

# 2022 Employer Information

## *Health Care, Dental, and Vision Plans for Active Members*

### What is PERACare?

PERACare is Colorado PERA's health benefits program that includes health care, dental, and vision plans for eligible employees of PERA-affiliated employers.

### Benefits of PERACare to Employers

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

- » Handling the bid process, including carrier negotiations, network evaluations, performance monitoring, and contracting
- » Working with carriers on the renewal process and notifying employers about premium and benefit changes three months prior to their renewal
- » Enrolling employees, helping employees with problem resolution, and administering COBRA
- » Providing health plan description forms, summaries of benefits and coverage, 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 PERA, 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 PERA (see below for contact information), stating its intent to join PERACare on a specified future effective date. For most employers, a 30-day notice is suggested. PERA staff works closely with the employer throughout the implementation process to ensure a successful transition.

### PERACare Contact Information

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Once PERA has received a letter of intent from the employer, an insurance administrator will contact the employer to begin the process of implementing PERACare. This will include the following steps:

- » Providing the employer with 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 ACH banking arrangements
- » Providing the employer with access to the billing system on PERA’s website at [www.copera.org](http://www.copera.org)

### Participation Agreement

The employer will complete and sign a Participation Agreement when joining PERACare. By signing the Participation Agreement, employers agree to the following guidelines:

- » Participate for a period of one year
- » Offer no other health care, dental, or vision coverage to employees who are PERA members
- » Set the eligibility rules for employees and their dependents within guidelines provided by PERACare
- » Contribute at least 50% of the lowest cost, single employee premium for each covered employee
- » Pay monthly premiums by automatic deduction from the employer’s 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 day 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. Employees can be eligible as long as they work a minimum of 16 hours per week when they are actively at 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, including civil union partners as recognized under Colorado law, children, and dependent grandchildren. Children include children who are natural, legally adopted or placed for adoption, or stepchildren, under age 26, or a child who is certified as disabled and dependent on the employee, regardless of age.

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. Grandchildren must be unmarried, under age 26, and financially dependent on the employee.

#### Initial Effective Date Policy

An employer may join PERACare on the first of any month. Subsequent renewals will occur on January 1.

#### Service Areas

The service areas are defined below.

| Provider          | Service Area   |
|-------------------|--|
| Kaiser Permanente | Available in Colorado in designated geographic areas and as determined by ZIP code                       |
| Cigna Dental      | The HMO plan is available in Metro Denver and the Front Range<br><br>The PPO plan is available statewide |
| Delta Dental      | Statewide  |
| VSP               | Statewide  |

See premium information on page 4

## 2022 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.

| Kaiser Permanente Health Care Plans   | HMO #1 Plan  | HMO #2 Plan  | HDHP Plan  |
|---|--|--|--|
|   | In-Network Only*   |  |  |
| <b>Deductible</b>   |  |  |  |
| Individual  | No deductible  | \$1,000 per year   | \$3,500 per year   |
| Family  | No deductible  | \$3,000 per year   | \$7,000 per year   |
| <b>Office Visits</b>  |  |  |  |
| Primary Care Physician  | \$25 copay per primary care office visit   | \$25 copay per primary care office visit (not subject to deductible)   | 20% coinsurance per primary care office visit, after deductible is met   |
| Specialist  | \$40 copay per specialist care office visit<br>\$300 copay may apply for procedures performed during an office visit | \$45 copay per specialist care office visit (not subject to deductible)<br>20% coinsurance for procedures received during an office visit, after deductible is met | 20% coinsurance per specialist care office visit, after deductible is met<br>20% coinsurance for procedures received during an office visit, after deductible is met |
| <b>Prescription Drugs</b>   |  |  |  |
| Mail-order Copay (90-day supply) (Specialty drugs limited to a 30-day supply) | \$30 Generic<br>\$80 Brand<br>\$120 Non-Preferred Brand<br>20% up to \$250 Specialty                                 | \$30 Generic<br>\$80 Brand<br>\$120 Non-Preferred Brand<br>20% up to \$250 Specialty   | After deductible is met:<br>\$20 Generic<br>\$60 Brand<br>50% Non-Preferred Brand<br>20% up to \$250 Specialty   |
| <b>Inpatient Hospital</b>   | \$1,000 copay per admission  | 20% coinsurance after deductible is met  | 20% coinsurance after deductible is met  |

\*Out-of-Network care is not covered except as noted in the *PERACare Health Plan Descriptions for Active Members* booklet.

| Dental Plans                           | Cigna HMO Plan     | Cigna PPO Plan                | Delta PPO Plan                |
|--|--------------------|-------------------------------|-------------------------------|
|  | In-Network Only    | In-Network Coverage Listed    |                               |
| <b>Annual Deductible</b>               | None               | Individual \$100/Family \$200 | Individual \$100/Family \$200 |
| <b>Annual Maximum Benefit</b>          | None               | \$1,500                       | \$1,500                       |
| <b>Office Visits</b>                   | \$0 copay          | Nothing                       | Nothing                       |
| <b>Oral Exam and Regular Cleanings</b> | \$0 copay          | Nothing                       | Nothing                       |
| <b>Basic Restorative (Fillings)</b>    | \$0 to \$115 copay | 20% of PPO Contracted Fee     | 20% of PPO Contracted Fee     |

| VSP Vision Plans            | PPO #1 Plan  | PPO #2 Plan  | PPO #3 Plan   |
|-----------------------------|--|--|---|
|                             | In-Network Coverage Listed   |  |   |
| <b>Eye Exam</b>             | \$10 copay, then covered in full   | \$25 copay, then covered in full   | \$10 copay, then covered in full  |
| <b>Prescription Glasses</b> | \$25 copay for lenses and frame<br>Lenses covered once every 12 months<br>\$160 retail allowance on frames (\$180 on featured frame brands) once every 12 months | \$25 copay for lenses and frame<br>Lenses covered once every 12 months<br>\$115 retail allowance on frames (\$165 on featured frame brands) once every 24 months | 20% discount off complete pair of glasses only; no discount for lenses only, frame only, or replacement parts or repair |

## Premium Structure

Premiums are set in a four-tier structure and the health care premiums charged to an employer include an administrative fee per employee per month as listed below:

| Premium Tier          | Administrative Fee |
|-----------------------|--------------------|
| Employee only         | \$3                |
| Employee + spouse     | \$6                |
| Employee + Child(ren) | \$6                |
| Employee + family     | \$9                |

## Premium Details

### Health Care

|                       | Kaiser Permanente |            |            |
|-----------------------|-------------------|------------|------------|
|                       | HMO #1            | HMO #2     | HDHP       |
| Employee Only         | \$743.00          | \$650.00   | \$400.00   |
| Employee + Spouse     | \$1,483.00        | \$1,297.00 | \$797.00   |
| Employee + Child(ren) | \$1,373.00        | \$1,200.00 | \$739.00   |
| Employee + Family     | \$2,143.00        | \$1,872.00 | \$1,153.00 |

### Dental

|                       | CIGNA Dental |          | Delta Dental |
|-----------------------|--------------|----------|--------------|
|                       | HMO          | PPO      | PPO          |
| Employee Only         | \$16.00      | \$40.06  | \$38.06      |
| Employee + Spouse     | \$32.01      | \$80.13  | \$76.08      |
| Employee + Child(ren) | \$36.83      | \$92.15  | \$87.50      |
| Employee + Family     | \$51.23      | \$128.21 | \$121.75     |

### Vision

|                       | VSP     |         |        |
|-----------------------|---------|---------|--------|
|                       | PPO #1  | PPO #2  | PPO #3 |
| Employee Only         | \$8.85  | \$4.70  | \$0.77 |
| Employee + Spouse     | \$14.19 | \$7.58  | \$1.20 |
| Employee + Child(ren) | \$14.47 | \$7.74  | \$1.24 |
| Employee + Family     | \$23.36 | \$12.46 | \$2.00 |