



PERACARE®

Pre-Medicare

2018 Open Enrollment Guide

*Open Enrollment
October 1–November 9, 2017*

SEE INSIDE FOR...

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- » Health Plan Highlights
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PERACare Plan Contact Information/Resources

Anthem Blue Cross and Blue Shield

Group #195096
1-877-PERABLU (737-2258)
www.anthem.com

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

CVS Caremark®

Group #RX0642
1-844-345-2825
BIN: 004336
PCN: ADV
www.caremark.com

Kaiser Permanente

Group #1804
Denver/Boulder: 303-338-3800
or 1-800-632-9700 or 1-800-201-5824
Northern Colorado: 1-800-632-9700
Southern Colorado: 1-888-681-7878
www.kp.org

PERACare QuitLine

1-855-261-2636

SilverSneakers

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

VSP

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

Open Enrollment Meeting Schedule

ALAMOSA

October 6

Alamosa Family
Recreation Center
2222 Old Sanford Rd.

ARVADA

October 16

Arvada Center
6901 Wadsworth Blvd.

AURORA

October 10

The Summit Conference
& Event Center
411 Sable Blvd.

COLORADO SPRINGS

October 13

Colorado Springs Marriott
5580 Tech Center Dr.

October 24

DoubleTree by Hilton
1775 E. Cheyenne Mtn. Blvd.

DURANGO

October 5

Holiday Inn Hotel & Suites
21636 Highway 160 West

FORT COLLINS

October 17

Hilton Fort Collins
425 W. Prospect Rd.

GRAND JUNCTION

October 3

DoubleTree by Hilton
743 Horizon Dr.

GREELEY

October 2

Island Grove Regional Park
(in the Event Center)
421 N. 15th Ave.

LAKESWOOD

October 23

Holiday Inn Lakewood
7390 W. Hampden Ave.

LONE TREE

October 9

Denver Marriott South
10345 Park Meadows Dr.

LONGMONT

October 27

Plaza Convention Center
1850 Industrial Cir.

LOVELAND

October 25

Embassy Suites by Hilton
4705 Clydesdale Pkwy.

MONTROSE

October 4

Holiday Inn Express & Suites
1391 S. Townsend Ave.

PUEBLO

October 11

Pueblo Convention Center
320 Central Main St.

SALIDA

October 12

Chaffee County Fairgrounds
10165 County Rd. 120

STERLING

October 18

Elks Lodge
321 Ash St.

THORNTON

October 26

DoubleTree by Hilton
83 E. 120th Ave.

PERA staff will give three presentations at every meeting. Each session is designed for a specific audience. Please review the schedule below to determine which presentation meets your needs.

Presentations will be available to view on PERA's website in October.

9:00–9:45 a.m.

Open Enrollment for Medicare Enrollees (Age 65+)

For those who are already over age 65 and looking to enroll in or change PERACare Medicare plans for 2018.

10:00–10:45 a.m.

Open Enrollment for Pre-Medicare Enrollees (Under 65)

For those who are not yet age 65 and want information about what is new for PERACare pre-Medicare plans in 2018.

11:00 a.m.–12:30 p.m.

Turning 65—PERACare and Medicare

For those who are turning age 65 in the next year and want information about how to enroll in Medicare and how Medicare works with PERACare.

Pre-Medicare Guide

What can you do during open enrollment?

Open enrollment is the one time each year when you can sign up for a PERACare plan (health, dental, or vision) for yourself, add your spouse or unmarried dependent child(ren) under age 25, or change from one plan to another. Regardless of whether or not you have had prior coverage, you can sign up for a PERACare plan during open enrollment. Open enrollment ends November 9, 2017. Your changes become effective January 1, 2018.

What is changing for 2018?

Anthem

- » The annual deductible for PPO #1 will increase to \$3,500. The Out-of-Pocket Maximum will not change.
- » Prescription drug coverage will be administered by CVS Caremark. You will receive a new ID card for prescriptions to be used at retail pharmacies and for mail service prescriptions.
 - Prescription coinsurance amounts will not change, however, specialty drugs will be limited to a 31-day supply.
 - All prescriptions will have minimum and maximum coinsurance amounts based on the tier of the drug (see page 5 for details).
- » Premiums for PPO #1 and PPO #2 will increase by \$162 and \$40, respectively, per month for single coverage.

Kaiser Permanente

- » Premiums for the Deductible HMO and HDHP will increase by \$74 and \$44 per month, respectively, for single coverage.

Cigna Dental

- » Premiums for the HMO plan will increase by \$0.65 per month for single coverage.
- » Premiums for the PPO plan will remain the same for 2018.

Delta Dental

- » Premiums will remain the same for 2018.

Vision Service Plan (VSP)

- » Premiums will remain the same for 2018.

When does open enrollment end?

Open enrollment ends November 9, 2017. Your changes become effective January 1, 2018.

Do I need to complete an enrollment form during open enrollment?

DO NOT submit an *Enrollment/Change Form* if you are satisfied with your current coverage.

DO submit an *Enrollment/Change Form* to PERA by November 9, 2017, if you wish to enroll, make changes, or add dependents.

What do I need to do if I am turning 65 in 2018?

Turning 65 is a separate enrollment opportunity. When you turn age 65, you are no longer eligible to be enrolled in a PERACare pre-Medicare health plan. Instead, you become eligible to enroll in a PERACare Medicare health plan.

Three months before your 65th birth month, PERA will send you a booklet with information about your PERACare Medicare plan options. (Plan information is also available on PERA's website at www.copera.org.)

Also at this time you should contact Social Security and enroll in Medicare Part B. You are eligible for Medicare Part B even if you never worked under Social Security or contributed to Medicare. You must be enrolled in Medicare Part B to be in a PERACare health plan once you turn 65.

Note that you are not required to have, or to purchase, Medicare Part A, but you should enroll in Part A if you are eligible to receive it at no cost.

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

How do I compare the cost of each plan?

Consider all of your potential health care costs, not just your premiums. Compare premiums, deductibles, copays, and Out-of-Pocket Maximums among plans when estimating your total health care costs. Plans with higher premiums have lower cost-sharing when you use services, and lower premium plans will have higher cost-sharing when you use services. Consider your health needs, such as how frequently you visit the doctor or how many prescriptions you take, to help determine which plan is the best fit for you.

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.

Remember, if you are not making changes, please do NOT submit an Enrollment/Change Form.

Anthem Blue Cross and Blue Shield Plans

The Anthem Blue Cross and Blue Shield plans are available no matter where you live. The plans have access to Anthem's large, worldwide network of doctors and facilities, including all hospitals in Colorado. In 16 counties in Colorado, Anthem's Blue Priority PPO Network is also available, and provides access to high-quality Designated Tier 1 Primary Care Physicians (PCPs) and Specialty Physicians at a reduced cost.

If you will be enrolled in an Anthem plan in 2018, keep the following in mind:

- » Preventive care provided by an Anthem PPO physician is not subject to the deductible and is covered at 100 percent.
- » All enrollees are required to select a PCP; however, you are not required to only see that PCP.
 - Enrollees new to Anthem in 2018 may designate a PCP on the *Enrollment/Change Form*.
 - Current enrollees may change their PCP by calling Anthem.
- » Referrals are not needed to see another PCP or specialist.
- » Doctor office visits are not subject to the deductible and office visit copays will vary based on the doctor.
 - If you see a Designated Tier 1 physician from the Blue Priority PPO network, you will have a \$0 office visit copay.
 - If you see a Tier 2 physician from the national PPO network, you will have a \$40 office visit copay.
- » You always have the option to see out-of-network providers. However, Anthem has an extensive PPO network, so if you're planning to be away from home for any length of time you can find network providers in other states by using the instructions on page 3.
- » If you enroll in Anthem, you will receive a benefits booklet that describes your coverage.

FINDING A PRIMARY CARE PHYSICIAN (PCP)

- » Go to www.anthem.com.
- » Click on “Menu” in the upper left corner of the page and choose “Find a Doctor” under “Care.”
- » Click “Search by Selecting a Plan or Network” under “Search as a Guest.”
- » Select “Medical” from the “What type of care are you searching for?” drop-down menu.
- » Choose a state from the “What state do you want to search in?” drop-down menu.
- » Select “Blue Priority PPO” under “Medical Networks” in the “Select a plan/network” drop-down menu for searches in Colorado. Select “National PPO (Blue Card PPO)” under “Medical (Employer-Sponsored)” from the “Select a plan/network” drop-down menu for searches outside Colorado.
- » Click continue.
- » Choose “Doctor/Medical Professional” under the “I’m looking for a” drop-down menu. Enter your preferred search location under “Located near,” and check both boxes for “Accepting New Patients” and “Able to Serve as a PCP.”
 - Physicians with a “D” next to their name are Designated Tier 1. All other physicians are Tier 2.
- » Designate your PCP by entering the ID number on your *Enrollment/Change Form*.

PERACare Select

Hip or Knee Joint Replacement Surgery

Save thousands on hip or knee replacement surgeries in both Anthem PPO plans.

PERA has partnered with skilled orthopedic surgeons at local HealthOne facilities—North Suburban Medical Center in Thornton; Rose Medical Center in Denver; and Swedish Medical Center in Englewood—to provide an innovative fixed-cost hip or knee replacement benefit.

If you have your surgery with one of the Select orthopedic groups at one of these participating hospitals, your deductible and coinsurance are waived, which means there is no cost to you for the entire inpatient admission.

Visit www.healthonecares.com/PERA or call Anthem at 1-877-737-2258 for more information.



Anthem Benefit Highlights

	PPO #1 Plan	PPO #2 Plan
Network	Blue Priority PPO in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Fremont, Jefferson, La Plata, Larimer, Montezuma, Pueblo, Summit, Teller, and Weld counties National Blue Card PPO nationwide	
Annual Deductible	Individual: \$3,500/Family: \$7,000	Individual: \$6,000/Family: \$12,000
Annual Out-of-Pocket Maximum	Individual: \$10,000/Family: \$20,000	Individual: \$16,000/Family: \$32,000
Lifetime Benefit Maximum (per individual)	\$5,000,000 (includes \$1,000,000 transplant lifetime benefit)	
Out-of-Network Coverage	Emergency and Urgent Care are always covered at the in-network level. No out-of-network coverage for preventive services, durable medical equipment, oxygen, and organ transplants. A separate deductible and Out-of-Pocket Maximum (two times the in-network amounts above) are applied to all covered Out-of-Network services. The coinsurance for these services is 40%	

Preventive Care—Covered In-Network only, not subject to deductible

Exams, Screenings, Immunizations	No charge	
Preventive Colonoscopy	No charge at Ambulatory Surgery Center (ASC); \$300 at hospital (List of ASC's is available in the provider directory section of the "PERACare for Retirees" page on PERA's website)	
Vaccinations	No charge at your in-network doctor's office	

Physician Services—Not subject to deductible; Primary Care Physician (PCP) selection required; no referrals needed

Primary Care Office Visit	Tier 1: \$0 copay Tier 2: \$40 copay	Tier 1: \$0 copay Tier 2: \$40 copay
LiveHealth Online (online physician visit)	\$40 copay	\$40 copay
Specialist Office Visit	Tier 1: \$40 copay Tier 2: \$60 copay	Tier 1: \$60 copay Tier 2: \$80 copay

Outpatient Services

Outpatient Surgery	20% coinsurance	20% coinsurance
Lab and X-Ray	20% coinsurance	20% coinsurance
MRI, PET, CT	20% coinsurance	20% coinsurance
Physical, Occupational, Speech Therapy	20% coinsurance	20% coinsurance
Home Health Care	20% coinsurance	20% coinsurance
Hospice Care	20% coinsurance	20% coinsurance
Oxygen	20% coinsurance	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance
Chiropractic Care	20% coinsurance	20% coinsurance

Inpatient Care

Inpatient Hospitalization	20% coinsurance	20% coinsurance
Skilled Nursing Facility Care	20% coinsurance	20% coinsurance

Emergency and Urgent Care

Emergency Care	20% coinsurance	20% coinsurance
Ambulance Services	20% coinsurance	20% coinsurance
Urgent Care	10% coinsurance	10% coinsurance

	PPO #1 Plan	PPO #2 Plan																								
Prescription Benefits—Administered by CVS Caremark																										
Retail (up to 31-day supply)	Deductible: \$300; 50% coinsurance <table border="0"> <thead> <tr> <th></th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$10</td> <td>\$50</td> </tr> <tr> <td>Preferred Brand</td> <td>\$30</td> <td>\$75</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$50</td> <td>\$100</td> </tr> </tbody> </table>		Minimum	Maximum	Generic	\$10	\$50	Preferred Brand	\$30	\$75	Non-Preferred Brand	\$50	\$100	Deductible: \$500; 50% coinsurance <table border="0"> <thead> <tr> <th></th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$20</td> <td>\$75</td> </tr> <tr> <td>Preferred Brand</td> <td>\$40</td> <td>\$100</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$60</td> <td>\$125</td> </tr> </tbody> </table>		Minimum	Maximum	Generic	\$20	\$75	Preferred Brand	\$40	\$100	Non-Preferred Brand	\$60	\$125
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<i>Specialty prescriptions are limited to a 31-day supply and must be obtained via CVS Caremark mail service pharmacy</i>	Specialty \$70 \$125	Specialty \$80 \$150																								
Vaccinations Flu, pneumonia, and shingles	No charge at your in-network retail pharmacy																									

Kaiser Permanente Plans

The plans listed below are available in Kaiser Permanente's Colorado service areas: Denver/Boulder, Northern Colorado (Larimer and Weld counties), and Southern Colorado (El Paso, Fremont, Pueblo, and Teller counties).

Deductible HMO

- » Low copays for physician office visits and prescriptions.
- » \$1,000 deductible, but preventive care, routine office visits, and some other services are not subject to the deductible.
- » Each enrollee is responsible for meeting the individual deductible and Out-of-Pocket Maximum until the family limit is met.

HDHP (High Deductible Health Plan)

- » \$3,500 deductible, but preventive care is not subject to the deductible. Prescription drug costs are subject to the deductible.
- » Designed as a lower cost alternative and for those who want to contribute to a Health Savings Account (HSA).
- » The family deductible and Out-of-Pocket Maximum must be met by one or more family members. Individual amounts do not apply.

The Benefit Highlights chart on page 7 summarizes and compares the benefits of the two plans.

The chart shows the amounts that you will pay when you receive care or services. For some services, your share of costs is the same in both of the plans.

Some services are covered at no charge to you; for other services you will pay a portion of the costs (either a fixed dollar copay or a percentage coinsurance).

A "\$25 copay" means that you will pay Kaiser Permanente \$25 at the time of your visit, and PERA's Kaiser Permanente plan will pay the rest.

A "20 percent coinsurance" means that you will pay 20 percent of the charges, and PERA's Kaiser Permanente plan will pay the other 80 percent of charges. For some services and procedures received during an office visit in Deductible HMO, you will pay 20 percent coinsurance in addition to the office visit copay. Services subject to coinsurance may also be subject to the plan deductible.

Except for emergency care, there are no out-of-network benefits with Kaiser Permanente. You must use Kaiser Permanente's network of physicians and providers.

Questions about what services are covered?

If you enroll, you will receive an Evidence of Coverage (benefits booklet) from Kaiser Permanente which describes the terms and conditions of your coverage. You may also call Kaiser Permanente's Customer Service Center if you have questions about benefits or coverage. Please see inside front cover for Kaiser Permanente phone numbers.

Kaiser Permanente Benefit Highlights

	Deductible HMO	High Deductible Health Plan
Annual Deductible	Individual: \$1,000/Family: \$3,000	Individual: \$3,500/Family: \$7,000
Annual Out-of-Pocket Maximum	Individual: \$4,000/Family: \$9,000	Individual: \$6,050/Family: \$12,100
Lifetime Benefit Maximum (per individual)	None	None

Preventive Care—Not subject to deductible

Exams, Screenings, Immunizations	No charge	No charge
Preventive Colonoscopy	No charge	No charge
Vaccinations	No charge at a Kaiser facility	

Outpatient Services

Primary Care Office Visit	\$25 copay, not subject to deductible	20% coinsurance
Specialist Office Visit	\$45 copay, not subject to deductible	20% coinsurance
Office-Administered Medication	20% up to \$100 maximum per medication	20% up to \$100 maximum per medication
Ambulatory Surgery	20% coinsurance	20% coinsurance
Diagnostic Lab	No charge	20% coinsurance
X-Ray	20% coinsurance	20% coinsurance
Therapeutic X-Ray; MRI, PET, CT	\$45 copay; \$100 copay	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance
Oxygen	20% coinsurance	20% coinsurance
Physical, Occupational, and Speech Therapy*	\$25 copay	20% coinsurance
Home Health Care	20% coinsurance	20% coinsurance
Hospice Care	20% coinsurance	20% coinsurance
Vision Care	\$25/\$45 copay	20% coinsurance
Chiropractic Care*	\$25 copay/20 visits	20% coinsurance/20 visits

Inpatient Care

Inpatient Hospitalization	20% coinsurance	20% coinsurance
Skilled Nursing Facility Care*	20% coinsurance	20% coinsurance

Emergency and Urgent Care

Emergency Room Visit (waived if admitted)	20% coinsurance	20% coinsurance
After-Hours Care	\$45 copay	20% coinsurance
Ambulance Services	20% coinsurance (up to \$500 per trip)	20% coinsurance

Prescription Drugs

Pharmacy (up to a 30-day supply)	Generic	\$15	Copays apply after deductible: Generic \$10 Formulary Brand \$25 Non-Formulary Brand \$50 Specialty \$100
	Formulary Brand	\$40	
	Non-Formulary Brand	\$60	
	Specialty	\$100	
Mail Order (up to a 90-day supply)	Generic	\$30	Copays apply after deductible: Generic \$20 Formulary Brand \$50 Non-Formulary Brand \$100 Specialty \$200
	Formulary Brand	\$80	
	Non-Formulary Brand	\$120	
	Specialty	\$200	

* Maximum benefit may be limited

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: Implants (per individual)	Not covered	\$1,500	\$1,500
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.

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		Nationwide		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		1-800-877-7195 or www.vsp.com		1-800-877-7195 or www.vsp.com	

¹You 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 1-844-247-6306 and tell them you are with Colorado PERA to schedule a hearing test and learn if you need a hearing aid.

PLANS AND PREMIUMS

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

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.

Anthem Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	PPO #1	PPO #2
BR	\$1,112.00	\$440.00
BR+S	2,224.00	880.00
BR+C	2,002.00	792.00
BR+S+C	3,114.00	1,232.00

Kaiser Permanente Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	Deductible HMO	HDHP
BR	\$921.00	\$552.00
BR+S	1,843.00	1,105.00
BR+C	1,659.00	994.00
BR+S+C	2,582.00	1,548.00

Cigna Dental Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	HMO	PPO
BR	\$19.15	\$36.99
BR+S	38.31	73.98
BR+C	44.05	85.09
BR+S+C	61.28	118.37

Delta Dental Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	PPO
BR	\$40.02
BR+S	80.04
BR+C	92.03
BR+S+C	128.04

VSP Monthly Premiums

(BR = Benefit Recipient S = Spouse C = Children)

	PPO #1	PPO #2	PPO #3
BR	\$7.47	\$4.94	\$0.78
BR+S	11.94	7.94	1.27
BR+C	12.20	8.11	1.30
BR+S+C	19.67	13.08	2.08

To calculate your net health care premium, subtract your PERA subsidy from the above health care premium. You may use the formula on page 11 or the "PERACare Premium Inquiry for Retirees" calculator on the PERA website at www.copera.org.

Pre-Medicare Benefit Recipient (BR) Subsidy Chart

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

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.

A. Enter the total premium amount
(from the premium chart on page 10) \$ _____

B. Enter your Pre-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.



PERACare Enrollment/Change Form
Pre-Medicare Coverage—2018

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Open enrollment ends on November 9, 2017

Your SSN

_____|_____|_____|_____|_____|_____|

Only complete and return this form if you want to enroll in, change, or cancel coverage(s).

If you do not want to make any changes, your current coverage(s) will remain in place, and you do not need to complete this form.

Your Information

Name _____
Last First MI

Birthdate ____/____/____ Daytime Phone Number (____) _____

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Signature Certification

By signing the form, I certify and agree with the following: I am eligible to enroll in the Program, and if I am enrolling my spouse and/or dependents, I certify that they also are eligible to be enrolled. I authorize Colorado PERA to deduct from my monthly benefit the premium for my coverage. Finally, I agree that, if I wish to cancel this coverage, I must provide PERA with a 30-day advance written notice.

Sign Here → Your Signature _____ **Date** _____

Effective Date

If I enroll in, change, or cancel coverage(s) during open enrollment (October 1–November 9, 2017), I understand the effective date will be January 1, 2018.

Dependent Enrollment Information

Complete this section if you are adding coverage(s) for your pre-Medicare spouse and/or dependent children. If you are adding coverage for dependents with Medicare, use the *PERACare Enrollment/Change Form Combination Pre-Medicare and Medicare Coverage—2018*.

_____/_____/_____
Spouse's Last Name First Name MI Birthdate SSN M/F

_____/_____/_____
Child's Last Name First Name MI Birthdate SSN M/F

_____/_____/_____
Child's Last Name First Name MI Birthdate SSN M/F

_____/_____/_____
Child's Last Name First Name MI Birthdate SSN M/F

(Continued on reverse)



PERACare Enrollment/Change Form
Pre-Medicare Coverage—2018 (Page 2)

Your Name _____ Your SSN _____

Health Plan Selection

Complete this section to enroll in, change, or cancel health care coverage

1. What do you want to do? (Check only one box.)

- Enroll or change coverage as indicated below Cancel current PERACare health care coverage

2. Select a coverage level:

- Benefit Recipient (BR) only BR+Spouse BR+Child(ren) BR+Spouse+Child(ren)

3. Select a health plan:

Anthem Plans*

- PPO #1
 PPO #2

Kaiser Permanente Plans

- Deductible HMO
 HDHP

* Anthem Enrollees Must Select a Primary Care Physician (PCP) and Complete This Section:

If you are enrolling in an Anthem plan, please select a PCP and indicate their PCP ID number below. PCP ID numbers can be obtained by calling Anthem at 1-877-PERABLU (1-877-737-2258) or visiting PERA's website at www.copera.org and clicking on "Provider Directories" from the "PERACare—Retirees 2018" page. If you do not select a PCP, Anthem will assign one to you.

PCP ID Number(s): _____
Benefit Recipient Spouse Child(ren)

Dental Plan Selection

Complete this section to enroll in, change, or cancel dental coverage

1. What do you want to do? (Check only one box.)

- Enroll or change coverage as indicated below Cancel current PERACare dental coverage

2. Select a coverage level:

- Benefit Recipient (BR) only BR+Spouse BR+Child(ren) BR+Spouse+Child(ren)

3. Select a dental plan:

- Cigna Dental PPO Cigna Dental HMO* Delta Dental PPO

* If you are enrolling in the Cigna Dental HMO, please select your dentist(s) and indicate their provider office number(s) below. Provider office numbers can be obtained by calling Cigna at 1-877-635-PERA (7372).

Cigna Dental HMO Office Number(s): _____
Benefit Recipient Spouse Child(ren)

Vision Plan Selection

Complete this section to enroll in, change, or cancel vision coverage

1. What do you want to do? (Check only one box.)

- Enroll or change coverage as indicated below Cancel current PERACare vision coverage

2. Select a coverage level:

- Benefit Recipient (BR) only BR+Spouse BR+Child(ren) BR+Spouse+Child(ren)

3. Select a vision plan:

- VSP PPO #1 VSP PPO #2 VSP PPO #3

Note: If you select a coverage level but do not select a plan, you will be enrolled in VSP PPO #1.

Colorado PERA Contact Information

Mailing Address

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

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

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/Website/Email

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



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.

Colorado Public Employees' Retirement Association
1301 Pennsylvania Street
Denver, Colorado 80203-5011
www.copera.org

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