can see an out-of-network provider and receive some plan benefits, but your share of costs will be higher. In HMO plans, you generally cannot receive any plan benefits if you see an out-of-network provider.

Out-of-Pocket Costs

The actual costs you pay when you receive health care services.

Out-of-Pocket Maximum (OPM)

The most you may have to pay in a calendar year for covered services. Depending on the plan, it may include your deductible, copays, and coinsurance. Once you have reached your OPM, the plan pays 100% for all of your covered services for the rest of the calendar year. Note that most plans specify that some types of services are not included in the OPM.

Pharmacy Benefit Manager (PBM)

The company that administers a plan's prescription drug benefit; also called prescription benefit manager.

Primary Care Provider (PCP)

The doctor who works with you and other doctors to provide, prescribe, approve, and coordinate your medical care and treatment. An HMO plan may require you to see your PCP before you can see a specialist.

Preferred Provider Organization (PPO)

A network of providers (physicians, hospitals, specialty providers, ancillary services) that offers discounted charges, in exchange for a benefit structure that channels patients to network providers. PPO plans do not require you to see providers in their network, but they generally cover less of your costs if you see a provider outside the network.

Premium

The amount you are charged each month for your coverage.

Specialist

A doctor who has advanced education and training in a specific area of medicine, such as a cardiologist or neurologist.



This booklet provides information about Colorado PERA's health benefits program. Your rights, benefits, and obligations as a Colorado PERA member are governed by Title 24, Article 51 of the Colorado Revised Statutes, and the Rules of the Colorado Public Employees' Retirement Association, which take precedence over any interpretations in this booklet.

Colorado Public Employees' Retirement Association
PO Box 5800
Denver, Colorado 80217-5800
copera.org

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