



**2010
Health Benefits Program**

Medicare Coverage

PERACare Plan Contact Information/Resources

Anthem Blue Cross and Blue Shield

Group #195331
1-877-PERABLU (877-737-2258)
www.anthem.com

Caremark

Group #PERA
1-800-378-0755
www.caremark.com

CIGNA Dental

Dental HMO
Group #10080104
Dental PPO
Group #3171792
1-877-635-PERA (7372)
www.cigna.com

Delta Dental

Group #9426
1-800-610-0201
www.deltadentalco.com

Kaiser Permanente

Group #1804
Denver/Boulder: 303-338-3800 or
1-800-632-9700
Southern Colorado: 1-888-681-7878
www.kaiserpermanente.org

Rocky Mountain Health Plans

Group #00550000
1-888-281-0720
www.rmhp.org

Secure Horizons

Group—PERACare
1-800-610-2660 (pre-enrollment)
1-866-622-8055 (post-enrollment)
www.securehorizons.com

VSP

Group #12144626
1-800-877-7195
www.vsp.com

Centers for Medicare and Medicaid Services (CMS)

1-800-MEDICARE (633-4227)
www.medicare.gov

Social Security Administration

1-800-772-1213
www.socialsecurity.gov

SilverSneakers

1-888-423-4632
www.silversneakers.com

PERAFit

1-877-550-PERA (7372)
www.perafit.org

PERA Contact Information

Colorado Public Employees' Retirement Association

Mailing Address

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

Denver Main Office

1301 Pennsylvania Street
Denver, CO 80203-5011

Denver Main Office Hours (Mountain time)

7:30 a.m.—4:30 p.m. Monday—Friday

Westminster Office

1120 W. 122nd Avenue
Westminster, CO 80234

Westminster Office Hours (Mountain time)

7:30 a.m.—4:30 p.m. Monday, Tuesday, Thursday, and Friday
1:00 p.m.—4:30 p.m. Wednesday

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

Phone

303-832-9550 or
1-800-759-7372 (PERA)
303-863-3727 (Fax)

Web site/e-mail

www.copera.org (e-mail via "Contact Us" link on the PERA home page)



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PERACare Program Enrollment Guidelines

Who is Eligible to Enroll in PERACare?

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

“Benefit recipient” means a retiree, spouse, cobeneficiary, qualified child, or dependent parent receiving monthly service retirement, disability retirement, or survivor benefits.

The individual receiving the PERA benefit (the benefit recipient) must be enrolled in order for any dependents to be enrolled. If the benefit recipient is enrolled, he/she may enroll the following dependents:

- Spouses;
- Domestic partners; and
- Unmarried, dependent children under age 25, 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 have eligibility 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, 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 spouse or divorced spouse discontinues coverage, re-enrollment is not allowed.*

When Can I Enroll, Change Plans, or Add Dependents?

If you are enrolling in PERACare when you retire, you have 30 days from your first benefit payment date to submit your enrollment form. If you do not enroll when you retire, you are eligible to enroll, change plans, or add dependents based on certain “life events” and annually during the open enrollment period. See the PERACare Enrollment Eligibility chart on page 4.

The “life event” of turning age 65 may allow you to enroll in PERACare. You must have other coverage immediately prior to your Medicare eligibility. (If you were without coverage, your enrollment can be accepted during the next annual open enrollment period.)

Note that if you are adding PERACare coverage anytime other than when you are first eligible or during the annual open enrollment period, the effective date of your PERACare coverage must coincide with the end of your other coverage.

PERACare coverage is effective on the first day of the month. Any additions or changes can be effective on the first day of the month of eligibility.



ENROLLING IN PERACARE

You must complete a *PERACare Enrollment/Change Form* in order to enroll in PERACare. Enrollment in PERACare is not automatic, even if you are choosing PERACare coverage under the same health plan you had with a prior employer or group.



BEFORE YOUR 65TH BIRTHDAY

Three months before your 65th birthday, PERA will send you a booklet containing information about your PERACare Medicare plan options. Plan information is also available on PERA's Web site at www.copera.org.

You must contact Social Security and enroll in Medicare Part B to be in a PERACare Medicare health plan. You are not required to have, or to purchase, Medicare Part A.

See pages 6-8 for definitions of Medicare terms.

What Happens When I Turn Age 65?

You become eligible for Medicare when you turn age 65 (or earlier in some instances based on disability or disease). The Social Security Administration determines your eligibility for Medicare, even if you never worked under Social Security. Contact Social Security at 1-800-772-1213 three months before your 65th birthday to determine your eligibility for Medicare. If you are receiving a Social Security benefit, you will automatically be enrolled in Medicare. If you are not receiving a benefit from Social Security, you will have to enroll in Medicare through Social Security. You must enroll before you turn age 65 or you may be without any health care coverage once you turn 65.

When you turn age 65, you are no longer eligible to be enrolled in a PERACare pre-Medicare health plan. All of PERA's plans for individuals over age 65 work with Medicare. You must enroll in Medicare Part B and maintain Part B coverage. If you choose to delay enrolling in Medicare, you will likely delay your eligibility to be enrolled in a PERACare health plan.

Note that all PERACare Medicare plans provide replacement Part A benefits for individuals who do not have Medicare Part A. Further, all PERACare Medicare plans have a prescription drug benefit that is comparable to, or better than, Medicare's prescription drug benefit (Medicare Part D). If you want to be enrolled in a PERACare Medicare plan, you cannot be enrolled in another Part D plan outside of PERACare.

If you become eligible for Medicare before age 65 because of a medical condition or disability, you are no longer eligible to be enrolled in a PERACare pre-Medicare health plan. You should request PERACare Medicare plan information from PERA so that you may make a Medicare plan selection.

Checklist for Enrolling in a PERACare Medicare Plan

- ✓ If you are new to Medicare, your first stop is Social Security. Apply for Medicare and get your Medicare Part B in place. Check the coverage and effective date(s) on your Medicare card. Send PERA a copy of your Medicare card.
- ✓ Review the plans and premiums on the following pages and choose a plan. Your options will depend upon the plans available where you live. PERA's Anthem Blue Cross and Blue Shield plans are available worldwide. See Question #3 on page 16 for the HMO plans' service areas.
- ✓ If you are already enrolled in PERACare, you will receive information from PERA explaining how your coverage can be transitioned to a Medicare plan. Follow the steps detailed in the letter. If you choose, you may change your carrier at age 65 by completing a *PERACare Enrollment/Change Form*.
- ✓ If you are not already enrolled in PERACare, you may be able to enroll at age 65. Check the PERACare Enrollment Eligibility chart on page 4. Complete a *PERACare Enrollment/Change Form* and a *Certification of Previous Health Care Coverage* form, if applicable.
- ✓ All enrollees in a PERACare Medicare plan, including spouse and children, must be enrolled in Medicare. If any of your dependents are not eligible for Medicare, see "Options for Combination Coverage" on page 3.

Options for Combination Coverage

If you or your spouse is over 65 and has Medicare, but one of you is pre-Medicare, you have several options for combination coverage. PERA's self-insured plans administered by Anthem Blue Cross and Blue Shield (Anthem) offer both pre-Medicare and Medicare coverage worldwide. Kaiser Permanente also offers combination coverage in its Denver/Boulder and Southern Colorado service areas. If you are interested in combination coverage, contact PERA and request the *PERACare Combination Coverage Premium Information/Enrollment Form*. You may also download combination coverage information from PERA's Web site at www.copera.org.

Moving

If you move, notify PERA promptly of your new address and PERA will advise your health care, dental, or vision carrier.

If you move your permanent residence outside of the service area of the plan in which you are enrolled, your coverage must be canceled. You will have 30 days from the date you move to enroll in another plan by completing a *PERACare Enrollment/Change Form*.

Note that you do not have to change plans during the open enrollment period in anticipation of a move during the following year. You can make the change at the time of your move, as long as you are no longer eligible to be enrolled in your HMO because of your new address.

Traveling

All health plans cover you for emergency and urgent care when you are temporarily traveling outside the service area. The HMO plans have different time limits on how long you can be temporarily outside of the service area and remain in the plan. You may not remain in the plan if you move your permanent residence outside the service area.

The self-insured plans administered by Anthem provide worldwide coverage.

Cancellation of Coverage

You may cancel coverage for yourself and/or any dependent with 30-days advance 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.

PERACare Enrollment Eligibility

The chart below summarizes the different times that a benefit recipient is eligible to enroll in PERACare, or add or change coverage. You may enroll or make changes within 30 days of the Enrollment Eligibility Events listed below.

ENROLLMENT ELIGIBILITY EVENTS	PROOF REQUIRED	WHO CAN BE ENROLLED OR ADDED	CHANGE(S) YOU CAN MAKE
When you are first eligible to enroll			
<ul style="list-style-type: none"> Within 30 days of the date of your first PERA benefit payment (as a retiree, cobeneficiary, or survivor benefit recipient) 	None for the benefit recipient*	Yourself, your spouse, and children*; your guardian (if benefit recipient is a child)	Enroll
Life events when you can enroll or change			
<ul style="list-style-type: none"> Marriage 	Copy of marriage certificate	Your new spouse	Add coverage for spouse
<ul style="list-style-type: none"> Birth or adoption of child(ren) 	Copy of birth certificate or adoption papers*	Your new child(ren)*	Add coverage for children
<ul style="list-style-type: none"> During PERA's annual open enrollment period (October 1-November 15 each year) 	None for the benefit recipient*	Yourself, your spouse, and children*	Enroll, add coverage for spouse or children, change plans
<ul style="list-style-type: none"> Moving out of your HMO's service area 	Address change notice to PERA	Yourself, your spouse, and children* (if they were covered under PERA's plan prior to move)	Change from HMO to another plan
<ul style="list-style-type: none"> Turning age 65 (you or your spouse) 	CPHC** and a copy of Medicare card(s)	Yourself, your spouse, and children*	Enroll, add coverage for spouse or children, change plans
<ul style="list-style-type: none"> Loss of other employer/group coverage, either your own or your spouse's 	CPHC** and a copy of HIPAA certificate or employer letter***	Yourself, your spouse, and children* (if they were covered in the employer's plan)	Enroll yourself and your spouse and children (if they were covered in the employer's plan)
<ul style="list-style-type: none"> Loss of individual coverage 	CPHC** and a copy of insurer's cancellation or market exit letter***	Yourself, your spouse, and children* (if they were covered in the plan)	Enroll yourself and your spouse and children (if they were covered in the plan)
<ul style="list-style-type: none"> Completion of COBRA coverage period (18, 29, or 36 months) 	CPHC** and a copy of HIPAA certificate or COBRA letter***	Yourself, your spouse, and children* (if they were covered in the employer's plan)	Enroll yourself and your spouse and children (if they were covered in the employer's plan)
<ul style="list-style-type: none"> Divorce 	CPHC**	Yourself (if you were covered by your former spouse's plan)	Enroll

* If children are being enrolled, proof of dependent status may be required.

** CPHC—PERA's *Certification of Previous Health Care Coverage* form.

*** Loss of coverage must be a non-voluntary 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.

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 any eligible dependents in any of the plans in which you are enrolled.

PERACare's Medicare health plan partners are Anthem Blue Cross and Blue Shield (Anthem), Kaiser Permanente, Rocky Mountain Health Plans, and Secure Horizons®.

PERACare's dental plan partners are CIGNA Dental and Delta Dental.

PERACare's vision plan partner is VSP.

Online Provider Directories

Provider directories for all of the health, dental, and vision plans in PERACare are available online through PERA's Web site. These directories can help you find physicians and other providers who contract with the plans offered in PERACare. Log on to www.copera.org and click on Retirees/Benefit Recipients, then PERACare from the left-hand bar.

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.

Medicare Health Plans

PERACare offers Medicare health plans for retirees, benefit recipients, and their dependents who are age 65 and/or eligible for Medicare. Depending on where you live, you may have choices of one, two, or three HMO plans, as well as PERA's three Medicare Supplement plans administered by Anthem. Note that PERACare offers coverage options for you, even if you have never contributed to Medicare or Social Security.

All of the Medicare plans available through PERACare pay some or all of the Medicare deductibles, pay some or all of covered charges not paid by Medicare, include prescription drug coverage, and include some benefits in addition to what Medicare covers.

What Types of Plans are Available?

HMO Plans

In an HMO plan, you have a comprehensive set of benefits, including preventive care benefits. You use doctors and hospitals in the plan's network, and generally have no coverage if you see a non-network provider. You pay your copay or coinsurance to the provider at the time of the service, and the remaining charges are handled between the provider and the health plan. (Rocky Mountain Health Plans handles copays slightly differently in some areas.)

In PERACare, Kaiser Permanente, Rocky Mountain Health Plans, and Secure Horizons each offer a Medicare HMO plan.



PERACARE FORMS

You may download and print the following forms from the PERA Web site (in the *Forms and Publications* section):

- *PERACare Enrollment/Change Form* (may be completed online if you have a PERA PIN)
- *Certification of Previous Health Care Coverage*
- *PERACare Program Cancellation*

The forms also may be obtained by calling PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.

Medicare Supplement Plans

In a Medicare Supplement plan, you have all of Original Medicare's benefits. Some plans, like PERA's, include additional benefits such as prescription drug and out-of-country benefits. Your providers submit their claims to Medicare, which is your "primary" payer. Your supplement plan pays next, and your providers will bill you for any remaining amounts that you must pay.

In PERACare, PERA's plans administered by Anthem are Medicare Supplement plans. In these plans, you may use any doctor you wish—you do not need to designate a primary care physician or go to any specific network of doctors. If you use providers who accept Medicare assignment, you will reduce costs to yourself and the plan. Providers file claims with Medicare, and claims processed by Medicare will electronically "cross over" to Anthem for processing of supplemental benefits. Note that if you do not have Medicare Part A, your hospital benefit is administered by Anthem rather than Medicare.

Medicare Terms

Centers for Medicare & Medicaid Services (CMS)

This division of the U.S. Department of Health and Human Services oversees the Medicare and Medicaid programs.

End Stage Renal Disease (ESRD)

If you have End Stage Renal Disease (ESRD), Medicare places certain restrictions on your enrollment in Medicare plans. Contact Medicare for more information.

Medicare

Medicare is the federal health insurance program for people age 65 and over, and for some disabled people under age 65.

Part A Coverage

Medicare Part A covers inpatient hospital care, skilled nursing facility care, some home health services, and hospice care. Part A has a deductible (\$1,100.00 in 2010) that is paid (fully or partially) by all plans in PERACare.

You are entitled to Medicare Part A at no cost if you have 40 credits (quarters) of Social Security or Medicare coverage. In some cases, you may also be entitled to Medicare Part A at no cost if your spouse is entitled to Medicare Part A, or if your former or deceased spouse was/is entitled to Medicare Part A. If you are not entitled to Medicare Part A and choose to purchase it, the cost in 2010 is \$461.00 per month. (PERACare offers plans that replace Part A with no additional premium charged to you.)

Part B Coverage

Medicare Part B covers doctors and other outpatient health services. Part B has a calendar year deductible (\$155.00 in 2010), which is covered (fully or partially) by all PERACare plans. You are eligible to enroll in Part B at age 65 even if you have not paid into Social Security.

Medicare charges everyone a monthly Part B premium. In 2010, the cost is \$110.50, unless you are paying a penalty for not enrolling in Medicare when you were first eligible or your premium is indexed based on your income (for high-income enrollees). Your Part B premium is separate from any PERACare premiums and is deducted from your Social Security benefit. If you do not have a Social Security benefit, PERA can deduct Part B premiums from your PERA benefit and send payment to CMS for you, if you request this service. You may request an *Authorization for Medicare Part B Premium*

Deduction by calling PERA or downloading it from the PERA Web site. (This service will not be available to DPS Division retirees until late 2010.)

Part D Coverage

Medicare Part D covers outpatient prescription drugs. Part D coverage is sold by private insurance companies, subject to government approval and oversight.

All of PERA's Medicare plans include a prescription drug benefit that qualifies as Part D or creditable coverage to replace Part D. If you or your dependent purchases a private sector Part D plan, you cannot remain enrolled in a PERACare Medicare plan.

Medicare's Annual Enrollment Period

You are eligible to enroll in Medicare at age 65. If you do not enroll in Medicare when you are first eligible, you may enroll during the annual enrollment period. The enrollment period for Part B is January 1 through March 31, with coverage effective the following July 1. The enrollment period for Part D is November 15 through December 31 with coverage effective the following January 1.

There is a permanent penalty if you do not enroll in Medicare when you turn age 65. The penalty under Part B can be waived if you were employed and covered under your employer's health care plan during this time. The penalty under Part D can be waived if you had creditable coverage in another prescription drug plan.

Medicare Card

After enrolling, you will receive a card that lists your Medicare claim number and the effective date of your coverage. (The letter at the end of your Medicare number indicates the manner in which you became eligible for Medicare; it does not relate to whether or not you have Part A or Part B.)

Medicare Assignment

A physician or other health care provider who agrees to "accept Medicare assignment" waives any charges above the Medicare approved amount. For a list of providers who accept Medicare assignment, check with libraries and senior centers who may have a copy that you can review, or the Medicare Web site for its online participating provider directory. A link to the Medicare Web site is provided on PERA's Web site. You may also call the providers' offices to learn if they accept assignment.

By federal law, most health care providers who do not accept assignment may charge no more than 15 percent above the Medicare approved amount. Durable Medical Equipment (DME) providers are not subject to this limit.

Medicare Supplement Plan

A Medicare Supplement plan usually pays all or part of the Medicare deductibles and some of the charges not paid by Medicare. With a supplement plan, your claim is sent to Medicare by your physician or provider. After Medicare has paid its approved amounts, the supplement pays part or all of any remaining cost. The plans administered by Anthem are Medicare Supplement plans.

Medicare Advantage Plan

In a Medicare Advantage plan, you assign your Medicare benefits to the HMO that has contracted with Medicare to provide all of your health care needs. The HMO is paid a monthly fee by Medicare, regardless of the actual cost of your care or how often you receive services. Enrollees cannot receive reimbursement from Medicare for any services not authorized by the HMO. Kaiser Permanente's Senior Advantage plan and Secure Horizons are Medicare Advantage plans.



FOR MORE INFORMATION ABOUT MEDICARE

- Call Social Security toll-free at 1-800-772-1213
- Visit the Social Security Web site at www.socialsecurity.gov
- Call Medicare toll-free at 1-800-MEDICARE (1-800-633-4227)
- Visit the Medicare Web site at www.medicare.gov



PRESCRIPTION BENEFITS

For questions about prescription benefits, you may call the following carriers directly:

- Caremark
(for those enrolled in PERA's Anthem Medicare Supplement plans only)
1-800-378-0755
- Kaiser Permanente Denver/Boulder:
303-338-4503
Southern Colorado:
1-888-681-7878
Ext. 4
- Rocky Mountain Health Plans
1-888-281-0720
- Secure Horizons
1-866-622-8055

PERA's Group Numbers with each of the carriers are on the inside front cover.

Medicare Cost Plan

In a Medicare Cost plan, your Medicare benefits are administered by an HMO who acts as your Medicare carrier. The HMO provides benefits beyond those provided by Medicare. If you receive medical services outside the HMO (other than for emergency or urgent care), the provider may bill Medicare directly for you, but you will not receive any benefits from the HMO. Rocky Mountain Health Plans' Medicare plan is a Medicare Cost plan.

Medicaid

Medicaid is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medigap

Medigap policies are Medicare supplemental health insurance policies sold by private insurance companies to fill "gaps" in Original Medicare plan coverage.

Prescription Drug Coverage

All of the health plans offered through PERACare include prescription drug coverage. Benefits, copayments, deductibles, and coverage levels vary between plans. Formularies (lists of preferred drugs) are used by most plans; there may be limited or no coverage for drugs that are not included on the formulary.

In efforts to control costs and premiums, plans use a number of cost-containment designs. Most plans require that generic drugs be dispensed whenever possible. Some plans have closed formularies and will cover only those drugs that are on their formulary. Some plans use three-tier copay structures, with higher copays for brand-name drugs that are not on the plan's preferred drug list. Some plans have a fourth tier for high cost drugs. Most plans use a prior authorization process for some types of medications.

Most plans have special procedures and cost-sharing for specialty pharmacy. Specialty pharmacy includes high cost pharmaceutical products that are generally biotech in nature. Most require injection or other unique methods of administration and refrigeration or special handling.

If you are enrolled in one of PERA's self-insured plans administered by Anthem, you have a comprehensive prescription drug benefit through Caremark, a national pharmacy benefit manager. You may get your prescriptions filled at local retail pharmacies and through Caremark's mail order pharmacies. If you are enrolled in Kaiser Permanente Denver/Boulder, your prescription drug benefit is an integral part of your Kaiser plan, and you get your prescriptions filled when you visit your Kaiser facility. Kaiser also offers a home delivery option which is similar to mail order. If you are enrolled in Kaiser Permanente Southern Colorado, Rocky Mountain Health Plans, or Secure Horizons, you have both retail and mail order options through those plans' prescription benefit managers.

Refer to the Health Plan Descriptions for information about each plan's prescription drug benefits. If you use high cost prescriptions and/or a number of different drugs, you will want to compare the different plans' coverage and costs carefully.

Fitness and Wellness Programs

Fitness and wellness benefits have been proven to improve health and reduce health care costs. If you enroll in an Anthem, Kaiser Permanente, or Secure Horizons health plan, you will receive information about the following value-added benefits once your coverage becomes effective.

SilverSneakers

All of PERA's plans with Anthem, Kaiser Permanente, and Secure Horizons include membership in The SilverSneakers® Fitness Program. With SilverSneakers, you receive a free basic fitness center membership to over 9,000 participating locations nationwide including Curves® locations. You can use any of the fitness center's amenities that come with a basic membership. You also have access to SilverSneakers classes, Senior AdvisorsSM, health education, and social activities.



PERAFit

Enrollees in PERA's Anthem plans also have access to PERAFit, a fitness and wellness program developed by National Jewish Health in Denver. It is a medically sound program that focuses on healthy behaviors, exercise, and long-term weight management. It was designed for enrollees to exercise on their own, but now it can be combined with SilverSneakers for the added benefit of exercise and classes in a fitness center.



Plan Descriptions

Medicare Supplement Plan Descriptions

The Medicare Supplement plan descriptions are in a format that includes information on what Medicare pays, what PERA's plan pays, and what you pay. The Medicare Supplement plan descriptions begin on page 10.

Medicare HMO Plan Descriptions

The Medicare HMO plan descriptions are in a format that mirrors Colorado's standardized "Health Plan Description" form. The plan descriptions begin on page 16. The plans are displayed side-by-side so that you can compare features among the three Medicare HMO plans available through PERACare. Note that Question #3 shows the areas of Colorado in which each plan is available.

Dental and Vision Plan Descriptions

The dental and vision plan descriptions are on pages 20 through 22.

Medicare Supplement Plan #1—Administered by Anthem Blue Cross and Blue Shield (Must be enrolled in Medicare Part B)

For claims incurred on or after January 1, 2010, there will be a lifetime maximum benefit of \$1,000,000 per individual.

	Medicare Pays	Plan Pays	Participant Pays
Part A Services			
HOSPITAL STAYS <i>Covered costs include semiprivate room, meals, general nursing, other hospital services and supplies</i>			
Days 1-60 each benefit period	Costs above first \$1,100 (in 2010)	80% of Part A deductible	20% of Part A deductible
Days 61-90 each benefit period	Costs above \$275/day	\$275/day	\$0
Days 1-60 of "lifetime reserve days"	Costs above \$550/day	\$550/day	\$0
Any additional days	\$0	\$0	All charges
SKILLED NURSING FACILITY <i>Covered costs follow a 3-day hospital stay</i>			
Days 1-20 each benefit period	All covered costs	\$0	\$0
Days 21-100 each benefit period	Costs above \$137.50/day	50% of charges not covered by Medicare	50% of charges not covered by Medicare
Days over 100 in a benefit period	\$0	\$0	All charges
HOME HEALTH CARE <i>Covered costs include part-time skilled nursing care, therapy, and home health services</i>			
	All covered costs for home health services	\$0 for home health services	\$0 for home health services
HOSPICE CARE <i>Covered services include home care and inpatient</i>			
	All covered costs except some copayments	Copayments required by Medicare	\$0 for covered services
BLOOD			
	Covered costs after first 3 pints	Costs of first 3 pints	\$0

PERA's Replacement Part A Benefit

Benefits for Participants <i>without</i> Part A coverage			
PERA's Replacement Part A Benefit covers services that would be covered under Medicare Part A if the participant had Part A. PERA's Replacement Part A Benefit is structured similar to its pre-Medicare PPO (Preferred Provider Organization) benefit.	\$0	<p><i>In Network:</i> 70% of allowable charges after \$1,500 deductible, then 100% of allowable charges after \$4,500 Annual Out-of-Pocket Maximum is met</p> <p><i>Out-of-Network:</i> 50% of allowable charges after \$3,000 deductible, then 100% of allowable charges after \$9,000 Annual Out-of-Pocket Maximum is met</p>	<p><i>In Network:</i> \$1,500 deductible then 30% of allowable charges up to \$4,500 Annual Out-of-Pocket Maximum, then \$0 for additional charges</p> <p><i>Out-of-Network:</i> \$3,000 deductible, then 50% of allowable charges up to \$9,000 Annual Out-of-Pocket Maximum, then \$0 for additional charges</p>

Medicare Supplement Plan #1—Administered by Anthem Blue Cross and Blue Shield
(Must be enrolled in Medicare Part B)

	Medicare Pays	Plan Pays	Participant Pays
Part B Services			
DOCTORS' SERVICES <i>Includes doctors' visits, some preventive care, outpatient hospital, outpatient blood, some home health care, laboratory services, emergency care, mental health care</i>	Generally, 80% of Medicare-approved amount after deductible (\$155 in 2010), 60-80% of Medicare-approved amount for outpatient hospital services, and 55% of Medicare-approved amount for mental health care	80% of annual Part B deductible, then 100% of Medicare-approved amount not paid by Medicare, then 80% of Excess Charges, if any	20% of annual Part B deductible, then 20% of any Excess Charges up to \$2,000 Annual Out-of-Pocket Maximum
DURABLE MEDICAL EQUIPMENT (DME)	80% of Medicare-approved amount for DME	20% of Medicare-approved amount for DME and 80% of the amount above the Medicare-approved amount but not more than Anthem's Allowable Charge	20% of amount between Medicare-approved amount and Anthem's Allowable Charge and anything over Anthem's Allowable Charge

Additional Services

PRESCRIPTION DRUGS <i>(Administered by Caremark) Outpatient prescription drugs</i> <i>Prescription drug deductibles and copays do not apply toward the Out-of-Pocket Maximum</i>	\$0	All charges above member deductible and copays	<i>Retail (30-day supply):</i> \$200 deductible, then 50% covered; \$7 minimum copay, \$75 maximum copay <i>Mail Order (90-day supply):</i> \$20 copay for Generic \$60 copay for Brand
CARE OUTSIDE THE U.S. <i>Emergency</i>	\$0	80% of charges after \$250 copay per visit with maximum payable of \$10,000 per year	\$250 copay per visit then 20% of charges up to \$10,000 annual benefit, then all additional charges
<i>Non-emergency</i>	\$0	50% of charges after \$1,500 deductible per year with maximum payable of \$50,000 per year	\$1,500 deductible then 50% of charges up to \$50,000 annual benefit, then all additional charges
SMOKING CESSATION	\$0	Up to \$250 annual maximum and \$500 lifetime maximum for smoking cessation programs and drugs	

Annual Out-of-Pocket Maximum

<i>Applies to Replacement Part A Benefits, Part A Deductible, and Part B Services only. No out-of-pocket maximum for skilled nursing facility, outpatient prescription drugs, and services not covered by Medicare or PERA's plan.</i>	N/A	N/A	\$2,000 for participants with Medicare Parts A and B; \$4,500 for participants with Replacement Part A Benefits if only In-Network providers are used; \$9,000 for participants with Replacement Part A Benefits if both In- and Out-of-Network providers are used
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Medicare Supplement Plan #2—Administered by Anthem Blue Cross and Blue Shield

(Must be enrolled in Medicare Part B)

For claims incurred on or after January 1, 2010, there will be a lifetime maximum benefit of \$1,000,000 per individual.

	Medicare Pays	Plan Pays	Participant Pays
Part A Services			
HOSPITAL STAYS <i>Covered costs include semiprivate room, meals, general nursing, other hospital services and supplies</i>			
Days 1-60 each benefit period	Costs above first \$1,100 (in 2010)	50% of Part A deductible	50% of Part A deductible
Days 61-90 each benefit period	Costs above \$275/day	\$275/day	\$0
Days 1-60 "lifetime reserve days"	Costs above \$550/day	\$550/day	\$0
Any additional days	\$0	\$0	All charges
SKILLED NURSING FACILITY <i>Covered costs follow a 3-day hospital stay</i>			
Days 1-20 each benefit period	All covered costs	\$0	\$0
Days 21-100 each benefit period	Costs above \$137.50/day	50% of charges not covered by Medicare	50% of charges not covered by Medicare
Days over 100 in a benefit period	\$0	\$0	All charges
HOME HEALTH CARE <i>Covered costs include part-time skilled nursing care, therapy, and home health services</i>			
	All covered costs for home health services	\$0 for home health services	\$0 for home health services
HOSPICE CARE <i>Covered services include home care and inpatient</i>			
	All covered costs except some copayments	Copayments required by Medicare	\$0 for covered services
BLOOD			
	Covered costs after first 3 pints	Costs of first 3 pints	\$0

PERA's Replacement Part A Benefit

Benefits for Participants <i>without</i> Part A coverage			
PERA's Replacement Part A Benefit covers services that would be covered under Medicare Part A if the participant had Part A. PERA's Replacement Part A Benefit is structured similar to its pre-Medicare PPO (Preferred Provider Organization) benefit.	\$0	<i>In Network:</i> 70% of allowable charges after \$3,000 deductible, then 100% of allowable charges after \$9,000 Annual Out-of-Pocket Maximum is met <i>Out-of-Network:</i> 50% of allowable charges after \$6,000 deductible, then 100% of allowable charges after \$18,000 Annual Out-of-Pocket Maximum is met	<i>In Network:</i> \$3,000 deductible then 30% of allowable charges up to \$9,000 Annual Out-of-Pocket Maximum, then \$0 for additional charges <i>Out-of-Network:</i> \$6,000 deductible, then 50% of allowable charges up to \$18,000 Annual Out-of-Pocket Maximum, then \$0 for additional charges

Medicare Supplement Plan #2—Administered by Anthem Blue Cross and Blue Shield
(Must be enrolled in Medicare Part B)

	Medicare Pays	Plan Pays	Participant Pays
Part B Services			
DOCTORS' SERVICES <i>Includes doctors' visits, some preventive care, outpatient hospital, outpatient blood, some home health care, laboratory services, emergency care, mental health care</i>	Generally, 80% of Medicare-approved amount after deductible (\$155 in 2010), 60-80% of Medicare-approved amount for outpatient hospital services, and 55% of Medicare-approved amount for mental health care	50% of annual Part B deductible, then 50% of Medicare-approved amount not paid by Medicare	50% of annual Part B deductible, then 50% of Medicare-approved amount not paid by Medicare, then any Excess Charges up to \$4,000 Annual Out-of-Pocket Maximum
DURABLE MEDICAL EQUIPMENT (DME)	80% of Medicare-approved amount for DME	20% of Medicare-approved amount for DME and 80% of the amount above the Medicare-approved amount but not more than Anthem's Allowable Charge	20% of amount between Medicare-approved amount and Anthem's Allowable Charge and anything over Anthem's Allowable Charge
Additional Services			
PRESCRIPTION DRUGS <i>(Administered by Caremark) Outpatient prescription drugs</i> <i>Prescription drug deductibles and copays do not apply toward the Out-of-Pocket Maximum</i>	\$0	All charges above member deductible and copays	<i>Retail (30-day supply):</i> \$300 deductible, then 50% covered; \$10 minimum copay, \$80 maximum copay <i>Mail Order (90-day supply):</i> \$25 copay for Generic \$65 copay for Brand
CARE OUTSIDE THE U.S. <i>Emergency</i>	\$0	80% of charges after \$500 copay per visit with a maximum payable of \$9,000 per year	\$500 copay per visit then 20% of charges up to \$9,000 annual benefit, then all additional charges
<i>Non-emergency</i>	\$0	50% of charges after \$3,000 deductible per year with a maximum payable of \$40,000 per year	\$3,000 deductible then 50% of charges up to \$40,000 annual benefit, then all additional charges
SMOKING CESSATION	\$0	Up to \$250 annual maximum and \$500 lifetime maximum for smoking cessation programs and drugs	
Annual Out-of-Pocket Maximum			
<i>Applies to Replacement Part A Benefits, Part A Deductible, and Part B Services only. No out-of-pocket maximum for skilled nursing facility, outpatient prescription drugs, and services not covered by Medicare or PERA's plan.</i>	N/A	N/A	\$4,000 for participants with Medicare Parts A and B; \$9,000 for participants with Replacement Part A Benefits if only In-Network providers are used; \$18,000 for participants with Replacement Part A Benefits if both In- and Out-of-Network providers are used

Medicare Supplement Plan #3—Administered by Anthem Blue Cross and Blue Shield

(Must be enrolled in Medicare Part B)

For claims incurred on or after January 1, 2010, there will be a lifetime maximum benefit of \$1,000,000 per individual.

	Medicare Pays	Plan Pays	Participant Pays
Part A Services			
HOSPITAL STAYS			
<i>Covered costs include semiprivate room, meals, general nursing, other hospital services and supplies</i>			
Days 1-60 each benefit period	Costs above first \$1,100 (in 2010)	50% of Part A deductible	50% of Part A deductible
Days 61-90 each benefit period	Costs above \$275/day	\$275/day	\$0
Days 1-60 "lifetime reserve days"	Costs above \$550/day	\$550/day	\$0
Any additional days	\$0	\$0	All charges
SKILLED NURSING FACILITY			
<i>Covered costs follow a 3-day hospital stay</i>			
Days 1-20 each benefit period	All covered costs	\$0	\$0
Days 21-100 each benefit period	Costs above \$137.50/day	50% of charges not covered by Medicare	50% of charges not covered by Medicare
Days over 100 in a benefit period	\$0	\$0	All charges
HOME HEALTH CARE			
<i>Covered costs include part-time skilled nursing care, therapy, and home health services</i>			
	All covered costs for home health services	\$0 for home health services	\$0 for home health services
HOSPICE CARE			
<i>Covered services include home care and inpatient</i>			
	All covered costs except some copayments	Copayments required by Medicare	\$0 for covered services
BLOOD			
	Covered costs after first 3 pints	Costs of first 3 pints	\$0

PERA's Replacement Part A Benefit

Benefits for Participants <i>without</i> Part A coverage			
PERA's Replacement Part A Benefit covers services that would be covered under Medicare Part A if the participant had Part A. PERA's Replacement Part A Benefit is structured similar to its pre-Medicare PPO (Preferred Provider Organization) benefit.	\$0	<p><i>In Network:</i> 70% of allowable charges after \$4,500 deductible, then 100% of allowable charges after \$13,500 Annual Out-of-Pocket Maximum is met</p> <p><i>Out-of-Network:</i> 50% of allowable charges after \$9,000 deductible, then 100% of allowable charges after \$27,000 Annual Out-of-Pocket Maximum is met</p>	<p><i>In Network:</i> \$4,500 deductible then 30% of allowable charges up to \$13,500 Annual Out-of-Pocket Maximum, then \$0 for additional charges</p> <p><i>Out-of-Network:</i> \$9,000 deductible, then 50% of allowable charges up to \$27,000 Annual Out-of-Pocket Maximum, then \$0 for additional charges</p>

Medicare Supplement Plan #3—Administered by Anthem Blue Cross and Blue Shield
(Must be enrolled in Medicare Part B)

	Medicare Pays	Plan Pays	Participant Pays
Part B Services			
DOCTORS' SERVICES <i>Includes doctors' visits, some preventive care, outpatient hospital, outpatient blood, some home health care, laboratory services, emergency care, mental health care</i>	Generally, 80% of Medicare-approved amount after deductible (\$155 in 2010), 60-80% of Medicare-approved amount for outpatient hospital services, and 55% of Medicare-approved amount for mental health care	50% of annual Part B deductible	50% of annual Part B deductible, then 100% of the Medicare-approved amount not paid by Medicare, then any excess charges up to \$6,000 Annual Out-of-Pocket Maximum
DURABLE MEDICAL EQUIPMENT (DME)	80% of Medicare-approved amount for DME	20% of Medicare-approved amount for DME and 50% of the amount above the Medicare-approved amount but not more than Anthem's Allowable Charge	50% of amount between Medicare-approved amount and Anthem's Allowable Charge and anything over Anthem's Allowable Charge

Additional Services

PRESCRIPTION DRUGS <i>(Administered by Caremark) Outpatient prescription drugs</i> <i>Prescription drug deductibles and copays do not apply toward the Out-of-Pocket Maximum</i>	\$0	All charges above member deductible and copays	<i>Retail (30-day supply):</i> \$350 deductible, then 50% covered; \$15 minimum copay, \$85 maximum copay <i>Mail Order (90-day supply):</i> \$30 copay for Generic \$70 copay for Brand
CARE OUTSIDE THE U.S. <i>Emergency</i>	\$0	80% of charges after \$750 copay per visit with a maximum payable of \$8,000 per year	\$750 copay per visit then 20% of charges up to \$8,000 annual benefit, then all additional charges
<i>Non-emergency</i>	\$0	50% of charges after \$4,500 annual deductible per year with a maximum payable of \$30,000 per year	\$4,500 annual deductible then 50% of charges up to \$30,000 annual benefit, then all additional charges
SMOKING CESSATION	\$0	Up to \$250 annual maximum and \$500 lifetime maximum for smoking cessation programs and drugs	

Annual Out-of-Pocket Maximum

<i>Applies to Replacement Part A Benefits, Part A Deductible, and Part B Services only. No out-of-pocket maximum for skilled nursing facility, outpatient prescription drugs, and services not covered by Medicare or PERA's plan.</i>	N/A	N/A	\$6,000 for participants with Medicare Parts A and B; \$13,500 for participants with Replacement Part A Benefits if only In-Network providers are used; \$27,000 for participants with Replacement Part A Benefits if both In- and Out-of-Network providers are used
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Medicare HMO Plans

	Kaiser Permanente	Rocky Mountain Health Plans	Secure Horizons
Part A: Type of Coverage			
Medicare Coverage Required	Medicare Part B	Medicare Part B	Medicare Part B
1. Type of Plan	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)
2. Out-of-Network Care Covered?	Only for Emergency Care	Yes	Only for Emergency Care
3. Areas of Colorado where Plan is Available	Plan is available in Denver/Boulder as determined by ZIP code and in Southern Colorado in the following counties: El Paso, Fremont, Pueblo, and Teller	Plan is available throughout Colorado EXCEPT in Baca County	Plan is available only in the following areas: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Pueblo, and Teller counties

Part B: Summary of Benefits

Important Note: This form is not a contract; it is only a summary. The contents of this form are subject to the provisions of the policy, which contains all terms, covenants, and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted below. The benefits shown in this summary may only be available if required plan procedures are followed (e.g., plans may require prior authorization, a referral from your primary care physician, or use of specified providers or facilities). Consult the actual policy to determine the exact terms and conditions of coverage. Coinsurance and copayment options reflect the amount the covered person will pay.

4. Annual Deductible	No deductibles	No deductibles	No deductibles
5. Out-of-Pocket Maximum	\$2,500 per individual	No Out-of-Pocket annual maximum	No Out-of-Pocket annual maximum
6. Lifetime or Benefit Maximum Paid by the Plan for All Care	No lifetime maximum	No lifetime maximum	No lifetime maximum
7A. Covered Providers	Colorado Permanente Medical Group, P.C. and Kaiser Permanente affiliated network of primary care and specialty care physicians. See provider directory for complete list	Rocky Mountain Health Plans Medicare Network. See participating provider directory for a complete list of current providers	Secure Horizons network. See participating provider directory for a complete list of current providers
7B. With respect to network plans, are all the providers listed in 7A accessible to me through my primary care physician?	Yes	Yes	Yes
8. Routine Medical Office Visits			
a. Primary Care Physician	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
b. Specialist	\$30 copay per visit	\$30 copay per visit	\$30 copay per visit
9. Preventive Care			
a. Annual physical	No copay (100% covered)	No copay (100% covered)	No copay (100% covered)
b. Most Medicare-covered preventive services	No copay (100% covered)	No copay (100% covered)	No copay (100% covered)
10. Maternity			
a. Prenatal care	No copay (100% covered)	\$20 copay for initial visit; no copay (100% covered) thereafter	\$20 copay per visit to PCP;
b. Inpatient hospital	\$250 copay per day, maximum \$500 copay per admission	\$500 copay per admission, limited to 90 days covered per Medicare benefit period	\$30 copay per visit to specialist \$500 copay per admission

Medicare HMO Plans

	Kaiser Permanente	Rocky Mountain Health Plans	Secure Horizons
Part B: Summary of Benefits (continued)			
11. Prescription Drugs Level of coverage and restrictions on prescriptions	<i>Retail (30-day supply):</i> \$15 Generic \$40 Brand <i>Mail Order (90-day supply):</i> \$30 Generic \$80 Brand For drugs on the approved list, call 303-338-4503 for a pharmacist	<i>Retail (31-day supply):</i> \$15 Generic \$45 Preferred Brand \$60 Non-preferred Brand \$75 Specialty <i>Mail Order (90-day supply):</i> \$30 Generic \$90 Preferred Brand \$120 Non-preferred Brand \$150 Specialty For drugs on the approved list, call 1-888-281-0720	<i>Retail (31-day supply):</i> \$15 Generic \$45 Preferred Brand \$60 Non-preferred Brand \$75 Preferred Specialty <i>Mail Order (90-day supply):</i> \$30 Generic \$90 Preferred Brand \$120 Non-preferred Brand \$150 Preferred Specialty For drugs on the approved list call 1-800-771-4347
12. Inpatient Hospital	\$250 copay per day; maximum \$500 copay per admission	\$500 copay per admission for up to 90 days per Medicare benefit period	\$500 copay per admission
13. Outpatient/Ambulatory Surgery	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit
14. Diagnostics	Laboratory/X-ray: No copay (100% covered) MRI/CAT/PET: \$100 copay per procedure	Laboratory: No copay (100% covered) X-ray: \$20 copay MRI/CAT/PET: \$100 copay per visit	Laboratory: No copay (100% covered) X-ray: \$20 copay MRI/CAT/PET: \$100 copay per visit
15. Emergency Care	\$50 copay for hospital emergency room (waived if admitted)	\$50 copay for hospital emergency room (waived if admitted). Worldwide	\$50 copay for hospital emergency room (waived if admitted)
16. Ambulance	\$100 copay	\$100 copay	\$100 copay
17. Urgent, Non-Routine After Hours Care	\$30 copay per visit	\$30 copay per visit	\$30 copay per visit
18. Biologically-Based Mental Illness Care	Coverage is no less extensive than the coverage provided for any other physical illness	Coverage is no less extensive than the coverage provided for any other physical illness	Coverage is no less extensive than the coverage provided for any other physical illness
19. Other Mental Health Care	Coverage is no less extensive than the coverage provided for any other physical illness	Coverage is no less extensive than the coverage provided for any other physical illness	Coverage is no less extensive than the coverage provided for any other physical illness
20. Alcohol & Substance Abuse	Coverage is no less extensive than the coverage provided for any other physical illness	Coverage is no less extensive than the coverage provided for any other physical illness	Coverage is no less extensive than the coverage provided for any other physical illness
21. Physical, Occupational & Speech Therapy			
a. Inpatient	\$250 copay per day; maximum \$500 copay per admission	\$500 copay per admission—limited to 90 days covered per Medicare benefit period	\$500 copay per admission
b. Outpatient	\$20 copay per visit	\$15 copay per visit	\$30 copay per visit
22. Durable Medical Equipment	20% copay (80% covered)	20% copay (80% covered)	20% copay (80% covered)
23. Oxygen	No copay (100% covered)	20% copay (80% covered)	20% copay (80% covered)
24. Organ Transplants	\$250 copay per day; maximum \$500 copay per admission	\$500 copay per admission	\$500 copay inpatient; \$200 copay outpatient
25. Home Health Care	No copay (100% covered)	No copay (100% covered)	No copay (100% covered)

Medicare HMO Plans

	Kaiser Permanente	Rocky Mountain Health Plans	Secure Horizons
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Part B: Summary of Benefits (continued)

26. Hospice Care	No copay (100% covered)	No copay (100% covered)	No copay (100% covered)
27. Skilled Nursing Facility Care	No copay (100% covered) up to 100 days per benefit period	No copay (100% covered) for days 1-20; \$75 copay per day for days 21-100, limited to 100 days per benefit period (following 3-day qualifying acute hospital stay)	No copay (100% covered) per day days 1-20; \$75 copay per day days 21-100, limited to 100 days per benefit period
28. Dental Care	Not covered	Routine: Not covered Non-Routine: \$30 copay per visit	Routine: Not covered Non-Routine: \$30 copay per visit
29. Vision Care	\$20 copay per visit for exam; \$100 credit for lenses, frames, cosmetic contact lenses; additional charge for contact lens fitting	\$30 copay for eye exam; \$80 frame or contact lens allowance every 24 months through VSP providers	\$30 copay for eye exam; \$70 frame allowance and \$105 contact lenses allowance every 24 months
Hearing Care	\$20 copay per visit for exam; \$500 benefit every three years per ear	\$20 copay for one exam per year; allowance of \$500 every three years for hearing aid through AHB providers	\$20 copay for one exam per year; allowance of \$500 every three years for hearing aid
30. Chiropractic Care	\$20 copay per visit—limited to 20 visits per year	\$20 copay per visit—limited to 12 visits per year at contracted providers. For additional Medicare-covered Chiropractic, 20% coinsurance via contracted providers	\$20 copay per visit—limited to 12 visits per year
31. Significant Additional Covered Services	<ul style="list-style-type: none"> • SilverSneakers • Travel Clinic for Pre-Travel Health Risk assessments • Health Education Classes • Routine Foot Care: \$0 copay for 4 visits to contracted provider • \$0 copay for colonoscopy • \$0 copay for diabetic self-monitoring supplies 	<ul style="list-style-type: none"> • Silver & Fit Affinity Walking program • ChooseHealthy Complementary Care Discounted Services: Massage Therapy, Chiropractic, Acupuncture, Fitness Clubs, Dieticians, Vitamins and Minerals, ChooseHealthy.com wellness Web site • Nurseline 	<ul style="list-style-type: none"> • SilverSneakers • Care Management • Renal dialysis 20% coinsurance • Nurseline • Caregiver

Part C: Limitations and Exclusions

32. Period during which Pre-Existing Conditions are not covered	Not applicable; plan does not exclude coverage for pre-existing conditions	Not applicable; plan does not exclude coverage for pre-existing conditions	Not applicable; plan does not exclude coverage for pre-existing conditions
33. Exclusionary Riders: can an individual's pre-existing condition be entirely excluded from the policy?	No	No	No
34. How does the policy define a "Pre-Existing Condition?"	Not applicable; plan does not exclude coverage for pre-existing conditions	Not applicable; plan does not exclude coverage for pre-existing conditions	Not applicable; plan does not exclude coverage for pre-existing conditions
35. What treatments and conditions are excluded under this policy?	Exclusions vary by policy. List of exclusions is available upon request from your carrier. Review them to see if a service or treatment you may need is excluded from the policy	Exclusions vary by policy. List of exclusions is available upon request from your carrier. Review them to see if a service or treatment you may need is excluded from the policy	Exclusions vary by policy. List of exclusions is available upon request from your carrier. Review them to see if a service or treatment you may need is excluded from the policy

Medicare HMO Plans

	Kaiser Permanente	Rocky Mountain Health Plans	Secure Horizons
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Part D: Using the Plan

36. Does the enrollee have to obtain a referral and/or prior authorization for specialty care in most or all cases?	No	No	Yes
37. Is prior authorization required for surgical procedures and hospital care (except in an emergency)?	Yes	Yes	Yes
38. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No	No	No
39. What is the main customer service number?	Denver: 303-338-3800 or 1-800-632-9700 Southern Colorado: 1-888-681-7878	1-888-281-0720	1-866-622-8055
40. Whom do I write/call if I have a complaint or want to file a grievance?	Customer Service Center 2500 S. Havana Street Aurora, CO 80014 303-338-3800	Rocky Mountain Health Plans Member Concerns Coordinator PO Box 10600 Grand Junction, CO 81502-5600 1-888-281-0720	Secure Horizons Customer Service PO Box 6770 Englewood, CO 80155 1-866-622-8055
41. Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Write to: Colorado PERA Insurance Division PO Box 5800 Denver, CO 80217-5800	Write to: Colorado PERA Insurance Division PO Box 5800 Denver, CO 80217-5800	Write to: Colorado PERA Insurance Division PO Box 5800 Denver, CO 80217-5800
42. To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small group, or large group; and if it is a short-term policy.	Policy Form PERACare Medicare Senior Advantage Plan	Policy Form PERACare Medicare Plan Large Group Only	Policy Form PERACare Secure Horizons—Group 092170

CIGNA Dental

	Dental HMO	Dental PPO In- and Out-of-Network
Type of Plan	Dental HMO Plan	Preferred Provider Organization (PPO) Plan
Out-of-Network Care Covered?	Plan covers out-of-network emergencies only up to \$50; participant pays any other charges	Yes, the dental plan pays the same benefit level whether you use a participating PPO provider or a non-network provider. However, when you use a non-participating provider, you pay any charges above the PPO contracted fee schedule for covered services (the amount participating providers agree to accept as payment in full)
Areas where Plan is available	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, and Weld counties, and major metropolitan areas in many other states	Nationwide
Annual Deductible		
a. Individual	No deductible	\$100
b. Family	No deductible	\$200
c. Accumulation Period	N/A	Calendar Year
Annual Maximum Benefit	None	\$1,500
Covered Providers	CIGNA Dental Care HMO Providers	CIGNA Dental PPO Network
Office Visits	\$5 copay (in addition to any other copay)	Included in benefit for procedure
Diagnostic and Preventive	\$0 to \$155 copay	100% covered (not subject to deductible)
Restorative (Fillings)	\$0 to \$100 copay	80% covered after deductible
Endodontics (Root Canals)	\$11 to \$375 copay	80% covered after deductible
Periodontics (Gum Treatment)	\$30 to \$430 copay	80% covered after deductible
Oral Surgery (Extractions)	\$11 to \$105 copay	80% covered after deductible
Crowns and Bridges	\$41 to \$480 copay	50% covered after deductible
Prosthodontics (Dentures)	\$39 to \$675 copay	50% covered after deductible
Implants	Not covered	50% covered after deductible up to \$1,500 lifetime maximum
Missing Tooth Limitation	Not covered	For the first 24 months of coverage, limitation applies
Orthodontics (Braces)	\$61-\$1,872 copay for children; \$61-\$2,184 copay for adults	50% covered after deductible up to \$1,500 lifetime maximum

Comparing the CIGNA Dental Plans

<p>Search for DHMO and DPPO network providers at www.cigna.com or by calling 1-800-CIGNA24 (1-800-244-6224)</p>	<ul style="list-style-type: none"> Fixed copayments for covered services No claim forms to file No deductibles to meet, so your coverage starts right away No annual dollar maximums Access to a large credentialed national dental provider network Specialty care available with a referral 	<ul style="list-style-type: none"> Visit any dentist you choose (general or specialist) Access to a large national DPPO network Savings when you visit a network provider (averaging 35% nationwide) No referral necessary to see a specialist Most network dentists file claim forms for members
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**Dental PPO
In- and Out-of-Network**

Type of Plan	Preferred Provider Organization (PPO) Plan
Out-of-Network Care Covered?	Yes, the dental plan pays the same benefit level whether you use a participating PPO provider, a participating Premier provider or a non-network provider. However, when you use a Premier dentist or a non-participating provider, you pay any charges above the PPO contracted fee schedule for covered services (the amount participating providers agree to accept as payment in full).
Areas where Plan is available	Nationwide
Annual Deductible	
a. Individual	\$100
b. Family	\$200
c. Accumulation Period	Calendar Year
Annual Maximum Benefit	\$1,500
Covered Providers	Delta Dental PPO Network and Delta Dental Premier Network
Office Visits	Included in benefit for procedure
Diagnostic and Preventive	100% covered (not subject to deductible)
Restorative (Fillings)	80% covered after deductible
Endodontics (Root Canals)	80% covered after deductible
Periodontics (Gum Treatment)	80% covered after deductible
Oral Surgery (Extractions)	80% covered after deductible
Crowns and Bridges	50% covered after deductible
Prosthodontics (Dentures)	50% covered after deductible
Implants	50% covered after deductible up to \$1,500 lifetime maximum
Missing Tooth Limitation	No limitation applies
Orthodontics (Braces)	50% covered (not subject to deductible) up to \$1,500 lifetime maximum

Considering the Delta Dental PPO Plan

Search for participating dentists at www.deltadentalco.com or by calling Delta Dental at 303-741-9305 or toll-free 1-800-610-0201

- Visit any dentist you choose (general or specialist)
- Access to the largest dental network in the country
- Two distinct provider networks in Colorado: PPO and Premier
- Greatest savings when you visit a PPO network dentist
- PPO dentists accept Delta's contracted PPO fee schedule. Premier dentists may charge you the difference between the PPO fee schedule and the Premier fee schedule
- Both PPO and Premier dentists file claims for members

VSP

	Vision PPO #1		Vision PPO #2		Vision PPO #3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-Network Coverage	For some services, but patient pays more for Out-of-Network care		For some services, but patient pays more for Out-of-Network care		For some services, but patient pays more for Out-of-Network care	
Plan Availability	Nationwide		Nationwide		Nationwide	
Eye Exam (Every 12 months)	\$10 copay	Covered up to \$35	\$25 copay	Covered up to \$45	\$10 copay	Covered up to \$35
Prescription Glasses*	\$25 copay for lenses and frame	Covered up to \$25 Covered up to \$40 Covered up to \$55 Covered up to \$80	\$25 copay for lenses and frame	Covered up to \$35 Covered up to \$50 Covered up to \$65 Covered up to \$90	20% discount off complete pair of glasses only; no discount for lenses only, frame only, or replacement parts or repairs	Not covered
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered once every 12 months		Covered once every 24 months			
Frame	Covered up to \$130 retail allowance once every 24 months		Covered up to \$105 retail allowance once every 24 months			
Contacts*	\$130 allowance for evaluation, fitting and lenses; allowance does not apply to the contact lens exam Covered once every 12 months	\$105 allowance for evaluation, fitting and lenses	\$105 allowance for evaluation, fitting and lenses; allowance does not apply to the contact lens exam Covered once every 24 months	\$105 allowance for evaluation, fitting and lenses	15% discount off evaluation and fitting; no discount for lenses	Not covered
Lens Options	Discounts average 35-40%	Not covered	Discounts average 35-40%	Not covered	Discounts average 20%	Not covered
Additional Glasses (Including sunglasses)	20-30% discount	Not covered	20-30% discount	Not covered	20% discount	Not covered
Laser Vision Correction	15% discount	Not covered	15% discount	Not covered	15% discount	Not covered
VSP Network Doctors	VSP PPO providers See VSP directory for a complete list of current doctors	Non-VSP providers licensed or certified to provide covered benefits	VSP PPO providers See VSP directory for a complete list of current doctors	Non-VSP providers licensed or certified to provide covered benefits	VSP PPO providers See VSP directory for a complete list of current doctors	Non-VSP providers licensed or certified to provide covered benefits
VSP Member Services	1-800-877-7195 or www.vsp.com		1-800-877-7195 or www.vsp.com		1-800-877-7195 or www.vsp.com	

*You may choose prescription glasses or contacts, but not both, once every 12 or 24 months as noted above.

Premiums

Premium Information

Your health care premium is determined by:

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

PERACare uses four “tiers” of coverage.

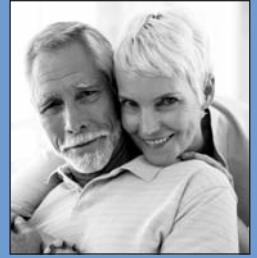
- Retiree/benefit recipient only (BR)
- Retiree/benefit recipient plus spouse (BR+S)
- Retiree/benefit recipient plus child(ren) (BR+C)
- Retiree/benefit recipient plus spouse plus child(ren) (BR+S+C)

How does the PERA health care subsidy work?

PERA provides a health care subsidy to help offset your health care premium. The subsidy amount is set in State law, and is applied toward your health care premium (but by law cannot be applied to dental or vision premiums).

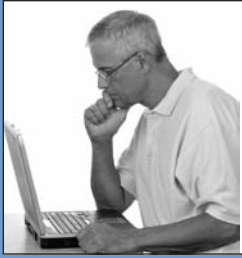
The subsidy is based upon your years of earned and projected (for disability retirements) service credit, and for all except DPS Division retirees, purchased and reinstated service credit is also considered. The maximum subsidy is paid for retirees with 20 or more years of service credit. If you have less than 20 years of service credit, the subsidy is reduced by 5 percent per year less than 20.

The maximum subsidy is \$115 for most Medicare (over age 65) retirees. For Medicare retirees from the DPS Division who do not have Medicare Part A, the maximum subsidy is \$230, which was designed to help offset the higher plan premiums. For Medicare retirees from all other divisions, the premium is the same whether or not they have Medicare Part A.



PREMIUM PAYMENT

Premiums for health, dental, and vision are deducted from your monthly benefit. If your monthly benefit is not large enough to accommodate this, PERA will contact you to arrange direct payment.



HOW TO ENROLL

The *PERACare Enrollment/Change Form* is a separate document accompanying this booklet. You may also download the *PERACare Enrollment/Change Form* from the PERA Web site (*Forms and Publications* section) or call PERA's Customer Service Center to request one. You can submit your form in person, via U.S. mail, by fax, or electronically using your PIN on the PERA Web site.

Calculating Your Health Care Premium

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

- A. Enter the total premium amount A. \$
(from the premium chart on page 25 or 26)
- B. Enter your Medicare Benefit Recipient Subsidy B. \$
(from the subsidy chart below or page 26)
- C. Subtract line B from line A (A - B) C. \$

This is your monthly health care premium.

Medicare Benefit Recipient (BR) Subsidy Chart

YEARS OF SERVICE	MEDICARE BENEFIT RECIPIENT SUBSIDY
20+	\$115.00
19	109.25
18	103.50
17	97.75
16	92.00
15	86.25
14	80.50
13	74.75
12	69.00
11	63.25
10	57.50
9	51.75
8	46.00
7	40.25
6	34.50
5	28.75
4	23.00
3	17.25
2	11.50
1	5.75

PLEASE NOTE
 If you are a DPS Division retiree over age 65 and not eligible for Medicare Part A, the charts on page 26 show your subsidy and premium.

Anthem Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	Medicare Supplement #1	Medicare Supplement #2	Medicare Supplement #3
BR	\$304.00	\$181.00	\$143.00
BR+S	608.00	362.00	286.00
BR+C	608.00	362.00	286.00
BR+S+C	912.00	543.00	429.00

Kaiser Permanente Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

BR	\$163.00
BR+S	326.00
BR+C	326.00
BR+S+C	489.00

Rocky Mountain Health Plans Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

BR	\$225.00
BR+S	450.00
BR+C	450.00
BR+S+C	675.00

Secure Horizons Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

BR	\$163.00
BR+S	326.00
BR+C	326.00
BR+S+C	489.00

CIGNA Dental Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	HMO	PPO
BR	\$16.38	\$34.57
BR+S	32.75	69.14
BR+C	37.66	79.52
BR+S+C	52.40	110.63

Delta Dental Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	PPO
BR	\$34.73
BR+S	69.46
BR+C	79.88
BR+S+C	111.14

VSP Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	PPO #1	PPO #2	PPO #3
BR	\$7.47	\$4.94	\$0.78
BR+S	11.94	7.94	1.27
BR+C	12.20	8.11	1.30
BR+S+C	19.67	13.08	2.08

To calculate your net health care premium, subtract your PERA subsidy from the above health care premium. You may use the formula on page 24 or the PERACare calculator on the PERA Web site at www.copera.org.

PLANS AND PREMIUMS

Plans and premiums on this page are for Medicare coverage only. If you are enrolling dependents who are under age 65, contact PERA to request the PERACare Combination Coverage Premium Information/ Enrollment Form.

**BR+S, BR+C,
and BR+S+C**

The premiums for Medicare B-only assume all enrollees have only Medicare Part B coverage. If one or more enrollees has Medicare Part A, the premium will be lower. Premiums are available by contacting PERA.

Medicare Plan Premiums – DPS Division with Medicare Part B Only

Anthem Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	Medicare Supplement #1	Medicare Supplement #2	Medicare Supplement #3
BR	\$707.00	\$366.00	\$318.00
BR+S	1,414.00	732.00	636.00
BR+C	1,414.00	732.00	636.00
BR+S+C	2,121.00	1,098.00	954.00

Kaiser Permanente Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

BR	\$614.00
BR+S	1,228.00
BR+C	1,228.00
BR+S+C	1,842.00

Rocky Mountain Health Plans Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

BR	\$538.00
BR+S	1,076.00
BR+C	1,076.00
BR+S+C	1,614.00

Secure Horizons Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

BR	\$521.00
BR+S	1,042.00
BR+C	1,042.00
BR+S+C	1,563.00

Subsidy Chart

YEARS OF SERVICE	DPS Division with Medicare Part B Only 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

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 to your understanding of PERA's program and plans. (For a list of Medicare terms see pages 6-8.)

Carrier

Insurance company or administrator offering coverage.

Coinsurance

The percentage of covered medical expenses that you pay. For example, if you are in PERA's Anthem MedSupp #1 plan, your coinsurance for a hospital stay is 20% of the Medicare deductible. You will pay 20% of the deductible and the plan will pay the other 80%. Your coinsurance equates to \$220.00 in 2010.

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 \$500, you would pay \$500 and the plan would pay all remaining charges.

Deductible

What you must pay for covered expenses each year before the plan starts to pay.

Formulary

A list of covered drugs. Also called preferred drug list. Includes drugs that you can receive through the plan, and includes both generic and brand-name drugs.

HMO or Health Maintenance Organization

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 his/her PCP.

Out-of-Network Provider

A doctor, hospital, or other provider who does not contract with your health plan. 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

The most you may have to pay in a plan year for covered services. Generally includes your deductible, copays, and coinsurance. Once the amount you have paid for your covered services has reached the amount of the out-of-pocket maximum, 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 out-of-pocket maximum, for example, your payments for prescription drugs are typically not included in the calculation.

PBM or Pharmacy Benefit Manager

Also called prescription benefit manager. Company that administers a plan's prescription drug benefit.

PCP or Primary Care Provider

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.

Premium

The amount you are charged each month for your coverage.

Specialist

A doctor who has special training in a specific kind of medical care, like a cardiologist or neurologist.



This booklet provides information about PERA's health benefits program. Your rights, benefits, and obligations as a 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
1301 Pennsylvania Street
Denver, Colorado 80203-5011
www.copera.org