

# MEDICARE

# 2024

PERACARE  
HEALTH BENEFITS PROGRAM



PERACARE®

## PERACare Plan Contact Information/Resources

### Carrier 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

#### UnitedHealthcare®

Group: Colorado PERA

844-280-7754

Retiree.UHC.com/peracare

Rx BIN: 610097

Rx PCN: 9999

Rx Group: MW90URS

#### VSP

Group #12144626

800-877-7195

vsp.com

### Medicare Resources

#### Centers for Medicare and Medicaid Services (CMS)

800-MEDICARE (633-4227)

medicare.gov

#### Social Security Administration

800-772-1213

ssa.gov

#### State Health Insurance Assistance Program (SHIP)

888-696-7213

## 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

7:00 a.m.–5:30 p.m. (MT) Monday–Thursday

7:00 a.m.–4:30 p.m. (MT) Friday

### Denver Main Office

1301 Pennsylvania Street

Denver, CO 80203

### Westminster Office

1120 W. 122nd Avenue, Suite 200

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.*

## 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](http://copera.org)
- Calling PERA’s Customer Service Center at 800-759-7372
- Writing to PERA at  
PO Box 5800  
Denver, CO 80217-5800

## 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
<b>You are first eligible to enroll:</b>		
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
<b>Life Events:</b>		
Involuntary loss of coverage**: <ul style="list-style-type: none"> <li>Loss of employer/group coverage</li> <li>Loss of individual coverage</li> <li>Completion of COBRA coverage period (18, 29, or 36 months)</li> </ul>	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 Benefits Program Combination Coverage booklet* on [copera.org](http://copera.org) and click on “Health Benefits (PERACare)” under the “Retirees” drop-down.

## Moving

If you move, please notify PERA of your new address so PERA can advise your health care, dental, and/or vision carriers. You should also contact Social Security to update your address with them and Medicare. If you are enrolled in Kaiser Permanente and move outside of the service area, you may submit an *Enrollment/Change Form* to enroll in UnitedHealthcare within 30 days of your address change.

## Traveling

If you are traveling and have a medical emergency while you are outside of your plan’s service area (either within the United States or in a foreign country), all of the PERACare Medicare plans cover your emergency and urgent care. In most cases, you would need to pay the bill yourself, and then file your claims with your plan for reimbursement. The PERACare Medicare plans do not cover non-emergency care (routine care) when you are traveling outside of the plan’s service area.

## 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.

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## Medicare Quick Reference Chart

The chart below lists the different parts of Medicare, relevant enrollment guidelines, and costs as they relate to PERACare Medicare plans. See “For More Information About Medicare” on page 5 for Medicare resources.

**If you are new to Medicare and plan to enroll in a PERACare Medicare plan, you must contact Social Security to enroll in Medicare Part B during the three months before your Medicare effective date.**

Medicare Part	What Do I Need to Know About Enrolling in Medicare and What Will It Cost?
Medicare Part A—Hospital Insurance	<ul style="list-style-type: none"><li>• Enroll in Part A if you are eligible at no cost.</li><li>• If you are not eligible for free Part A, you do not need to enroll. Part A benefits are included in all PERACare Medicare plans.</li></ul>
Medicare Part B—Medical Insurance	<ul style="list-style-type: none"><li>• You must first enroll in Part B to enroll in a PERACare Medicare plan.</li><li>• Standard Part B premium is \$164.90 per month in 2023.</li><li>• Premium is deducted from your Social Security benefit. If you do not receive a Social Security benefit, you must pay Medicare directly. Medicare will bill you on a quarterly basis, or you can sign up for Medicare Easy Pay to pay from your bank account on a monthly basis.</li><li>• If you don’t sign up for Part B when you are first eligible you may have to pay a late enrollment penalty.</li></ul>
Medicare Part C—Medicare Advantage Plans	<ul style="list-style-type: none"><li>• Part C plans combine all the benefits of Medicare Parts A and B, with Part D prescription coverage in one comprehensive plan offered by a private insurance carrier.</li><li>• All PERACare Medicare plans are Part C plans.</li><li>• Do not enroll in an individual Part C plan if you want to be enrolled in PERACare.</li></ul>
Medicare Part D—Prescription Drug Coverage	<ul style="list-style-type: none"><li>• Medicare-sponsored prescription drug coverage offered by private insurance carriers.</li><li>• All PERACare Medicare plans include Part D prescription drug coverage.</li><li>• Do not enroll in an individual Part D plan if you want to be enrolled in PERACare.</li></ul>
Medicare IRMAA (Income-Related Monthly Adjustment Amount)	<ul style="list-style-type: none"><li>• Medicare requires individuals with incomes greater than \$97,000 single/\$194,000 couple per year to pay an additional amount for Part B and Part D coverage. Social Security will notify you if this applies to you.</li><li>• The IRMAA will be collected along with your Medicare Part B premium as described above.</li></ul>





## Checklist for Enrolling in a PERACare Medicare Plan

- Contact Social Security to enroll in Medicare Part B, and also enroll in Medicare Part A if you are eligible to receive it at no cost. Ensure that Social Security has your correct name and address as this information will be used for your enrollment into a PERACare Medicare plan.
- Review the plans and premiums on the following pages and choose a plan. Be sure to confirm with your doctors which types of Medicare plans they accept.
- Submit a *PERACare Enrollment/Change Form* to PERA no more than 90 days prior to your Medicare effective date. This form must be signed prior to the requested effective date.
- Send PERA a copy of your Medicare card when you receive it.



## For More Information About Medicare

- » Call Social Security toll-free at 800-772-1213
- » Visit the Social Security website at [ssa.gov](https://ssa.gov)
- » Call Medicare toll-free at 800-MEDICARE (800-633-4227)
- » Visit the Medicare website at [medicare.gov](https://medicare.gov)
- » Call the State Health Insurance Assistance Program (SHIP) at 888-696-7213



## Printing Your Medicare Card

Sign into your [MyMedicare.gov](https://MyMedicare.gov) account to print an official copy of your Medicare card. If you do not have an account, visit [MyMedicare.gov](https://MyMedicare.gov) to create one.





# 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 Medicare Advantage health care plan partners are UnitedHealthcare and Kaiser Permanente (Kaiser).
- » PERACare's dental plan partners are Cigna Dental and Delta Dental.
- » PERACare's vision plan partner is VSP.

## Medicare Advantage Health Care Plans

Medicare Advantage plans combine all of the benefits of Medicare Parts A and B with Part D prescription coverage into one comprehensive plan with easy-to-understand out-of-pocket costs. You must enroll in Medicare Part B, and pay those monthly premiums, in order to be eligible to enroll in a Medicare Advantage plan.

PERACare offers three Medicare health care plans for retirees, benefit recipients, and their dependents who are enrolled in Medicare.

- » The UnitedHealthcare Medicare Advantage PPO plans are available if you reside within the United States and its territories.
- » The Kaiser Senior Advantage HMO plan is available only if you reside in the service area described on page 12.

### UnitedHealthcare Medicare Advantage (PPO)

With a UnitedHealthcare Medicare Advantage (MA) PPO plan, you'll enjoy the freedom to see any provider—

doctors, specialists and hospitals—who is in the UnitedHealthcare Medicare (PPO) network or who accepts Medicare; no referrals needed. Your share of the cost is the same whether the doctor is in- or out-of-network. You just need to see a doctor who participates in Medicare and accepts the plan as an out-of-network provider.

These plans cover emergency and urgent care worldwide, and are designed with easy-to-understand out-of-pocket costs.

### Kaiser Senior Advantage (HMO)

With the Kaiser plan you have access to coordinated care at any of Kaiser's medical offices in Colorado, as well as from their network of doctors and hospitals. When you travel outside of Colorado you have a variety of options to access care. Call the Kaiser Away From Home Travel Line at 951-268-3900 for more detailed information about benefits and covered services.

- » You are covered worldwide for urgent and emergency care.
- » You can get most of the same services you would get in Colorado when visiting another Kaiser service area, including outpatient services, X-rays, labs, and prescription drugs. Kaiser operates in all or parts of: California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington D.C.
- » If you travel within the U.S., but outside of a Kaiser service area, you have a \$1,500 allowance per calendar year to pay for covered routine and continuing care including preventive, primary and specialty care, labs, X-rays and physical therapy.



## Online Provider Directories

Provider directories for all of the health care, dental, and vision plans in PERACare are available on PERA's website. These directories can help you find physicians and other providers who contract with the plans offered in PERACare. Visit [copera.org](http://copera.org) and select "Health Benefits (PERACare)" under the "Retirees" menu and then click on the "PERACare Carriers" section.

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

## Prescription Drug Coverage

All of the Medicare health care plans offered through PERACare include Medicare Part D prescription drug coverage and do not have a deductible or a coverage gap or "donut hole." Once you enroll, your plan will track your prescriptions through the standard Medicare Part D drug coverage stages, but your prescription copays will stay the same for the entire year.

**If you enroll in a PERACare health care plan, do not enroll in a separate or individual Part D plan or PERA will be notified by Medicare to cancel your PERACare coverage.**

If you enroll in a UnitedHealthcare MA plan, you may get your prescriptions filled at local, retail pharmacies and through mail-service pharmacy. The list of covered medications (formulary) and copays are the same for both MA #1 and MA #2 plans. If you have questions about prescription benefits, call 844-280-7754.

If you enroll in Kaiser, you can get your prescriptions filled at Kaiser facilities, affiliate facilities (Southern Colorado), or through Kaiser's home-delivery service. If you have questions about prescription benefits, call 800-632-9700.

## 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](http://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](http://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.





# Choosing a Health Care Plan

## Questions to Consider When Choosing a Health Care Plan

### Which plans are available where you live?

- » **UnitedHealthcare:** Available nationwide and the U.S. territories.
- » **Kaiser Permanente:** See page 12 for a list of available counties.

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

- » **UnitedHealthcare:** Use any provider in UnitedHealthcare's Medicare PPO Network or that accepts Medicare.
- » **Kaiser Permanente:** In the Denver/Boulder areas, use only Kaiser medical offices and providers. In Northern and Southern Colorado, you have the option to use Kaiser medical offices or a network of affiliated providers.

### How much health care do you expect to use?

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

- » How often do you visit your doctor?
- » Do you anticipate any surgeries or hospital stays?
- » How many prescription medications do you take? Are they generic or brand?

**All PERACare plans cover preventive care at a \$0 copay.**

## What are the benefits 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 doctor.
- » Your projected costs for prescriptions and if you could switch to generics or use mail order to save money.
- » The plan's cost, both monthly and annually.
- » Your financial risk in a medical crisis. Do you prefer to pay a higher annual premium with a lower financial risk when you need health care services or a lower annual premium with a higher financial risk?
- » 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 OPM does not include prescription drug costs for any plan.)

## UnitedHealthcare Medicare PPO Additional Benefits

Personal Emergency Response System (PERS)	With UnitedHealthcare's Personal Emergency Response System (PERS) help is only a button press away. For additional information or to order your \$0 copay device please visit <a href="http://lifeline.com/uhcgroup">lifeline.com/uhcgroup</a> .
Renew Active	Renew Active offers you free fitness center memberships at any participating gym or fitness center nationwide, an annual personalized fitness plan, and access to on-demand workout videos and livestreaming classes. Visit <a href="http://uhcrenewactive.com">uhcrenewactive.com</a> to get started.
Rally Coach	Rally Coach offers weight loss and tobacco cessation programs to help you start living a healthier and happier life. These virtual coaching programs are available to you at no additional cost, visit <a href="http://rallyhealth.com/retiree">rallyhealth.com/retiree</a> to get started.
Virtual Doctor Visits	If you'd like to have a live video chat with a provider any time, day or night, visit <a href="http://uhcvirtualvisits.com">uhcvirtualvisits.com</a> to learn more about Virtual Doctor Visits.
Healthy at Home Benefits	After you are discharged from a hospital or skilled nursing facility you may be eligible for Healthy at Home benefits which can include up to 28 home-delivered meals, 12 one-way rides to and from medical appointments, and six hours of in-home personal care. UnitedHealthcare will reach out if you are discharged from a facility, but if you'd like to learn more call UnitedHealthcare at 844-280-7754.

## Kaiser Permanente Medicare HMO Additional Benefits

Medicare Explorer	Kaiser's plan includes the Medicare Explorer benefit which gives you a \$1,500 annual allowance for out-of-area routine and continuing care. Call Kaiser's Away from Home Travel Line at 951-268-3900 for more information. Emergency and urgent care is always covered anywhere in the world.
Over-the-Counter Health and Wellness	Kaiser gives you a \$70 credit each quarter to purchase over-the-counter health and wellness products. Ready to order? Visit <a href="http://kp.org/otc/co">kp.org/otc/co</a> or call 833-238-6616.
Rides to Medical Appointments	Your Kaiser plan includes 20 one-way rides to nonurgent medical appointments at Kaiser medical offices and affiliated facilities at no additional cost. To schedule a ride call 855-932-5413 (TTY 711) between 6 a.m. and 6 p.m. (MT), Monday through Saturday.
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 <a href="http://silversneakers.com">silversneakers.com</a> .
Mindfulness Apps	Get total health support for mind, body, and spirit with free access to Kaiser's mindfulness apps (Calm, Ginger, and myStrength). Visit <a href="http://kp.org/co">kp.org/co</a> and click on the 'Health and Wellness' menu to find all of Kaiser's self-care apps.
CareLinx In-Home Support Services	Kaiser has partnered with CareLinx to provide non-medical, in-home help with daily activities such as: light housekeeping, meal preparation, companionship, and personal care and hygiene. Visit <a href="http://carelinx.com/kpco">carelinx.com/kpco</a> or call 844-636-4592.
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. Visit <a href="http://kp.org/communityresources">kp.org/communityresources</a> for more information.



# UnitedHealthcare Medicare Advantage PPO Plans Benefit Highlights

## UnitedHealthcare MA #1

### Features

Annual Deductible	None
Lifetime Maximum Benefit	None
Annual Out-of-Pocket Maximum	\$2,000
Plan Availability (Note: Emergency and urgent care are covered worldwide)	All 50 states, Washington D.C., American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico
Out-of-Network Services Covered?	Yes, at any Medicare provider at the in-network cost

### Benefits

<b>Preventive Care</b>	All Medicare-covered preventive care covered with \$0 copay
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<b>Outpatient Services (per visit or procedure)</b>	
Primary Care Visits	\$0 copay
Specialty Care Visits	\$0 copay
Virtual Physician Visits (AmWell, Doctor on Demand, and Teladoc)	\$0 copay
Outpatient Surgery	\$0 copay
Diagnostic Lab and X-ray	\$0 copay
MRI, PET, CT	\$0 copay
Durable Medical Equipment	\$0 copay
Oxygen	\$0 copay
Physical, Occupational, and Speech Therapy	\$0 copay
Home Health Care	\$0 copay
Hospice Care	\$0 copay
Vision Care	\$0 copay for exam; \$100 combined materials allowance every 12 months
Hearing Services	\$0 copay for exam every year; \$500 hearing aid allowance every three years
Chiropractic Care	\$0 copay for Medicare-covered chiropractic care; \$20 copay for routine chiropractic care; limited to 20 visits per year

<b>Inpatient Care</b>	
Hospital Care	\$300 per admission; maximum \$900 per year
Skilled Nursing Facility Care	\$0 copay for days 1–20; \$65 copay for days 21–50; \$0 copay for days 51–100

<b>Emergency and Urgent Care</b>	
Emergency Room Visit (waived if admitted)	\$50 copay
Urgent Care	\$0 copay
Ambulance Service	\$75 copay

<b>Part D Prescription Drugs Administered by OptumRx (Not applicable to the Out-of-Pocket Maximum)</b>	
<b>Retail Copay (up to 31-day supply)</b> <i>For a 90-day supply at in-network pharmacies, other than Walgreens, you will pay three times the Retail Copay. For a 90-day supply at Walgreens you will pay twice the Retail Copay.</i>	Preferred Generic \$15 Preferred Brand \$45 Non-Preferred Drug \$60
<b>Mail Copay (up to 90-day supply)</b>	Preferred Generic \$30 Preferred Brand \$90 Non-Preferred Drug \$120
<b>Specialty Copay (up to 31-day supply)</b>	Specialty \$75

## UnitedHealthcare MA #2

None
None
\$6,000
All 50 states, Washington D.C., American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico
Yes, at any Medicare provider at the in-network cost

All Medicare-covered preventive care covered with \$0 copay

\$20 copay
\$30 copay
\$0 copay
\$200 copay
Lab: \$0 copay; X-ray: \$20 copay
\$100 copay per procedure
20% coinsurance
20% coinsurance
\$20 copay
\$0 copay
\$0 copay
\$0 copay for exam; \$100 combined materials allowance every 12 months
\$0 copay for exam every year; \$500 hearing aid allowance every three years
\$15 copay for Medicare-covered chiropractic care; \$15 copay for routine chiropractic care; limited to 12 visits per year

\$500 per admission; maximum \$1,500 per year
\$0 copay for days 1–20; \$75 copay for days 21–100

\$65 copay
\$30 copay
\$100 copay

Preferred Generic	\$15
Preferred Brand	\$45
Non-Preferred Drug	\$60
Preferred Generic	\$30
Preferred Brand	\$90
Non-Preferred Drug	\$120
Specialty	\$75

See pages 16 and 17 for premium information

## Kaiser Permanente Senior Advantage (HMO) Plan Benefit Highlights

### Med HMO

#### Features

Annual Deductible	None
Lifetime Maximum Benefit	None
Annual Out-of-Pocket Maximum	\$4,000
Plan Availability	Coverage 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
Out-of-Network Services Covered?	Emergency and urgent care are covered at the in-network level

#### Benefits

<b>Preventive Care</b>	All Medicare-covered preventive care covered with \$0 copay
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<b>Outpatient Services (per visit or procedure)</b>	
Primary Care Visit	\$15 copay
Specialty Care Visit	\$30 copay
Virtual Care	\$0 copay
Outpatient Surgery	\$200 copay
Diagnostic Lab and X-ray	\$0 copay
MRI, PET, CT	\$100 copay per procedure
Durable Medical Equipment	20% coinsurance
Oxygen	\$0 copay
Physical, Occupational, and Speech Therapy	\$15 copay
Home Health Care	\$0 copay
Hospice Care	\$0 copay
Vision Care	\$15 copay (optometrist) or \$30 copay (ophthalmologist) for exam; \$150 credit for frames, lenses, or contacts every 12 months; additional charge for contact lens fitting
Hearing Services	\$15 copay for exam every 12 months; \$1,000 hearing aid allowance every 36 months
Chiropractic Care	\$15 copay for Medicare-covered chiropractic care; \$15 copay for routine chiropractic care; limited to 20 visits per year

<b>Inpatient Care</b>	
Hospital Care	\$250 per day; maximum \$500 per admit
Skilled Nursing Facility Care	\$0 copay for days 1–20; \$75 copay for days 21–100

<b>Emergency and Urgent Care (covered out-of-network)</b>	
Emergency Room Visit (waived if admitted)	\$75 copay
Urgent Care	\$25 copay
Ambulance Service	20% coinsurance up to \$195 per incident

<b>Prescription Drugs (Not applicable to the Out-of-Pocket Maximum)</b>		
Pharmacy Copay (up to 31-day supply)	Preferred Generic	\$5
	Non-Preferred Generic	\$15
	Preferred Brand	\$40
	Non-Preferred Brand	\$80
	Specialty	\$100
Mail Copay (up to 90-day supply)	Preferred Generic	\$0
	Non-Preferred Generic	\$0
	Preferred Brand	\$80
	Non-Preferred Brand	\$160
	Specialty	\$200



## 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 <sup>1</sup>	None	\$100
Family Plan Annual Deductible <sup>1</sup>	None	\$200
Annual Benefit Maximum <sup>2</sup> (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 <sup>3</sup>
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

<sup>1</sup> Deductible applies to Basic and Major Services, but not Diagnostic and Preventive.

<sup>2</sup> Benefits paid for preventive care do not apply to the Annual Benefit Maximum.

<sup>3</sup> 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  
information

## Vision Plans Benefit Highlights<sup>1</sup>

	VSP PPO #1		VSP PPO #2		VSP 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	\$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 <sup>2</sup>	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		
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
Contacts <sup>3</sup>	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		
Easy Options Upgrades	Select one upgrade <sup>4</sup>	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

<sup>1</sup> These plans do not coordinate with Medicare Advantage Plans' vision benefits.

<sup>2</sup> Frame allowance is higher if Marchon featured frame brands are selected.

<sup>3</sup> You may choose prescription glasses or contacts, but not both.

<sup>4</sup> Upgrade options are: a \$250 frame allowance, a \$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 information



# Premiums and Subsidies

## How is my health care premium determined?

Your PERACare health care premium is based on the plan(s) you select, the number of people you enroll, and your PERA subsidy. You must also pay Medicare Part B premiums in order to be enrolled in a PERACare health care plan.

## 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 \$115 for most 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 16 to determine your subsidy amount.

For Medicare retirees under the Denver Public Schools (DPS) benefit structure who do not have Medicare Part A, the maximum subsidy is \$230 (see the Subsidy Chart on page 17), which was designed to help offset your higher plan premiums.

## 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.

## How do I pay my Medicare Part B premium?

If you receive a Social Security benefit, Medicare will deduct your Part B premium, and any applicable IRMAA from your Social Security benefit. If you are not receiving a Social Security benefit, you must pay directly to Medicare. You will be billed quarterly or you can sign up for Medicare's Easy Pay program to pay from your bank account monthly.

You **must** maintain Medicare Part B coverage to be enrolled in a PERACare health care plan. If you do not pay your Part B premium **you will be canceled** from Medicare Part B and also your PERACare health care plan.



# Premium Details

## Health Care Monthly Premiums

Note: If you are a Denver Public Schools (DPS) benefit structure retiree and do not have Medicare Part A, see “Health Care Premium Details for Retirees Under the Denver Public Schools Benefit Structure Without Medicare Part A” on page 17 for your health care premiums and subsidy.

### UnitedHealthcare

	MA #1	MA #2
Benefit Recipient (BR) only	\$152.00	\$52.00
BR + Spouse	304.00	104.00

### Kaiser Permanente

	Med HMO
BR only	\$170.00
BR + Spouse	340.00

## Medicare Benefit Recipient (BR) Monthly Subsidy Chart

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

## 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.

The premiums and subsidy charts above apply to all benefit recipients who have Medicare Part A.

If you are under the DPS benefit structure and do not have Medicare Part A, use the premiums and subsidy chart on page 17 to calculate your health care premium.

A. Enter the total health care premium amount	\$
B. Subtract your PERA subsidy	– \$
C. This is your monthly health care premium	\$

## Dental and Vision Monthly Premiums

### Cigna Dental

	HMO
Benefit Recipient (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

## Premiums

Premiums on this page and page 16 are for PERACare Medicare health care plans only. If you are enrolling dependents who are under age 65, please review the *PERACare Health Benefits Program booklet for Combination Coverage* online at [copera.org](http://copera.org).

## Health Care Premium Details for Retirees Under the Denver Public Schools Benefit Structure Without Medicare Part A

If you are receiving benefits under the DPS benefit structure, and do not have Medicare Part A, see below for your premiums and subsidy.

The premiums below show the monthly premiums for coverage, before deduction of the PERA subsidy.

Use the calculation on page 16 to calculate your health care premium.

### UnitedHealthcare

	MA #1	MA #2
Benefit Recipient (BR) only	\$581.00	\$377.00
BR + Spouse	1,162.00	754.00

### Kaiser Permanente

	Med HMO
BR only	\$633.00
BR + Spouse	1,266.00

## DPS 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



# 2023 Medicare Star Ratings

The Medicare Program rates all health care and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings\* help you to know how good a job the plan is doing. You can use these Star Ratings to compare the plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of the plan's scores.
2. Summary Star Rating that focuses on the plan's medical or prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- » How the plan's members rate plan services and care;
- » How well the plan's doctors detect illnesses and keep members healthy; and
- » How well the plan helps members use recommended and safe prescription medications.

**UnitedHealthcare** received the following 2023 Overall Star Rating from Medicare for health plan services:

★★★★★

**Kaiser Permanente** received the following 2023 Overall Star Rating from Medicare for health/drug plan services:

★★★★★

The number of stars shows how well the plan performs.

★★★★★	5 stars—excellent
★★★★	4 stars—above average
★★★	3 stars—average
★★	2 stars—below average
★	1 star—poor

*\* Star Ratings are based on five stars, are assessed by Medicare each year, and may change from one year to the next.*

## Contract IDs with Medicare

- » UnitedHealthcare: H2001
- » Kaiser Permanente: H0630





**PERACare Enrollment/Change Form**

**Medicare Coverage—2024**

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



**Your SSN**

Grid for entering Social Security Number (SSN)

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

**Your Information**

Name \_\_\_\_\_  
Last First MI

Permanent Residence Street Address \_\_\_\_\_  
(PO Box is not allowed)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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 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 notice.

**Sign Here → Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sign Here → Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Spouse's signature only required if spouse is enrolling in a Medicare health plan)

**Effective Date**

I would like to request my effective date to enroll in, change, or cancel coverage to be \_\_\_\_\_ 1, 2024.\* This *Enrollment/Change Form* must be signed prior to the requested effective date, but cannot be signed more than 90 days in advance.

\* 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 dependent(s). Be sure that your spouse signs above if they are enrolling in a Medicare plan. If you are adding health plan coverage for a dependent who does not have Medicare, use the *PERACare Enrollment/Change Form Combination Pre-Medicare and Medicare Coverage—2024*.

Table for dependent information with columns: Spouse's Last Name, First Name, MI, Birthdate, SSN, M/F. Includes a similar row for Child's information.

(Continued on reverse)

PERACare Enrollment/Change Form  
Medicare Coverage—2024 (Page 2)

Your Name \_\_\_\_\_ Your SSN \_\_\_\_\_

Medicare Information

Complete this section if you are enrolling in a health plan or changing health plans. *Send a photocopy of your Medicare card(s) as soon as you receive it.*

For health plan enrollment(s) only

Check this box if you have not received your Medicare number(s) yet:  PENDING

- My Medicare No. \_\_\_\_\_  Both Medicare Parts A and B  Part B Only  
My Spouse's Medicare No. \_\_\_\_\_  Both Medicare Parts A and B  Part B Only  
My Child's Medicare No. \_\_\_\_\_  Both Medicare Parts A and B  Part B Only

Health Plan Selection

Complete this section to enroll in, change, or cancel health care coverage

1. What do you want to do? (Check only one box.)  Do not change PERACare health care coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare health care coverage

2. Check yes or no to the following important medical questions for all enrollees:

- Will any enrollees have additional medical coverage outside of Medicare and PERACare?  Yes  No  
Will any enrollees have prescription drug coverage outside of Medicare and PERACare?  Yes  No  
Do any enrollees currently receive dialysis treatment or have End-Stage Renal Disease (ESRD)?  Yes  No

Medicare Advantage (MA)

3. Select a coverage level, and then **—————>** 4. Select a health plan:

- Benefit Recipient (BR) Only  UnitedHealthcare MA #1  
 BR+Spouse  UnitedHealthcare MA #2  
 BR+Child(ren)  Kaiser Permanente Med HMO  
 BR+Spouse+Child(ren)

Dental Plan Selection

Complete this section to enroll in, change, or cancel dental coverage

1. What do you want to do? (Check only one box.)  Do not change PERACare dental coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare dental coverage

2. Select a coverage level, and then **—————>** 3. Select a dental plan:

- Benefit Recipient (BR) Only  Cigna Dental HMO\*  
 BR+Spouse  Delta Dental PPO  
 BR+Child(ren)  
 BR+Spouse+Child(ren)

\* If you are enrolling in the Cigna Dental HMO, indicate the six-digit DHMO office number(s) below. To obtain this number, call Cigna at 877-635-PERA (7372) or visit copera.org and select "Health Benefits (PERACare)" under the "Retiree" menu, then click on "PERACare Carriers," then "Cigna Dental."

Cigna Dental HMO Office Number(s): 

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Benefit Recipient                      Spouse                      Child(ren)

Vision Plan Selection

Complete this section to enroll in, change, or cancel vision coverage

1. What do you want to do? (Check only one box.)  Do not change PERACare vision coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare vision coverage

2. Select a coverage level, and then **—————>** 3. Select a vision plan:

- Benefit Recipient (BR) Only  VSP PPO #1  
 BR+Spouse  VSP PPO #2  
 BR+Child(ren)  VSP PPO #3  
 BR+Spouse+Child(ren)

Note: If you select a coverage level but do not select a plan, you will be enrolled in VSP PPO #1.

# Disclosure Notice for UnitedHealthcare Medicare Advantage PPO Plans

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change each plan year.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Support service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active<sup>®</sup> program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP<sup>®</sup> Staying Sharp and the Fitbit<sup>®</sup> Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.



This booklet provides information about Colorado 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**

PO Box 5800

Denver, Colorado 80217-5800

[copera.org](http://copera.org)