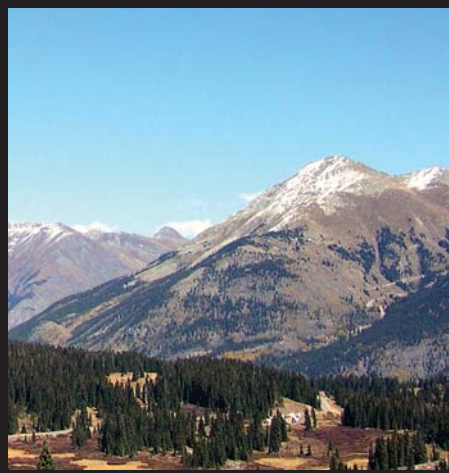
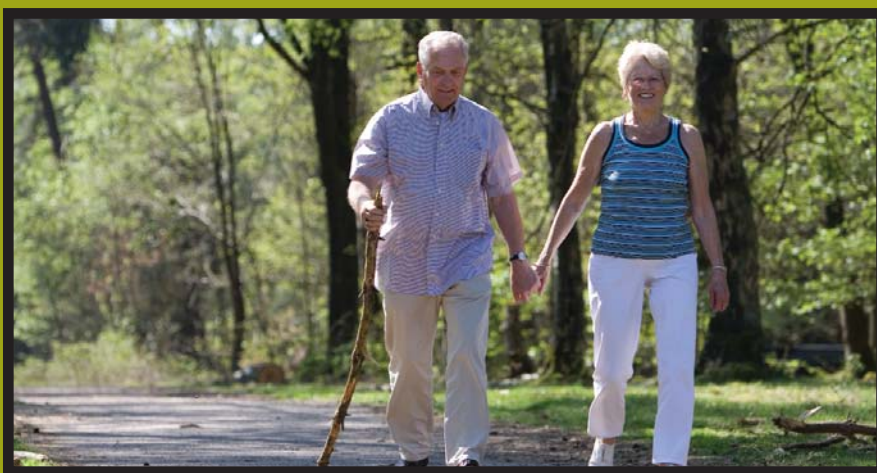




2008 Health Benefits Program



Medicare Coverage



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PERACare Plan Contact Information/Resources

Anthem Blue Cross and Blue Shield

Group #195096
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

Kaiser Permanente

Group #1804
303-338-3800 or 1-800-632-9700
www.kaiserpermanente.org

Rocky Mountain Health Plans

Group #00550000
1-800-346-4643
www.rmhp.org

Secure Horizons

Group—PERACare
1-800-771-4347
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

PERA Contact Information

Colorado Public Employees' Retirement Association

Mailing Address

Colorado PERA
PO Box 5800
Denver, CO 80217-5800
Denver Main Office
1300 Logan Street
Denver, CO 80203

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)



Contents

PERACare Program Enrollment Guidelines

Who is Eligible to Enroll in PERACare?	1
When Can I Enroll, Change Plans, or Add Dependents?	1
What Happens When I Turn Age 65 and/or Become Eligible for Medicare?	2
Checklist for Enrolling in a Medicare Plan	2
Options for Combination Coverage	3
Moving	3
Traveling	3
Cancellation of Coverage	3
PERACare Enrollment Eligibility	4

Plan Benefit Choices

What Plans Does PERACare Offer?	5
Online Provider Directories	5
Medicare Health Plans	5
What Types of Plans are Available?	5
Medicare Terms	6
Prescription Drug Coverage	8

Plan Descriptions

Medicare Supplement Plan Descriptions.....	9
Medicare HMO Plan Descriptions	9
Dental and Vision Plan Descriptions	9
Medicare Supplement Plans	10-13
Medicare HMO Plans	14-17
CIGNA Dental Plans	18
VSP Vision Plans.....	19

Premiums

Premium Information	20
Calculating Your Health Care Premium	20
Medicare Benefit Recipient (BR) Subsidy Chart.....	20
Anthem Monthly Premiums.....	21
Kaiser Permanente Monthly Premiums	21
Rocky Mountain Health Plans Monthly Premiums	21
Secure Horizons Monthly Premiums	21
CIGNA Dental Monthly Premiums	21
VSP Monthly Premiums.....	21

PERACare Plan Contact Information/Resources	Inside Front Cover
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Glossary of Key Terms	Inside Back Cover
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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.

There are three types of benefit recipients: PERA retirees; individuals who are receiving survivor benefits; and cobeneficiaries of deceased PERA retirees who selected an Option 2 or 3 benefit.

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 are not receiving PERA benefits but were enrolled in the PERACare program when the retiree's death occurred.*
- Former 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?

You may enroll in PERACare within 30 days of when you are first eligible or during the annual open enrollment period. In addition, you may become eligible to enroll, change plans, or add dependents based on certain "life events." These enrollment times are summarized in the chart on page 4.

PERACare coverage is effective on the first day of the month in which you are first eligible, unless you request a different date. If you are enrolling 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. The effective date of your PERACare coverage must coincide with the end of your other coverage.



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 Medicare plan options. Medicare plan information is also available on PERA's Web site at www.copera.org.

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

What Happens When I Turn Age 65 and/or Become Eligible for Medicare?

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. See the "Checklist for Enrolling in a Medicare Plan" on this page for information about contacting Social Security and enrolling in Medicare.

When you become eligible for Medicare, you may enroll in, or remain in, PERACare. PERACare includes health plans designed to supplement, coordinate with, or replace Original Medicare. You cannot be enrolled in a pre-Medicare plan once you are eligible for Medicare, but you can enroll in one of the PERACare Medicare plans. You are eligible to add PERACare coverage (health care, dental, or vision) if you had other similar coverage, either privately or through another group plan, immediately prior to your Medicare eligibility. (See Enrollment Eligibility chart on page 4.) Otherwise, you have to wait for the next open enrollment to add coverage.

When you turn 65 or otherwise become eligible for Medicare, you must enroll in Medicare Part B to be in a PERACare health plan. You are not required to have, or to purchase, Medicare Part A. You cannot be enrolled in a separate Medicare Part D (prescription drug) plan if you are in a PERACare plan.

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

See pages 5-8 for more information about Medicare and PERACare's health plans for retirees with Medicare.

Checklist for Enrolling in a Medicare Plan

- Contact Social Security at 1-800-772-1213 about 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 by contacting Social Security.
- Once you turn age 65 or become eligible for Medicare, you must have Medicare Part B if you want health care through PERACare. Send PERA a copy of your Medicare card, which will confirm your Medicare coverage, as soon as you receive it.
- Review the plans and premiums on the following pages. 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 14 for the HMO plans' service areas.
- If you are not already enrolled in PERACare, you may be eligible to enroll when you or your spouse turn 65. You would complete a *PERACare Enrollment/Change Form*. If you are enrolling outside of the open enrollment period, you would also complete a *Certification of Previous Health Care Coverage* form.
- If you are already enrolled in PERACare, you will receive information from PERA explaining how your coverage will be transitioned to a Medicare plan. If you choose, you may change your plan at age 65 by completing a *PERACare Enrollment/Change Form*.

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 service area. 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 or any dependent with 30-days advance written notice to PERA. Be sure to sign and date your cancellation request.

Your coverage will be canceled by PERA if you or any dependent is 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 life events listed below.

	Proof Required	Who Can Be Enrolled or Added	Change(s) You Can Make
Events when you are first eligible to enroll			
<ul style="list-style-type: none"> Retirement 	None for the benefit recipient*	Yourself, your spouse, and children*	Enroll
<ul style="list-style-type: none"> Becoming a PERA benefit recipient (PERA member or retiree has died and you are eligible to receive a monthly survivor or continuing benefit) 	None for the benefit recipient*	Yourself, your spouse, and children*; your guardian (if benefit recipient is a child)	Enroll
Other times 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/becoming eligible for Medicare (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
<p>* If children are being enrolled, proof of dependent status may be required.</p> <p>** CPHC—PERA's <i>Certification of Previous Health Care Coverage</i> form.</p> <p>*** 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.</p>			

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 partner is CIGNA 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. During Open Enrollment each year (generally October 1–November 15), PERACare information may be accessed from the PERACare Open Enrollment Information link off PERA's home page at www.copera.org.

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 eligible for Medicare. (Some individuals under age 65 may be covered by Medicare due to disease or disability.) Depending on where you live, you may have choices of one, two, or three HMO plans, as well as PERA's two 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 a specified copayment for each office visit or other covered service, and the plan pays the rest. You generally don't have to worry about filing claims or dealing with bills from providers. You pay your copay 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 & Publications" section):

- PERACare Enrollment/Change Form
- 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, Medicare is the “primary” payer, and the plan covers some or all of the deductibles and amounts that Medicare does not cover. These plans are also called “Medigap” plans. Many of these plans cover only those benefits covered by Medicare. Others, like PERA’s, include additional benefits, such as prescription drug and out-of-country benefits.

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 obtained your Medicare eligibility because 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 a 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, home health services (also covered under Part B), and hospice care. Part A has a deductible (\$1,024.00 in 2008) 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, or if your spouse is entitled to Medicare Part A, or in some cases, 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 2008 is \$423.00 per month. (PERACare offers plans that replace Part A at no cost to you.)

Part B Coverage

Medicare Part B covers approved physician, surgeon, and other medical and outpatient health services. Part B has a calendar year deductible (\$135.00 in 2008), 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 2008, the cost is \$96.40, 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. Your Part B premium 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 either calling PERA or downloading it from the PERA Web site.

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. (All PERACare plans qualify as creditable coverage for Part D.)

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



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
303-338-4503
- Rocky Mountain Health Plans
1-800-346-4643
- Secure Horizons
1-800-771-4347

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 a Kaiser Permanente plan, 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 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.

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 14. 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 18 and 19, respectively.

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 A Services			
HOSPITAL STAYS <i>Covered costs include semiprivate room, meals, general nursing, other hospital services and supplies</i>			
Days 1-60 of a benefit period	Costs above first \$1,024 (in 2008)	80% of Part A deductible	20% of Part A deductible
Days 61-90 of a benefit period	Costs above \$256/day	\$256/day	\$0
Days 91-150 of a benefit period	Costs above \$512/day	\$512/day	\$0
Days over 151 of a benefit period	\$0	All costs	\$0
SKILLED NURSING FACILITY <i>Covered costs follow a 3-day hospital stay</i>			
Days 1-20 of a benefit period	All covered costs	\$0	\$0
Days 21-100 of a benefit period	Costs above \$128/day	50% of charges not covered by Medicare	50% of charges not covered by Medicare
Days over 100 of 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	In Network: 70% of allowable charges after \$1,000 deductible, then 100% of allowable charges after \$3,000 maximum out-of-pocket is met each year Out-of-Network: 50% of allowable charges after \$2,000 deductible, then 100% of allowable charges after \$6,000 maximum out-of-pocket is met each year	In Network: \$1,000 deductible then 30% of allowable charges up to \$3,000 annual maximum out-of-pocket, then \$0 for additional charges Out-of-Network: \$2,000 deductible, then 50% of allowable charges up to \$6,000 annual maximum out-of-pocket, then \$0 for additional charges

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 (\$135 in 2008), 60-80% of Medicare-approved amount for outpatient hospital services, and 50% of Medicare-approved amount for mental health care	80% of annual Part B deductible, then 20-40% of Medicare-approved amount (50% for mental health care), then 80% of Excess Charges, if any	20% of annual Part B deductible, then 20% of any Excess Charges up to \$1,000 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>	\$0	All charges above member deductible and copays	Retail (30-day supply): \$150 deductible, then 50% covered; \$7 minimum copay, \$50 maximum copay Mail Order (90-day supply): \$15 copay for Generic \$50 copay for Brand Prescription drug deductibles and copays do not apply toward the Out-of-Pocket Maximum
CARE OUTSIDE THE U.S.	\$0	80% of charges after \$250 deductible	\$250 deductible then 20% of charges

Annual Out-of-Pocket Maximum

<i>Applies to Replacement Part A Benefits, Part A Deductible, Part B Services, and Care Outside the U.S. 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	\$1,000 for participants with Medicare Parts A and B; \$3,000 for participants with Replacement Part A Benefits if only In-Network providers are used; \$6,000 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)

	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 of a benefit period	Costs above first \$1,024 (in 2008)	50% of Part A deductible	50% of Part A deductible
Days 61-90 of a benefit period	Costs above \$256/day	\$256/day	\$0
Days 91-150 of a benefit period	Costs above \$512/day	\$512/day	\$0
Days over 151 of a benefit period	\$0	All costs	\$0
SKILLED NURSING FACILITY <i>Covered costs follow a 3-day hospital stay</i>			
Days 1-20 of a benefit period	All covered costs	\$0	\$0
Days 21-100 of a benefit period	Costs above \$128/day	50% of charges not covered by Medicare	50% of charges not covered by Medicare
Days over 100 of 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	In Network: 70% of allowable charges after \$2,000 deductible, then 100% of allowable charges after \$6,000 maximum out-of-pocket is met each year Out-of-Network: 50% of allowable charges after \$4,000 deductible, then 100% of allowable charges after \$12,000 maximum out-of-pocket is met each year	In Network: \$2,000 deductible then 30% of allowable charges up to \$6,000 annual maximum out-of-pocket, then \$0 for additional charges Out-of-Network: \$4,000 deductible, then 50% of allowable charges up to \$12,000 annual maximum out-of-pocket, 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
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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 (\$135 in 2008), 60-80% of Medicare-approved amount for outpatient hospital services, and 50% of Medicare-approved amount for mental health care	50% of annual Part B deductible, then 10-20% of Medicare-approved amount (40% for mental health care) When Medicare pays less than 80%, the remaining charges will be shared equally by the Plan and the Participant	50% of annual Part B deductible, 10-20% of Medicare-approved amount, and any Excess Charges up to \$2,000 Annual Out-of-Pocket Maximum When Medicare pays less than 80%, the remaining charges will be shared equally by the Plan and the Participant
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>	\$0	All charges above member deductible and copays	Retail (30-day supply): \$250 deductible, then 50% covered; \$10 minimum copay, \$60 maximum copay Mail Order (90-day supply): \$20 copay for Generic \$60 copay for Brand Prescription drug deductibles and copays do not apply toward the Out-of-Pocket Maximum
CARE OUTSIDE THE U.S.	\$0	80% of charges after \$500 deductible	\$500 deductible then 20% of charges

Annual Out-of-Pocket Maximum

<i>Applies to Replacement Part A Benefits, Part A Deductible, Part B Services, and Care Outside the U.S. 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; \$6,000 for participants with Replacement Part A Benefits if only In-Network providers are used; \$12,000 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 only in the following areas: Boulder, Broomfield, and Denver counties, and portions of Adams, Arapahoe, Clear Creek, Douglas, Elbert, Gilpin, Jefferson, Larimer, Park, and Weld counties	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 or benefit maximum	No lifetime maximum
7A. Covered Providers	Colorado Permanente Medical Group, P.C. 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?	Not applicable. This is not a network plan.	Yes	No
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. Children's services	No copay (100% covered)	\$20 copay per visit	\$20 copay per visit
b. Adults' services	No copay (100% covered)	\$20 copay per visit	\$20 copay per visit
10. Maternity			
a. Prenatal care	No copay (100% covered)	\$20 copay for initial visit; no copay (100% covered) thereafter	\$20 copay for initial visit; no copay (100% covered) thereafter
b. Delivery & inpatient well baby care	\$500 copay per admission	\$500 copay per admission, limited to 90 days covered per Medicare benefit period	\$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	Retail or Mail Order (60-day supply): \$15 Generic \$40 Brand For drugs on the approved list, call 303-338-4503 for a pharmacist	Retail (31-day supply): \$15 Generic \$45 Preferred Brand \$60 Non-preferred Brand \$75 Specialty Mail Order (90-day supply): \$30 Generic \$90 Preferred Brand \$120 Non-preferred Brand \$150 Specialty Injectable or infusion drugs: \$75 copay per fill For drugs on the approved list, call 1-800-346-4643	Retail (31-day supply): \$15 Generic \$45 Preferred Brand \$60 Non-preferred Brand \$75 Preferred Specialty Mail Order (90-day supply): \$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	\$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 for outpatient surgery performed in any setting other than inpatient	\$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/X-ray: No copay (100% covered) MRI/CAT/PET: \$100 copay Radiation Therapy: 80% covered	Laboratory/X-ray: \$20 copay MRI/CAT/PET: \$100 copay per procedure
15. Emergency Care	\$50 copay for hospital emergency room or 20% of Medicare-approved charges, whichever is less	\$50 copay per visit for emergency room or similar facility for in- and out-of-network emergency care (waived if admitted)	\$50 copay for hospital emergency room (waived if admitted)
16. Ambulance	20% copay to a maximum of \$500 per trip	\$60 copay	\$100 copay
17. Urgent, Non-Routine After Hours Care	\$30 copay per visit to a designated Kaiser Permanente emergency room or Medical Office after hours	\$30 copay per visit; out-of-network urgent care covered only if traveling or temporarily absent from service area	\$30 copay per visit
18. Biologically-Based Mental Illness Care	Inpatient and Outpatient Care: Coverage is no less extensive than the coverage provided for any other physical illness	Inpatient Care: \$500 copay per admission. Limited to 90 days covered per Medicare benefit period, 190 lifetime days Outpatient Care: \$20 copay per visit	Inpatient and Outpatient Care: Coverage is no less extensive than the coverage provided for any other physical illness
19. Other Mental Health Care			
a. Inpatient Care	\$500 copay per admission, 190 lifetime days	\$500 copay per admission. Limited to 90 days covered per Medicare benefit period, 190 lifetime days	\$500 copay per admission
b. Outpatient Care	\$20 copay per visit; unlimited visits	\$20 copay per visit	\$30 copay per visit
20. Alcohol & Substance Abuse			
a. Inpatient	\$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 visit; unlimited visits	\$20 copay per visit—limits in accordance with Medicare guidelines	\$30 copay per visit

Medicare HMO Plans

	Kaiser Permanente	Rocky Mountain Health Plans	Secure Horizons
Part B: Summary of Benefits (continued)			
21. Physical, Occupational & Speech Therapy			
a. Inpatient	\$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 for conditions subject to significant improvement	\$10 copay per visit up to \$1,750 benefit per year	\$30 copay per visit
22. Durable Medical Equipment	80% covered	80% covered	80% covered
23. Oxygen	No copay (100% covered)	80% covered	80% covered
24. Organ Transplants	\$500 copay per admission—limited to kidney, kidney/pancreas, heart, heart/lung, lung, some bone marrow, cornea, liver	\$500 copay per admission—limited to kidney, liver, heart, lung, cornea, pancreas, and some bone marrow, limited to 90 days covered per Medicare benefit period	\$1,500 copay per admission—limited to kidney, pancreas, heart, lung, some bone marrow, cornea, and liver
25. Home Health Care	No copay (100% covered)	No copay (100% covered)	No copay (100% covered)
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; \$50 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: \$20 or \$30 copay per visit—limited to jaw surgery, fractures or services provided by a physician	Routine: Not covered Non-Routine: \$20 or \$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	Routine: Not covered Non-Routine: \$20 or \$30 copay per visit—limited to treatment due to disease or injury of the eye	\$30 copay for eye exam; allowance of \$75 every two years for glasses
Hearing Care	\$20 copay per visit for exam; \$500 benefit every three years per ear	\$20 copay for exam; allowance of \$400 per ear every three years for hearing aids at participating providers	\$10 copay for one exam per year; allowance of \$300 every two years for hearing aid
30. Chiropractic Care	\$20 copay for subluxation \$20 copay per visit up to 20 visits per year	\$20 copay per visit—limited to manual manipulation of the spine to correct subluxation	\$20 copay per visit—limited to 12 visits per year
31. Significant Additional Covered Services	Silver Sneakers Travel Clinic for Pre-Travel Health Risk assessments Mail order prescription drug coverage Health Education Classes Routine Foot Care: \$0 copay for 4 visits to contracted provider	Mail order prescription drug coverage; Worldwide emergency coverage; Travel program; Step counter for new members; Member Newsletter	Silver Sneakers, Care Management, Renal dialysis 20% coinsurance

Medicare HMO Plans

Kaiser Permanente

Rocky Mountain Health Plans

Secure Horizons

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

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?	303-338-3800	1-800-346-4643	1-800-771-4347
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 1-800-346-4643	Secure Horizons Customer Service PO Box 6770 Englewood, CO 80155 1-800-771-4347
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 \$95 copay	80% covered after deductible
Endodontics (Root Canals)	\$10 to \$335 copay	80% covered after deductible
Periodontics (Gum Treatment)	\$30 to \$385 copay	80% covered after deductible
Oral Surgery (Extractions)	\$10 to \$95 copay	80% covered after deductible
Crowns and Bridges	\$40 to \$465 copay	50% covered after deductible
Prosthodontics (Dentures)	\$35 to \$615 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)	\$1,700 copay for children; \$2,100 copay for adults	50% covered after deductible up to \$1,500 lifetime maximum

Comparing the 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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	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	\$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		\$25 copay for lenses and frame		20% discount off complete pair of glasses only	
Lenses	Covered once every 12 months	Covered up to \$25	Covered once every 24 months	Covered up to \$35		Not covered
Single Vision		Covered up to \$40		Covered up to \$50		Not covered
Lined Bifocal		Covered up to \$55		Covered up to \$65		Not covered
Lined Trifocal		Covered up to \$80		Covered up to \$90		Not covered
Lenticular						Not covered
Frame	Covered up to \$120 retail allowance once every 24 months	Covered up to \$40	Covered up to \$105 retail allowance once every 24 months	Covered up to \$50	20% discount off complete pair of glasses only; no discount for lenses only, frame only or replacement parts or repairs	Not covered
Contacts	\$120 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
Other Services (Add to lens price above)	Discounts average 20%	Not covered for any of the services listed	Discounts average 20%	Not covered for any of the services listed	Discounts average 20%	Not covered for any of the services listed
Progressive no-line bifocals						
Anti-reflective coating						
Scratch coating						
Lens tinting						
Photochromic						
UV coating						
Polycarbonate lenses						
Glass lenses						
Additional Glasses	20% discount	Not covered	20% discount	Not covered	20% discount for 12-month period following exam	Not covered
Laser Vision Correction	25% discount at approved laser centers	Not covered	25% discount at approved laser centers	Not covered	25% discount at approved laser centers	Not covered
VSP Network Doctors	VSP PPO providers See VSP directory for a complete list of current doctors	All providers licensed or certified to provide covered benefits	VSP PPO providers See VSP directory for a complete list of current doctors	All providers licensed or certified to provide covered benefits	VSP PPO providers See VSP directory for a complete list of current doctors	All providers licensed or certified to provide covered benefits
VSP Member Services	1-800-877-7195		1-800-877-7195		1-800-877-7195	

Premiums

Premium Information

Your health care premium is determined by:

- The plan(s) you select,
- The number of people you enroll, and
- The years of service for your retirement benefit.

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 based upon the number of years of PERA service credit on which the PERA retirement benefit is based. The subsidy is up to \$115 monthly for Medicare-eligible benefit recipients. The full subsidy is paid for 20 years of service credit; the subsidy is reduced 5 percent for each year of service credit less than 20. For example, a retiree with 10 years of service receives 50 percent of the subsidy or \$57.50.

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 21)
- B. Enter your Medicare Benefit Recipient Subsidy..... B. \$
 (from the subsidy chart below)
- 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	Years of Service	Medicare Benefit Recipient 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

The PERA health care subsidy is applied toward the PERACare health care premium, and any remaining premium is deducted from the PERA monthly benefit. The subsidy does not apply to dental and vision coverage.

Anthem Monthly Premiums

	Medicare Supplement #1	Medicare Supplement #2
BR	\$298.00	\$177.00
BR+S	596.00	354.00
BR+C	596.00	354.00
BR+S+C	894.00	531.00

Kaiser Permanente Monthly Premiums

BR	\$140.00
BR+S	280.00
BR+C	280.00
BR+S+C	420.00

Rocky Mountain Health Plans Monthly Premiums

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

Secure Horizons Monthly Premiums

BR	\$154.00
BR+S	308.00
BR+C	308.00
BR+S+C	462.00

CIGNA Dental Monthly Premiums

	HMO	PPO
BR	\$14.50	\$24.89
BR+S	28.75	49.89
BR+C	30.81	57.36
BR+S+C	48.50	80.05

VSP Monthly Premiums

	PPO #1	PPO #2	PPO #3
BR	\$7.84	\$5.29	\$0.84
BR+S	12.54	8.50	1.36
BR+C	12.80	8.69	1.39
BR+S+C	20.64	14.00	2.23

BR = Benefit Recipient

S = Spouse

C = Children

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*.

The PERACare calculator can help you calculate your net health care premium. Go to the PERA Web site, click on Retirees/Benefit Recipients, then PERACare from the left-hand bar. From this page you can choose PERACare Calculator for Retirees. During Open Enrollment (October 1–November 15), PERACare information may be accessed from the PERACare 2008 Open Enrollment Information link off the home page at www.copera.org.

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 page 6.)

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 \$204.80 in 2008.

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 (or "out-of-pocket" for) 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.

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