

MEDICARE

2019 Health Benefits Program



PERACARE[®]

PERACare Plan Contact Information/Resources

Anthem Blue Cross and Blue Shield

Group #COEGR000
Pre-Enrollment: 1-833-244-3887
Post Enrollment: 1-833-244-3888
www.anthem.com/peracare

Centers for Medicare and Medicaid Services (CMS)

1-800-MEDICARE (633-4227)
www.medicare.gov

Cigna Dental

Dental HMO-Group #10080104
Dental PPO-Group #3171792
1-877-635-PERA (7372)
www.cigna.com

Delta Dental

Group #11869
1-800-610-0201
www.deltadentalco.com

Kaiser Permanente

Group #1804
Denver/Boulder: 303-338-3800 or
1-800-632-9700
Northern Colorado: 1-800-632-9700
Southern Colorado: 1-888-681-7878
www.kp.org

PERACare QuitLine

1-855-261-2636

SilverScript®

(affiliated with CVS Caremark®)

Group #RXCVSD
1-844-345-4162
BIN: 004336
PCN: MEDDADV
www.caremark.com

SilverSneakers

1-888-423-4632
www.silversneakers.com

Social Security Administration

1-800-772-1213
www.ssa.gov

VSP

Group #12144626
1-800-877-7195
www.vsp.com

Colorado PERA Contact Information

Mailing Address

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

Phone/Website/Email

1-800-759-7372 (PERA)
303-863-3727 (Fax)
www.copera.org (email via
"Contact Us" link on the PERA
home page)

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

Denver Main Office

1301 Pennsylvania Street
Denver, CO 80203-5011

Denver Main Office Hours (Mountain time)

7:30 a.m.-4:30 p.m.
Monday-Friday

Lone Tree Office

10457 Park Meadows Drive,
Suite 102
Lone Tree, CO 80124

Lone Tree Office Hours (Mountain time)

8:00 a.m.-5:00 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

Contents

PERACare Program Enrollment Guidelines

| | |
|---|---|
| Who is Eligible to Enroll in PERACare? | 2 |
| When Can I Enroll, Change Plans, or Add Dependents? | 2 |
| PERACare Enrollment Eligibility Chart..... | 3 |
| Options for Combination Coverage..... | 4 |
| Moving..... | 4 |
| Traveling..... | 4 |
| Cancellation of Coverage | 4 |
| Medicare Quick Reference Chart..... | 5 |

Plan Benefit Choices

| | |
|---------------------------------------|---|
| What Plans Does PERACare Offer? | 6 |
| Medicare Health Plans | 6 |
| Online Provider Directories | 6 |
| Prescription Drug Coverage | 6 |
| Fitness and Wellness Programs | 7 |

Plan Descriptions

| | |
|--|----|
| Anthem Medicare Preferred (PPO) Medicare Advantage Plans Benefit Highlights | 8 |
| Kaiser Permanente Senior Advantage (HMO) Plan Benefit Highlights | 10 |
| Dental Plan Highlights..... | 11 |
| Vision Plan Highlights | 12 |

Accessing Your PERA Account.....

13

Enrolling in PERACare.....

13

Premiums

| | |
|--|----|
| Premium Information..... | 14 |
| Subsidy Chart for PERA Benefit Structure Retirees and DPS Benefit Structure Retirees With Medicare Part A | 14 |
| Calculating Your Health Care Premium | 14 |
| Anthem/SilverScript Monthly Premiums | 15 |
| Kaiser Monthly Premiums..... | 15 |
| Cigna Dental Monthly Premiums..... | 15 |
| Delta Dental Monthly Premiums | 15 |
| VSP Monthly Premiums..... | 15 |
| Monthly Premiums for Retirees Under the DPS Benefit Structure Without Medicare Part A | 16 |
| Subsidy Chart for DPS Benefit Structure Retirees Without Medicare Part A..... | 16 |

Glossary of Key Terms.....

17

PERACare Program Enrollment Guidelines

Who is Eligible to Enroll in PERACare?

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, he/she may enroll the following dependents:

- » Spouse, including a civil union partner as recognized under Colorado law; 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.)

Federal guidelines that require some employer plans to offer coverage to all children under age 26 do not apply to PERACare's retiree-only plans.

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.

You must complete a *PERACare Enrollment/Change Form* if you want to enroll in PERACare, even if you are choosing PERACare coverage with the same health plan you had with a prior employer or group.

When Can I Enroll, Change Plans, or Add Dependents?

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 eligible to enroll throughout the year based on certain "life events." You are also eligible to enroll, change plans, and add dependents during the annual open enrollment period. See the PERACare Enrollment Eligibility Chart on page 3.

Turning age 65 will allow you to enroll in a PERACare health care plan, but you must have other coverage immediately prior to your Medicare eligibility. If you were without coverage, your enrollment can be accepted during the next annual open enrollment period.

Note that if you are adding PERACare coverage anytime other than when you are first eligible or during the annual open enrollment period, the effective date of your PERACare coverage must coincide with the end of your other coverage.

PERACare coverage is effective on the first day of the month. Any additions or changes can only be effective on the first day of the month.

PERACARE FORMS

You may download and print the following forms from the PERA website (in the "Retirees" section, click on "PERACare for Retirees"):

- » *PERACare Enrollment/Change Form* (may be completed online by logging on to your account)
- » *Certification of Previous Health Care Coverage*
- » *PERACare Program Cancellation*

The forms may also be obtained by calling PERA's Customer Service Center at 1-800-759-7372.

PERACare Enrollment Eligibility Chart

The chart below summarizes the different times that a benefit recipient is eligible to enroll in PERACare, or add or change coverage. Your request must be received within 30 days of the Enrollment Eligibility Events listed below.

| ENROLLMENT ELIGIBILITY EVENTS | PROOF REQUIRED | WHO CAN BE ENROLLED OR ADDED | CHANGE(S) YOU CAN MAKE |
|---|---|---|--|
| When you are first eligible to enroll <ul style="list-style-type: none"> Within 30 days of the date of your first PERA benefit payment (as a retiree, cobeneficiary, or survivor benefit recipient) | None for the benefit recipient* | Yourself, your spouse, and children*; your guardian (if benefit recipient is a child) | Enroll |
| Open enrollment <ul style="list-style-type: none"> During the PERACare annual fall open enrollment period | None for the benefit recipient* | Yourself, your spouse, and children* | Enroll, add coverage for spouse or children, or change plans |
| Life events when you can enroll or change <ul style="list-style-type: none"> Marriage or civil union | 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"> Moving out of your plan'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 to another plan |
| <ul style="list-style-type: none"> Turning age 65 or qualifying for Medicare due to disability (you or your spouse) | CPHCC** and a copy of Medicare card(s) | Yourself, your spouse, and children* | Enroll, add coverage for spouse or children, or change (health care plans only) |
| <ul style="list-style-type: none"> Loss of other employer/group coverage, either your own or your spouse's | CPHCC** and a copy of employer certification*** | Yourself, your spouse, and children* (if they were covered in the employer's plan) | Enroll yourself, your spouse, and children (if they were covered in the employer's plan) |
| <ul style="list-style-type: none"> Loss of individual coverage | CPHCC** and a copy of employer certification or COBRA letter*** | Yourself, your spouse, and children* (if they were covered in the plan) | Enroll yourself, 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) | CPHCC** and a copy of employer certification or COBRA letter*** | Yourself, your spouse, and children* (if they were covered in the COBRA plan) | Enroll yourself, your spouse, and children (if they were covered in the COBRA plan) |
| <ul style="list-style-type: none"> Divorce | CPHCC** | Yourself (if you were covered by your former spouse's plan) | Enroll |

* If children are being enrolled, proof of dependent status may be required.

** 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.

CHECKLIST FOR ENROLLING IN A PERACARE MEDICARE PLAN

- ✓ Enroll in Medicare Part B, and enroll in Medicare Part A if you are eligible to receive it at no cost. Send PERA a copy of your Medicare card when you receive it.
- ✓ 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. If you are not already enrolled in PERACare, you will also need to complete a *Certification of Previous Health Care Coverage* form to show you had coverage immediately prior to your Medicare eligibility.

FOR MORE INFORMATION ABOUT MEDICARE

- » Call Social Security toll-free at 1-800-772-1213
- » Visit the Social Security website at www.ssa.gov
- » Call Medicare toll-free at 1-800-MEDICARE (1-800-633-4227)
- » Visit the Medicare website at www.medicare.gov
- » Call the State Health Insurance Assistance Program (SHIP) at 1-866-550-2752

Options for Combination Coverage

Combination coverage applies if you would like to cover your spouse and/or child(ren) and some of you are over age 65 and eligible for Medicare and others are not. Your options for this coverage are with Anthem Blue Cross and Blue Shield (Anthem) or Kaiser Permanente (Kaiser). To enroll in combination coverage, choose the carrier and a Medicare plan from this booklet, then the individuals not eligible for Medicare would choose a pre-Medicare plan with the same carrier.

For information and rates, see the *PERACare Combination Coverage Premium Information/Enrollment Form*.

Moving

If you move, please notify PERA of your new address so that 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.

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.

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. For more detailed information about Medicare, see the Medicare and Social Security resources highlighted in the sidebar on page 4.

If you are new to Medicare and plan to enroll in a PERACare Medicare plan, you must enroll in Medicare Part B three months before your Medicare effective date.

| MEDICARE PART | WHAT DO I NEED TO KNOW ABOUT ENROLLING AND WHAT WILL MEDICARE COST? |
|---|---|
| Medicare Part A—Hospital Insurance | <ul style="list-style-type: none"> » Enroll in Part A if you are eligible at no cost. (You are eligible if you paid the Medicare tax for 40 quarters. You may also be eligible based upon your spouse or former spouse's eligibility.) » If you are not eligible for free Part A, you do not need to enroll. Replacement Part A benefits are included in all PERACare Medicare plans. |
| Medicare Part B—Medical Insurance (Doctors and Outpatient Services) | <ul style="list-style-type: none"> » You must first enroll in Part B to enroll in a PERACare Medicare plan. » Standard Part B premium is \$134 per month (in 2018). » 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 quarterly. You also may contact Medicare to sign up for Medicare Easy Pay to have your Part B premium withdrawn from your bank account on a monthly basis. » If you don't sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty (LEP). |
| Medicare Part B IRMAA (Income-Related Monthly Adjustment Amount) | <ul style="list-style-type: none"> » Medicare requires individuals with incomes greater than \$85,000 single/\$170,000 couple per year to pay an additional amount for Part B coverage. » Social Security will notify you if this applies to you. » Part B IRMAA 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 quarterly. You also may contact Medicare to sign up for Medicare Easy Pay to have your Part B premium withdrawn from your bank account on a monthly basis. |
| Medicare Part C—Medicare Advantage Plans | <ul style="list-style-type: none"> » Plans offered by private companies approved by Medicare. » All PERACare Medicare plans are Part C plans. » Do not enroll in an individual Part C plan if you want to be enrolled in PERACare. |
| Medicare Part D—Prescription Drug Coverage | <ul style="list-style-type: none"> » All PERACare Medicare plans include Part D coverage as part of the PERACare plan. » Do not enroll in an individual Part D plan if you want to enroll in a PERACare Medicare plan. (Medicare does not allow you to have multiple Part D plans.) Your PERACare premium covers your Part D benefit. (There is no separate Part D premium.) |
| Medicare Part D IRMAA (Income-Related Monthly Adjustment Amount) | <ul style="list-style-type: none"> » Medicare requires individuals with incomes greater than \$85,000 single/\$170,000 couple per year to pay an additional amount for Part D coverage. » Social Security will notify you if this applies to you. » Part D IRMAA is deducted from your Social Security benefit. If you do not receive a Social Security benefit, you must pay Medicare directly. |

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 health plan partners are Anthem and Kaiser.
- » PERACare's dental plan partners are Cigna Dental and Delta Dental.
- » PERACare's vision plan partner is VSP.

Medicare Health Plans

PERACare offers three Medicare plans for retirees, benefit recipients, and their dependents who are enrolled in Medicare. Medicare 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. The Anthem Medicare Preferred (PPO) Medicare Advantage (MA) 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 10.

Anthem MA

With an Anthem MA plan, you'll enjoy the freedom to see any provider—doctors, specialists and hospitals—who is in the Anthem Medicare Preferred (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 accepts Medicare.

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

Prescription drugs for these plans are managed by SilverScript (affiliated with CVS/Caremark). See pages 8 and 9 for Benefit Highlights.

Kaiser Senior Advantage (HMO)

With the Kaiser plan, you are required to use providers—doctors and hospitals—in Kaiser's network and generally have no coverage if you see an out-of-network provider. However, emergency and urgent care is covered worldwide. See page 10 for Benefit Highlights.

Online Provider Directories

Provider directories for all of the health, dental, and vision plans in PERACare are available online through PERA's website. 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 the "PERACare for Retirees" link from the "Retirees" menu.

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.

Prescription Drug Coverage

All of the Medicare health plans offered through PERACare include Medicare Part D prescription drug coverage. The role of a Part D plan is to process and pay for prescription drug claims, develop a formulary and clinical coverage guidelines that comply with Medicare requirements, and contract with retail pharmacies. While the benefits, copayments, and coverage levels vary between each plan, all have these components in common:

- » A Formulary is the list of drugs that are covered by your plan. The Formulary for each of the Medicare plans is available at www.copera.org by clicking on "PERACare for Retirees" in the "Retirees" section.
- » Prior Authorization (PA) ensures appropriate use of a medication by requesting medical information from your physician. This process will be repeated each time your physician writes a new prescription for the medication (typically once a year).
- » Step Therapy (ST) encourages the use of the most cost-effective medication. The plan will use history in their system, or from your physician, to determine if the use of a less expensive, but clinically equivalent, medication might be appropriate. If your physician decides to prescribe the alternative medication, he/she can approve the change. If he/she prefers to proceed with the initial prescription, it will be filled as written and you will not need to go through the ST process for that medication again.
- » Quantity Limits are a maximum quantity that can be dispensed for a drug and are in place to prevent overuse. Limits also increase compliance and reduce cost by suggesting that providers consider prescribing higher doses less frequently (for example, dosing once a day versus twice a day).

» Plans may also initiate a change request with your physician to determine if a lower cost, more effective, or safer alternative can be prescribed in place of the one initially prescribed. This process can be started with any medication, but the prescription will only be changed with your physician's approval.

If you enroll in a PERACare health plan, do not enroll in a separate or individual Part D plan or your PERACare coverage will be canceled.

If you enroll in an Anthem MA plan, your prescription drug benefit will be through SilverScript, a national pharmacy benefit manager affiliated with CVS Caremark. You may get your prescriptions filled at local retail pharmacies and through the CVS Caremark mail service pharmacy. If you have questions about prescription benefits, call SilverScript at 1-844-345-4162. You will receive an Anthem card to submit to your medical provider and a SilverScript card to submit for prescriptions.

If you enroll in Kaiser, you can get your prescriptions filled at Kaiser facilities or through Kaiser's home-delivery service. If you live in Southern or Northern Colorado and are enrolled in Kaiser, you may also use certain local retail pharmacies to fill your prescriptions.

SEE A TERM YOU DON'T UNDERSTAND?

See the Glossary on the inside back cover for key terms used in this booklet.

Fitness and Wellness Programs

Fitness and wellness benefits have been proven to improve health and reduce health care costs. If you enroll in a PERACare health plan, you will receive information about the following value-added benefits once your coverage becomes effective.

SilverSneakers

All PERACare plans include membership in the SilverSneakers® Fitness Program. With

SilverSneakers, you receive a free basic fitness center membership to over 14,000 participating locations nationwide. You also have access to SilverSneakers classes, Senior AdvisorsSM, health education, and social activities. For more information, call 1-888-423-4632.



PERACare QuitLine—Retire the Habit

The PERACare QuitLine gives you access to a team of dedicated coaches who can help you cope with common barriers to quitting smoking, such as dealing with stress, fighting cravings, and coping with irritability. You can also receive free nicotine replacement therapy, such as gum or patches, through the PERACare QuitLine. It all starts with a phone call. Call the PERACare QuitLine at 1-855-261-2636 to take the first step toward being tobacco free.



Anthem Medicare Preferred (PPO) Medicare Advantage Plans Benefit Highlights

Anthem MA #1

Features

| | |
|---|--|
| Annual Deductible | None |
| Lifetime Maximum Benefit | None |
| Out-of-Pocket Annual Maximum | \$2,000 |
| Where Available? (Note: Emergency care is 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

| | |
|------------------------|---|
| Preventive Care | All Medicare-covered preventive care covered with \$0 copay |
|------------------------|---|

| Outpatient Services (per visit or procedure) | |
|---|---|
| Primary Care Office Visit | \$0 copay |
| Specialty Care Office Visit | \$0 copay |
| Ambulatory 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 with \$70 allowance; \$100 combined materials allowance every 12 months |
| Hearing Services | \$20 copay for exam every 12 months; \$500 hearing aid allowance every 36 months |
| Chiropractic Care | \$20 copay; limited to 20 visits per year |

| Inpatient Care | |
|---------------------------------------|--|
| Hospital Care and Professional Visits | \$300 per admission; maximum \$900 per year |
| Skilled Nursing Facility Care | No copay days 1-20 \$65 copay per day days 21-100 |

| Emergency and Urgent Care | |
|---|------------|
| Emergency Room Visit (waived if admitted) | \$50 copay |
| Urgent Care | \$0 copay |
| Ambulance Service | \$75 copay |

| Part D Prescription Drugs, Administered by SilverScript | | | |
|--|---------------------|---------|---------|
| Not applicable to the Out-of-Pocket Maximum | | | |
| Retail (up to 31-day supply) | | | |
| No deductible; 30% coinsurance | Generic | Minimum | Maximum |
| | Preferred Brand | \$10 | \$15 |
| | Non-Preferred Brand | \$35 | \$45 |
| Mail (up to 90-day supply) | Generic | Minimum | Maximum |
| | Preferred Brand | \$70 | \$90 |
| | Non-Preferred Brand | \$100 | \$120 |
| High Cost (up to 31-day supply) | High Cost | Minimum | Maximum |
| | | \$50 | \$75 |

Anthem MA #2

See page 15 for premium information.

| |
|--|
| 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 |
| \$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 with \$70 allowance; \$100 combined materials allowance every 12 months |
| \$20 copay for exam every 12 months; \$500 hearing aid allowance every 36 months |
| \$20 copay; limited to 12 visits per year |

| |
|--|
| \$500 per admission; maximum \$1,500 per year |
| No copay days 1-20 \$75 copay per day days 21-100 |

| |
|-------------|
| \$65 copay |
| \$30 copay |
| \$100 copay |

| | Minimum | Maximum |
|---------------------|---------|---------|
| Generic | \$10 | \$15 |
| Preferred Brand | \$35 | \$45 |
| Non-Preferred Brand | \$50 | \$60 |

| | Minimum | Maximum |
|---------------------|---------|---------|
| Generic | \$20 | \$30 |
| Preferred Brand | \$70 | \$90 |
| Non-Preferred Brand | \$100 | \$120 |

| | Minimum | Maximum |
|-----------|---------|---------|
| High Cost | \$50 | \$75 |

Kaiser Permanente Senior Advantage (HMO) Plan Benefit Highlights

Med HMO

Features

| | |
|---|--|
| Annual Deductible | None |
| Lifetime Maximum Benefit | None |
| Out-of-Pocket Annual Maximum | \$6,000 |
| Where Available? (Note: Emergency care is covered worldwide) | 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? | Only for emergency care |

Benefits

| | |
|------------------------|---|
| Preventive Care | All Medicare-covered preventive care covered with \$0 copay |
|------------------------|---|

| Outpatient Services (per visit or procedure) | |
|---|---|
| Primary Care Office Visit | \$20 copay |
| Specialty Care Office Visit | \$30 copay |
| Ambulatory Surgery | \$200 copay |
| Diagnostic Lab and X-Ray | Lab: No charge; X-ray: \$20 copay |
| MRI, PET, CT | \$100 copay per procedure |
| Durable Medical Equipment | 20% copay |
| Oxygen | No charge |
| Physical, Occupational, and Speech Therapy | \$20 copay |
| Home Health Care | No charge |
| Hospice Care | No charge |
| Vision Care | \$20 copay for exam; \$100 credit for frames, lenses, or contacts every 24 months; additional charge for contact lens fitting |
| Hearing Services | \$20 copay for exam every 12 months; \$500 hearing aid allowance every 36 months |
| Chiropractic Care | \$20 copay; limited to 20 visits per year |

| Inpatient Care | |
|---------------------------------------|--|
| Hospital Care and Professional Visits | \$250 per day; maximum \$500 per admit |
| Skilled Nursing Facility Care | No copay days 1-20 \$75 copay per day days 21-100 |

| Emergency and Urgent Care | |
|---|-------------|
| Emergency Room Visit (waived if admitted) | \$65 copay |
| Urgent Care | \$30 copay |
| Ambulance Service | \$100 copay |

| Prescription Drugs | | |
|--|-----------------------|-------|
| Not applicable to the Out-of-Pocket Annual Maximum | | |
| Pharmacy (up to 31-day supply) | Preferred Generic | \$6 |
| | Non-Preferred Generic | \$15 |
| | Preferred Brand | \$45 |
| | Non-Preferred Brand | \$60 |
| | Specialty | \$75 |
| Mail Order (up to 90-day supply) | Preferred Generic | \$12 |
| | Non-Preferred Generic | \$30 |
| | Preferred Brand | \$90 |
| | Non-Preferred Brand | \$120 |
| | Specialty | \$150 |

Dental Plan Highlights

| Features | Cigna Dental HMO | Cigna Dental PPO | Delta Dental PPO |
|--|--|--|--|
| Individual Plan Annual Deductible ¹ | None | \$100 | \$100 |
| Family Plan Annual Deductible ¹ | None | \$200 | \$200 |
| Annual Benefit Maximum (per individual) | None | \$1,500 | \$1,500 |
| Lifetime Benefit Maximums: Orthodontics (per individual) | No limitation | \$1,500 | \$1,500 |
| Provider Network | Cigna Dental HMO Network | Cigna Dental DPPO Advantage Network | Delta Dental PPO Network |
| How to Find a Dentist | Search www.cigna.com or call 1-800-cigna24 (1-800-244-6224) | Search www.cigna.com or call 1-800-cigna24 (1-800-244-6224) | Search www.deltadentalco.com or call Delta Dental at 1-800-610-0201 |
| Areas Where Plan is Available | Metro Denver, Front Range, and major metro areas in many states | Nationwide | Nationwide |

| Covered Services | Covered in-network only | Covered in- and out-of-network | |
|---------------------------------------|-------------------------|--|---------------------------|
| Diagnostic and Preventive | Your Copay | What you pay if you use a network dentist ² | |
| Office Visit | \$5 copay | Nothing | Nothing |
| Oral Exams and Regular Cleanings | \$0 copay | Nothing | Nothing |
| X-Rays | \$0 copay | Nothing | Nothing |
| Sealants | \$12 per tooth | Nothing | Nothing |
| Basic Services | | | |
| Basic Restorative (fillings) | \$0 to \$115 copay | 20% of PPO Contracted Fee | 20% of PPO Contracted Fee |
| Oral Surgery (extractions) | \$13 to \$125 copay | 20% of PPO Contracted Fee | 20% of PPO Contracted Fee |
| Endodontics (root canal therapy) | \$14 to \$430 copay | 20% of PPO Contracted Fee | 20% of PPO Contracted Fee |
| Periodontics (gum disease treatment) | \$42 to \$430 copay | 20% of PPO Contracted Fee | 20% of PPO Contracted Fee |
| Major Services | | | |
| Prosthodontics (dentures, bridges) | \$43 to \$715 copay | 50% of PPO Contracted Fee | 50% of PPO Contracted Fee |
| Special Restorative (crowns, bridges) | \$13 to \$500 copay | 50% of PPO Contracted Fee | 50% of PPO Contracted Fee |
| Orthodontics (braces) | \$67 to \$2,376 copay | 50% of PPO Contracted Fee | 50% of PPO Contracted Fee |
| Implants | Not covered | 50% of PPO Contracted Fee | 50% of PPO Contracted Fee |

¹ Deductible applies to Basic and Major Services, but not Diagnostic and Preventive.

² In both the Cigna Dental and Delta Dental PPO plans, you have the greatest savings if you use a PPO dentist. If you see a dentist who does not participate in the plan's PPO network, you will pay the difference between the PPO contracted fee and the fee charged by the dentist, in addition to any deductible and coinsurance.

In the Delta Dental plan, if you see a dentist who does not participate in the PPO network, but does participate in the Premier network, you will have greater savings than seeing an out-of-network dentist, but you will pay the difference between the PPO contracted fee and the Premier contracted fee, in addition to any deductible and coinsurance.

See page 15 for premium information.

Vision Plan Highlights

| | Vision PPO #1 | | Vision PPO #2 | | Vision PPO #3 | |
|---|--|---|--|---|--|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Plan Availability | Nationwide | | | | | |
| 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 ¹ | \$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 every 12 months | | Covered once every 12 months | | | |
| 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 | Covered once every 12 months | | Covered once every 24 months | | | |
| | \$160 retail allowance | Covered up to \$70 | \$115 retail allowance | Covered up to \$70 | | |
| Contacts ¹ | Covered once every 12 months | | Covered once every 12 months | | 15% discount for evaluation and fitting, no discount for lenses | Not covered |
| | \$130 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 | | |
| Lens Options | Discounts average 20-25% | Not covered | Discounts average 20-25% | Not covered | 20% discount | 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 | 15% discount | Not covered |
| VSP Network Doctors <i>See VSP Choice Network directory for a complete list of current doctors</i> | 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 |
| VSP Member Services | 1-800-877-7195 or www.vsp.com | | | | | |

¹ You may choose prescription glasses or contacts, but not both, once every 12 or 24 months as noted above.

VSP partners with TruHearing to offer VSP enrollees in PERACare special discounts on hearing tests and hearing aids. Call 1-866-929-3827 and tell them you are with Colorado PERA to schedule a hearing test and learn if you need a hearing aid.

See page 15 for premium information.

Accessing Your PERA Account

You can access your personal PERA information and enroll in PERACare online by logging into your account through www.copera.org.

- » You need a User ID and password to access your account. If you have not yet set up your User ID and password, you will first need a PERA Personal Identification Number (PIN).
 - You can request a PIN by clicking on the “Request a PERA PIN” link from the “Retirees” menu on the PERA home page. Your new PIN will arrive by mail within seven business days. If you need to access your account before then, please call the PERA Customer Service Center.
- » You will then log in with your Social Security number (SSN) and PERA PIN.
 - After logging in with your SSN and PIN, you will be prompted to create a user security profile with a User ID and password.
- » Once your user security profile is complete, you will no longer use your SSN and PIN to access your account. You will use your User ID and password combination instead.
 - You will need to retain your PIN when speaking to a Voya Participant Services Representative to obtain PERAPlus 401(k), 457, and PERA DC Plan information.

If you have any questions about accessing your account, please call the PERA Customer Service Center at 1-800-759-7372.

Enrolling in PERACare

See the PERACare Enrollment Eligibility Chart on page 3.

Complete the *PERACare Enrollment/Change Form* to enroll in or change existing coverage. You may download the *PERACare Enrollment/Change Form* from the PERA website or call PERA’s Customer Service Center to request one.

Four Ways to Submit Your *PERACare Enrollment/Change Form*:



ONLINE Go to www.copera.org and log in with your User ID and password.



MAIL Send your completed form to PERA at PO Box 5800, Denver, CO 80217.



FAX Fax your completed form to PERA at 303-863-3727.



IN PERSON Drop off your completed form to one of PERA’s offices in Denver, Lone Tree, or Westminster.

Premiums

Premium Information

Your health care premium is determined by:

- » The plan(s) you select,
- » The number of people you enroll, and
- » Your PERA subsidy.

How does the PERA health care subsidy work?

PERA provides a health care subsidy to help offset your health care premium. The subsidy amount is set in state law, and is applied toward your health care premium (by law the subsidy cannot be applied to dental or vision premiums).

The subsidy is based upon your years of service credit and is paid for all benefit recipients (retirees, cobeneficiaries, and survivors) under the PERA benefit structure and is paid for retirees only under the DPS benefit structure.

The maximum subsidy is \$115 for most Medicare (over age 65) retirees (see chart at right). For Medicare retirees under the DPS benefit structure who do not have Medicare Part A, the maximum subsidy is \$230 (see chart on page 16), which was designed to help offset your higher plan premiums.

What will a PERACare Medicare plan cost?

Your total monthly cost will be your PERACare premium plus your Medicare Part B premium and any applicable IRMAA (see page 5). You do not pay Part A or Part D premiums when you are in PERACare.

How do I pay my PERACare premium?

PERA will determine your PERACare plan premium, subtract the subsidy amount to which you are entitled, and deduct the balance from your PERA benefit each month. For example, your February premium is deducted from your January 31 benefit.

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 the Medicare Part B premiums, Part B IRMAA, and Part D IRMAA directly to Medicare. Medicare will bill you quarterly for these premiums. You also have the option to contact Medicare to sign up for Medicare Easy Pay to have your premiums withdrawn from your bank account on a monthly basis. Note that if Medicare sends you a bill that shows payment(s) due, you should not ignore the bill or Medicare may cancel your coverage.

Subsidy Chart for PERA Benefit Structure Retirees and DPS Benefit Structure Retirees With Medicare Part A

| 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 plan and chosen a level of coverage, you are ready to calculate your premium for that plan.

The premiums on page 15 and subsidy chart on this page apply to all benefit recipients except benefit recipients under the DPS benefit structure who do not have Medicare Part A. If you are under the DPS benefit structure and do not have Medicare Part A, see page 16 for the premiums and subsidy chart to calculate your health care premium.

A. Enter the total premium amount (from the premium chart on page 15) \$ _____

B. Enter your Medicare Benefit Recipient Subsidy (from the subsidy chart above) \$ _____

C. Subtract line B from line A (A - B) \$ _____

This is your monthly health care premium.

MEDICARE PART B PREMIUMS

Remember that you need to have Medicare Part B in place to be enrolled in a PERACare health care plan. If you receive a premium notice from Social Security, do not ignore it or they may cancel your coverage.

Anthem/SilverScript Monthly Premiums

Note: See separate premium chart on page 16 if you are a retiree under the DPS benefit structure and do not have Medicare Part A.

| | MA #1 | MA #2 |
|---------------------|----------|----------|
| Retiree only | \$260.00 | \$160.00 |
| Retiree plus spouse | 520.00 | 320.00 |

Kaiser Monthly Premiums

| | |
|---------------------|----------|
| Retiree only | \$237.00 |
| Retiree plus spouse | 474.00 |

Cigna Dental Monthly Premiums

| | HMO | PPO |
|-----------------------|---------|---------|
| Retiree only | \$19.63 | \$37.73 |
| Retiree plus spouse | 39.27 | 75.46 |
| Retiree plus children | 45.15 | 86.79 |
| Retiree plus family | 62.81 | 120.74 |

Delta Dental Monthly Premiums

| | PPO |
|-----------------------|---------|
| Retiree only | \$41.03 |
| Retiree plus spouse | 82.05 |
| Retiree plus children | 94.34 |
| Retiree plus family | 131.26 |

VSP Monthly Premiums

| | PPO #1 | PPO #2 | PPO #3 |
|-----------------------|--------|--------|--------|
| Retiree only | \$7.47 | \$4.94 | \$0.78 |
| Retiree plus spouse | 11.94 | 7.94 | 1.27 |
| Retiree plus children | 12.20 | 8.11 | 1.30 |
| Retiree plus family | 19.67 | 13.08 | 2.08 |

PREMIUM PAYMENT

Premiums for health, dental, and vision are deducted from your monthly benefit on an after-tax basis. If your monthly benefit is not large enough to accommodate this, PERA will contact you to arrange direct payment.

PLANS AND PREMIUMS

Plans and premiums on this page are for PERACare Medicare plans only. If you are enrolling dependents who are under age 65, contact PERA to request the *PERACare Combination Coverage Premium Information/ Enrollment Form*.

Monthly Premiums for Retirees Under the DPS 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. Dental and Vision premiums are shown on page 15.

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

1. Find the right premium—"Retiree only" (single coverage) or "Retiree plus spouse" (couple coverage).
2. Subtract your PERA subsidy from the premium below to get your premium.

| | Anthem MA #1 | Anthem MA #2 | Kaiser |
|---------------------|---------------------|---------------------|---------------|
| Retiree only | \$621.00 | \$520.00 | \$605.00 |
| Retiree plus spouse | 1,242.00 | 1,040.00 | 1,210.00 |

Subsidy Chart for DPS Benefit Structure Retirees Without Medicare Part A

| YEARS OF SERVICE | SUBSIDY | YEARS OF SERVICE | SUBSIDY |
|-------------------------|----------------|-------------------------|----------------|
| 20+ | \$230.00 | 10 | \$115.00 |
| 19 | 218.50 | 9 | 103.50 |
| 18 | 207.00 | 8 | 92.00 |
| 17 | 195.50 | 7 | 80.50 |
| 16 | 184.00 | 6 | 69.00 |
| 15 | 172.50 | 5 | 57.50 |
| 14 | 161.00 | 4 | 46.00 |
| 13 | 149.50 | 3 | 34.50 |
| 12 | 138.00 | 2 | 23.00 |
| 11 | 126.50 | 1 | 11.50 |

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 and are not meant to be comprehensive.

Carrier

Insurance company or administrator offering coverage.

Centers for Medicare & Medicaid Services (CMS)

This division of the U.S. Department of Health and Human Services that oversees the Medicare and Medicaid programs.

Coinsurance

The percentage of covered medical expenses that you pay. For example, if your coinsurance for a hospital stay is 20 percent, you would pay 20 percent of the charges and the plan would pay the other 80 percent.

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.

Formulary

A list of covered drugs you can receive through the plan, including generic, brand-name, high cost, and specialty drugs.

Health Maintenance Organization (HMO)

Members receive care from the HMO's provider network, but do not have access to providers who are outside of the plan's network.

Medicare

Medicare is the federal health insurance program for people age 65 and over, and for some disabled people under age 65.

Medicare Card

After enrolling, you will receive a card that lists your Medicare claim number and the effective date of your coverage.

Medicare's Enrollment Periods

You are eligible to enroll in Medicare at age 65. Sign up early, three months before your birthday month, if you want to have PERACare coverage when you turn 65.

If you do not enroll when you are first eligible, you may be eligible to enroll later during a "special enrollment period" based on loss of employer coverage that you have at age 65. You also may enroll during an annual general enrollment period. See CMS's 12-page tip sheet, *Understanding Medicare Enrollment Periods* (CMS Product No. 11219), for detailed information.

Medicare Part A Coverage

Medicare Part A covers inpatient hospital care, skilled nursing facility care, some home health services, and hospice care.

Medicare Part B Coverage

Medicare Part B covers doctors and other outpatient health services.

Medicare Part C Coverage (Medicare Advantage Plans)

Medicare Part C provides coverage for everything Medicare covers in Parts A and B. The Part C coverage is provided by a private insurance company approved by Medicare.

Medicare 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.

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 in a calendar year for covered services. Depending on the plan, it may include 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 percent 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.

Pharmacy Benefit Manager (PBM)

The company that administers a plan's prescription drug benefit; also called prescription benefit manager.

Primary Care Provider (PCP)

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 advanced education and training in a specific area of medicine, such as a cardiologist or neurologist.



This booklet provides information about PERA's health benefits program. Your rights, benefits, and obligations as a Colorado 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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