

# PERACare Overview

## 2022 Plan Year Comparisons



After a career in public service, you can count on the PERACare health benefits program for health care, dental, and vision coverage in retirement.

Colorado PERA retirees and benefit recipients are eligible to enroll in PERACare. You can also cover eligible dependents, including spouses, civil union partners, unmarried, dependent children under age 26, certain mentally or physically incapacitated adult children, and dependent parents.

See below and the reverse for an overview of your plan options. For more details and important information about eligibility, enrolling, and your plan options, visit [www.copera.org](http://www.copera.org) and click on the “PERACare” drop-down menu. You may also review the *PERACare 2022 Health Benefits Program* booklets.

### Pre-Medicare Plans—Individual Coverage for Participants Under Age 65

	Plan Availability	Annual Deductible	Primary Care Office Visit	Inpatient Hospitalization	Prescription Drug Mail-Order Copay (Up to 90-Day Supply)	Premium Before Subsidy
<b>UMR PPO #1</b>	Nationwide	\$3,500	Premium Care Physician: \$0 copay Non-Premium Care Physician: \$40 copay (Not Subject to Deductible)	20% coinsurance	Generic \$20 Preferred Brand \$150 Non-Preferred Brand \$200	\$1,248
<b>UMR PPO #2</b>	Nationwide	\$6,000	Premium Care Physician: \$0 copay Non-Premium Care Physician: \$40 copay (Not Subject to Deductible)	20% coinsurance	Generic \$40 Preferred Brand \$200 Non-Preferred Brand \$250	\$730
<b>Kaiser Deductible HMO</b>	Colorado Front Range	\$1,000	\$25 copay (Not Subject to Deductible)	20% coinsurance	Generic \$30 Preferred Brand \$80 Non-Preferred \$120	\$1,321
<b>Kaiser HDHP<sup>1</sup></b>	Colorado Front Range	\$3,500	20% coinsurance	20% coinsurance	Generic \$20 Preferred Brand \$50 Non-Preferred \$100	\$793

<sup>1</sup> In the Kaiser HDHP plan, you must meet the deductible before coinsurance or copays will apply, including costs for prescription drugs.

## Medicare Plans—Individual Coverage for Participants Age 65 and Up

	Plan Availability	Annual Deductible	Primary Care Office Visit	Hospital Care and Professional Visits	Prescription Drug Mail-Order Copay (Up to 90-Day Supply)	Premium Before Subsidy <sup>1</sup>
<b>UnitedHealthcare MA #1</b>	Nationwide	None	\$0 copay	\$300 per admission; maximum \$900 per year	Preferred Generic \$30 Preferred Brand \$90 Non-Preferred Brand \$120	\$152
<b>UnitedHealthcare MA #2</b>	Nationwide	None	\$20 copay	\$500 per admission; maximum \$1,500 per year	Preferred Generic \$30 Preferred Brand \$90 Non-Preferred Brand \$120	\$52
<b>Kaiser Med HMO</b>	Certain counties across Colorado <sup>2</sup>	None	\$15 copay	\$250 per day; maximum \$500 per admit	Preferred Generic \$10 Non-Preferred Generic \$30 Preferred Brand \$80 Non-Preferred Brand \$120	\$170

<sup>1</sup> If you are in the Denver Public Schools benefit structure and not eligible for Medicare Part A at no cost, your premium may be higher. Please contact PERA for details.

<sup>2</sup> Coverage 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.

## Dental Plans—Individual Coverage (In-Network)

	Plan Availability	Annual Deductible	Annual Benefit Maximum	Oral Exams, Regular Cleanings, and X-Rays	Basic Restorative (Fillings)	Premium
<b>Cigna Dental HMO</b>	Metro Denver, Front Range, and major metro areas in many states	None	None	\$0 copay	\$0-\$115 copay	\$20.61
<b>Cigna Dental PPO</b>	Nationwide	\$100	\$1,500	Nothing	20% of PPO Contracted Fee	\$37.73
<b>Delta Dental PPO</b>	Nationwide	\$100	\$1,500	Nothing	20% of PPO Contracted Fee	\$41.96

## Vision Plans—Individual Coverage (In-Network)

	Plan Availability	Well Vision Exam (Every 12 months)	Lenses	Frames	Premium
<b>VSP PPO #1<sup>1</sup></b>	Nationwide	\$10 copay, then covered in full	Covered in full once every 12 months	\$160 retail allowance Covered once every 12 months	\$8.29
<b>VSP PPO #2</b>	Nationwide	\$25 copay, then covered in full	Covered in full once every 12 months	\$115 retail allowance Covered once every 24 months	\$4.94
<b>VSP PPO #3</b>	Nationwide	\$10 copay, then covered in full	20% discount off complete pair of glasses only		\$0.78

<sup>1</sup> Upgrade options are: An additional \$70 frame allowance, an additional \$40 contact lens allowance, fully-covered premium or custom progressive lenses, fully-covered light-reactive lenses, or fully-covered anti-glare coating.