

About PERACare...

PERACare is a health benefits program designed with PERA-affiliated employers in mind. Colorado PERA has offered health care coverage to retirees since 1986. In 2001, the health care program was redesigned to create PERACare, a program PERA-affiliated employers could join to cover their employees who are PERA members. The program was expanded to include dental and vision coverage in addition to more health care plan choices.

Benefits of PERACare to Employers

Colorado PERA handles most of the work involved in administering a health benefits program for employers, including the following services:

- Handling the bid process every three years, including carrier negotiations, network evaluations, performance monitoring and contracting
- Working with carriers on the renewal process each year and notifying employers about premium and benefit changes three months prior to their renewal
- Enrolling employees, helping employees with problem resolution, and administering COBRA
- Furnishing Health Plan Description Forms and enrollment materials
- Offering more plan choices than many employers are able to offer on their own

Joining PERACare is Easy

Because all employers eligible to join PERACare are already working with Colorado PERA on pension, 401(k), and life insurance benefits, joining the PERACare program is easy. The employer conducts its own analysis of PERACare as an alternative to its current health benefits package. PERA staff is available to assist and/or present PERACare information to the employer's decision-makers. Once the employer has completed its own decision-making process about benefits, the employer would write Jessica Linart at Colorado PERA (see sidebar), stating its intent to join PERACare on a specified future effective date. For smaller size employers, a 30-day notice is suggested. For larger employers, more time would be appropriate. PERA staff works closely with the employer throughout the implementation process to ensure a successful transition.

Once Colorado PERA has received your letter of intent, an insurance administrator will contact you to begin the process of implementing PERACare for your organization. This will include the following steps:

- Helping you complete the Participation Agreement
- Conducting open enrollment meetings
- Helping employees complete enrollment forms
- Enrolling employees in their respective plans so they receive ID cards and plan information
- Setting up your ACH banking arrangements
- Providing you with access to the billing system on Colorado PERA's Web site

For additional information, contact
Jessica Linart
Insurance Manager
303-863-3736

E-mail: jlinart@copera.org

Mailing Address:
Jessica Linart
Colorado PERA
1301 Pennsylvania Street
Denver, CO 80203



Participation Agreement

Colorado PERA contracts with the insurance carriers to provide the coverages available through PERACare. You, as the employer, complete and sign a Participation Agreement when you join the program. By signing the Participation Agreement you agree to the following guidelines:

- Participate for a period of one year
- Offer no other health care or vision coverage to your employees who are PERA members (and offer no other dental coverage if you offer dental through PERACare)
- Set the eligibility rules for your employees and their dependents within guidelines provided by PERACare
- Contribute at least 50 percent of the lowest cost, single employee premium for each covered employee
- Pay your monthly premium by automatic deduction from your bank account on the last business day of the month
- Provide employees with initial COBRA and HIPAA rights notices
- Report additions, changes, and cancellations to PERA by the 25th of each month

Employee Eligibility Guidelines

Each employer decides on the eligibility requirements for its employees based on the following guidelines:

Eligible Employees

Employees must be PERA members. PERA provides eligibility guidelines for employers, and employers may set their eligibility criteria within those guidelines. Employees can be eligible as long as they work a minimum of 16 hours per week the weeks that they work.

Effective Date

The employer may decide when coverage will be effective. Coverage may start as early as the first day on the job or the employer may apply a waiting period.

Eligible Dependents

Eligible dependents may include spouses, domestic partners, dependent children, and dependent grandchildren. Dependent children include children who are natural, legally adopted or placed for adoption, or stepchildren. Grandchildren are eligible if the employee has legal custody or guardianship of the child, or if the child qualifies as a dependent for income tax purposes and lives with the employee. Children and grandchildren must be unmarried, under age 25, and financially dependent on the employee, or certified as disabled and dependent on the employee, regardless of age.

Premium Structure

Each employer group is individually rated based on your location and the demographics of your employees. For larger groups, any available claims experience will also be considered.

Premiums are set in a four-tier structure:

- Employee only
- Employee plus spouse
- Employee plus children
- Employee plus family

The health care premiums charged to an employer include an administrative fee per employee per month. The fee is \$2 for single coverage, \$4 for employee plus spouse or employee plus children coverage, and \$6 for family coverage.

Initial Effective Date Policy

An employer may join PERACare on the first of any month. Subsequent renewals will occur on either January 1 or July 1, determined as follows:

- If the initial effective date is the 1st of January, February, March, April, May, or June, all subsequent renewals will occur on January 1.
- If the initial effective date is the 1st of July, August, September, October, November, or December, all subsequent renewals will occur on July 1.

Service Areas

The service areas are defined below. Employees may choose plans based on where they live.

Anthem Blue Cross and Blue Shield: Statewide

Kaiser Permanente: Available in Denver/Boulder and Southern Colorado as determined by ZIP code.

CIGNA Dental: The HMO plan is available in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, and Weld counties.

The PPO plan is available statewide.

Delta Dental: Statewide

VSP: Statewide

Health Plans At-A-Glance

These summaries provide an overview of the copayments, deductibles, and coinsurance in these plans. Employees may enroll in these plans without enrolling in a dental or vision plan or vice versa. For more detailed information about the plans, see the *PERACare Health Plan Descriptions for Active Members* booklet.

Anthem Blue Cross and Blue Shield

	HMO Plan	PPO #1		HDHP Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible					
<i>Individual</i>	None	\$1,500	\$3,000	\$3,500	\$7,000
<i>Family</i>	None	\$3,000	\$6,000	\$7,000	\$14,000
Office Visits					
<i>Primary Care Physician</i>	\$30 copay	\$30 copay	60% covered after deductible	80% covered after deductible	60% covered after deductible
<i>Specialist</i>	\$45 copay	\$45 copay	60% covered after deductible	80% covered after deductible	60% covered after deductible
Prescription Drugs					
<i>Retail (34-day supply)</i>	Tier 1 \$15 copay Tier 2 \$40 copay Tier 3 \$70 copay	Tier 1 \$15 copay Tier 2 \$40 copay Tier 3 \$70 copay	Not covered	80% covered after deductible	Not covered
<i>Mail order (90-day supply)</i>	Tier 1 \$15 copay Tier 2 \$80 copay Tier 3 \$140 copay	Tier 1 \$15 copay Tier 2 \$80 copay Tier 3 \$140 copay	Not covered	80% covered after deductible	Not covered
Inpatient Hospital	\$1,200 copay per admission, then 80% covered	80% covered after deductible	60% covered after deductible	80% covered after deductible	60% covered after deductible

Kaiser Permanente

	HMO #1 Plan	HMO #2 Plan	HDHP Plan
	In-Network Only (Out-of-Network is not covered except as noted)		
Deductible			
<i>Individual</i>	None	\$1,000	\$3,500
<i>Family</i>	None	\$3,000	\$7,000; family deductible must be met by one or more family members before coinsurance benefit applies
Office Visits			
<i>Primary Care Physician</i>	\$25 copay	\$25 copay	80% covered after deductible
<i>Specialist</i>	\$40 copay	\$45 copay	80% covered after deductible
Prescription Drugs			
<i>Retail (30-day supply)</i>	\$15 Generic \$40 Brand	\$15 Generic \$40 Brand	\$10 Generic \$25 Brand After deductible is met
<i>Mail Order (90-day supply)</i>	\$30 Generic \$80 Brand	\$30 Generic \$80 Brand	\$20 Generic \$50 Brand After deductible is met
Inpatient Hospital	\$1,000 copay per admission	80% covered after deductible	80% covered after deductible

Dental and Vision Plans At-A-Glance

These summaries provide an overview of the copayments, deductibles, and coinsurance in these plans. Employees may enroll in these plans without enrolling in a health care plan and vice versa. Employees choose a primary care dentist in CIGNA Dental HMO, and out-of-network benefits are not available. CIGNA Dental PPO and Delta Dental PPO cover both in-network and out-of-network providers, with higher benefits paid when network providers are used. The vision plans provide in-network and out-of-network benefits. For more detailed information about the plans, see the *PERACare Health Plan Descriptions for Active Members* booklet.

CIGNA Dental

	Dental HMO	Dental PPO In- and Out-of-Network
Annual Deductible	No deductible	Individual \$100/Family \$200
Office Visits	\$5 copay (in addition to any other copay)	Included in benefit for procedure
Annual Maximum Benefit	None	\$1,500
Diagnostic and Preventive	\$0 to \$155 copay	100% covered (not subject to deductible)
Restorative (Fillings)	\$0 to \$100 copay	80% covered after deductible

Delta Dental

	Dental PPO In- and Out-of-Network
Annual Deductible	Individual \$100/Family \$200
Office Visits	Included in benefit for procedure
Annual Maximum Benefit	\$1,500
Diagnostic and Preventive	100% covered (not subject to deductible)
Restorative (Fillings)	80% covered after deductible

VSP

	Vision PPO #1		Vision PPO #2		Vision PPO #3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	\$10 copay	Covered up to \$35	\$25 copay	Covered up to \$45	\$10 copay	Covered up to \$35
Lenses	\$25 copay for lenses and frame	Covered up to \$25-\$80	\$25 copay for lenses and frame	Covered up to \$35-\$90	20% discount off complete pair of glasses only	Not covered
Frames	Covered up to \$130 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	Not covered



Managing health care for you.