

PRE-MEDICARE

OPEN ENROLLMENT GUIDE



OPEN ENROLLMENT
October 1–November 7, 2019

PERACare Plan Contact Information

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

CVS Caremark®

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

SilverSneakers

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

VSP

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

Open Enrollment Meeting Schedule

ALAMOSA

October 9

Alamosa Family
Recreation Center
2222 Old Sanford Rd.

ARVADA

October 15

Arvada Center
6901 Wadsworth Blvd.

AURORA

October 25

Summit Event Center
411 Sable Blvd.

BOULDER

October 23

Jewish Community Center
6007 Oreg Ave.

BRIGHTON

October 24

The Brighton Armory
300 Strong St.

COLORADO SPRINGS

October 14

Embassy Suites by Hilton
7290 Commerce Center Dr.

October 22

DoubleTree by Hilton
1775 E. Cheyenne Mtn. Blvd.

DURANGO

October 10

Holiday Inn Hotel & Suites
21636 Highway 160 West

FORT COLLINS

October 21

Drake Centre
802 W. Drake Rd.

GRAND JUNCTION

October 3

DoubleTree by Hilton
743 Horizon Dr.

GREELEY

October 1

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

LAKESWOOD

October 17

Holiday Inn Lakewood
7390 W. Hampden Ave.

LONE TREE

October 7

Denver Marriott South
10345 Park Meadows Dr.

LOVELAND

October 16

Embassy Suites by Hilton
4705 Clydesdale Pkwy.

MONTROSE

October 4

Holiday Inn Express & Suites
1391 S. Townsend Ave.

PUEBLO

October 8

Convention Center
320 Central Main St.

STEAMBOAT SPRINGS

October 2

Community Center
1605 Lincoln Ave.

STERLING

October 18

Elks Lodge
321 Ash St.

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

9:00–10:30 a.m.

Open Enrollment for Medicare Enrollees (Age 65+)

This presentation will review the PERACare plans available in 2020 for those who are or will soon be eligible for Medicare, plus a review of dental and vision plans, and general reminders.

11:00 a.m.–12:00 p.m.

Open Enrollment for Pre-Medicare Enrollees (Under Age 65)

This presentation will review the PERACare plans available in 2020 for those who are not yet age 65, plus a review of dental and vision plans, a general overview of enrolling in Medicare, and general reminders.

Open Enrollment Webinar Schedule

If you can't attend one of the in-person meetings listed above but want access to the same information, register for an online, live, informational webinar by completing the following:

1. Go to www.copera.org/retirees/webinars.
2. Click the "Register" button next to the open enrollment webinar session you would like to attend.
3. Complete the required information on the "Webinar Registration" page and click "Register."
4. Look for an email with the link you'll use to join the webinar on your selected date.

October 28

Open Enrollment for Medicare Enrollees (Age 65+)

9:00–10:00 a.m.

Open Enrollment for Pre-Medicare Enrollees (Under Age 65)

1:30–2:30 p.m.

October 30

Open Enrollment for Pre-Medicare Enrollees (Under Age 65)

9:00–10:00 a.m.

Open Enrollment for Medicare Enrollees (Age 65+)

1:30–2:30 p.m.

Open Enrollment Explained

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.

When does open enrollment end?

Open enrollment ends November 7, 2019. Your changes become effective January 1, 2020.

What are the plan changes and enhancements for 2020? Anthem Blue Cross and Blue Shield (Anthem)

- » Adding Blue Priority providers in Mesa County.
- » Adding copays not subject to the plan deductible for urgent care, outpatient physical therapy, occupational therapy, and speech therapy (see Anthem Benefit Highlights chart for more information).
- » Adding copays specific to where care is received for outpatient surgery and advanced imaging (see Anthem Benefit Highlights chart for more information).
- » Eliminating retail deductible for prescriptions.
- » Changing to flat copays for prescriptions.
- » Premiums for PPO #1 will increase by \$23 per month for single coverage.
- » Premiums for PPO #2 will increase by \$50 per month for single coverage.

Kaiser Permanente (Kaiser)

- » Adding copays specific to where care is received for outpatient surgery on the Deductible HMO plan (see Kaiser Permanente Benefit Highlights chart for more information).
- » Enhancing coinsurance on the High Deductible Health Plan (HDHP) plan specific to where care is received for outpatient surgery (see Kaiser Permanente Benefit Highlights chart for more information).
- » Premiums for the Deductible HMO will increase by \$153 per month for single coverage.
- » Premiums for the HDHP will increase by \$93 per month for single coverage.

Cigna Dental

- » Premiums for the HMO plan will increase by \$0.98 per month for single coverage.
- » No changes to the PPO plan for 2020.

Delta Dental

- » No changes for 2020.

Vision Service Plan (VSP)

- » No changes for 2020.

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 7, 2019, if you wish to enroll, make changes, or add dependents, effective January 1, 2020.

What do I need to do if I am turning 65 in 2020?

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.

Four Ways to Submit Your PERACare Enrollment/Change Form:



ONLINE

Go to www.copera.org and log in with your User ID and password. Submit by 11:59 p.m. (Mountain time) on November 7, 2019.



MAIL

Send your completed form, postmarked by November 7, 2019, to PERA at PO Box 5800, Denver, CO 80217.



FAX

Fax your completed form to PERA at 303-863-3727 by 11:59 p.m. (Mountain time) on November 7, 2019.



IN PERSON

Drop off your completed form to one of PERA's offices in Denver, Lone Tree, or Westminster by 4:30 p.m. (Mountain time) on November 7, 2019.

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

Considerations in Choosing a Health Care Plan

PERACare open enrollment is an ideal time to review your health care options and consider making changes. Your answers to the following questions may help you select a plan that meets both your health and financial needs.

Which plans are available where you live?

- » **Anthem:** Available nationwide.
- » **Kaiser:** Available based on ZIP code in the Denver/Boulder areas, Northern Colorado, and Southern Colorado.

Is your current doctor covered in the health care plan? If not, are you willing to switch providers?

- » **Anthem:** Choose from a broad network of providers plus coverage for out-of-network providers at a higher cost.
- » **Kaiser:** In the Denver/Boulder areas, use only Kaiser medical offices and providers. In Northern and Southern Colorado, you have the option to use Kaiser medical offices or a network of community providers. With the exception of emergency and urgent care, Kaiser does not cover out-of-network physicians.

How much health care do you expect to use?

Consider your typical health care costs by answering the following questions:

- » Did you meet your deductible in 2019?
- » How often do you visit your Primary Care Physician (PCP) or a specialist?
- » How often do you visit a hospital? Do you anticipate any hospital stays this year?
- » How many prescription medications do you take? Are they generic or brand?

All PERACare plans cover preventive care at 100 percent.

What are the benefits of the plans you are considering?

Look at the health care you expect to receive and compare the costs under the different plans including:

- » The cost to see your PCP or a specialist.
- » Your projected costs for prescriptions and if you could switch to generics or use mail order to save money.
- » The plan's cost, both monthly and annually.
- » Your financial risk in a medical crisis. Do you prefer to pay a higher annual premium with a lower financial risk when you need health care services, or a lower annual premium with a higher financial risk?
- » The annual Out-of-Pocket Maximum for each plan. This amount is the most you will pay for medical services in a given year. If you meet that amount you will no longer have to pay any portion of medical expenses. (The Out-of-Pocket Maximum does not include prescription drug costs for any plan except the Kaiser HDHP.)

Colorado PERA complies with the Notice of HIPAA Privacy Practices regulations. You may access or obtain this notice by:

- Viewing the "PERACare for Retirees—2020" page under the "PERACare" drop-down menu on www.copera.org
- Contacting PERA's Customer Service Center at 1-800-759-7372
- Writing to PERA at:
PO Box 5800, Denver, CO 80217-5800
- Visiting one of PERA's office locations

Premiums can be found on page 12.

Anthem Plans

The Anthem 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 17 counties in Colorado, Anthem's Blue Priority PPO Network is also available, and provides access to high-quality Designated Tier 1 PCPs and Specialty Physicians at a reduced cost.

If you will be enrolled in an Anthem plan in 2020, 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 encouraged to select a PCP; however, you are not required to only see that PCP.
 - Enrollees new to Anthem in 2020 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.
 - Some high-value services such as Urgent Care, Physical, Occupational, and Speech therapy have copays only and are not subject to the deductible.
 - Services such as preventive colonoscopy, outpatient surgery and advanced imaging (MRI, PET, CT) have different costs depending on the site of care.

- » 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 online.
- » If you enroll in Anthem, you will receive a benefits booklet that describes your coverage.
- » Anthem has an extensive PPO network. To find in-network providers, visit the "PERACare for Retirees—Carriers" page under the "PERACare" drop-down menu at www.copera.org. Then click on "Provider Directory" under Anthem Blue Cross and Blue Shield—Pre-Medicare. You can also call Anthem at 1-877-737-2258.

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, Mesa, 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 (Includes medical deductible, coinsurance, and copays, but not prescriptions) | 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 | 40% coinsurance 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. | |

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 on the "PERACare for Retirees—Carriers" page on PERA's website) | |
| Vaccinations | No charge at your in-network doctor's office | |

Physician Services—Not subject to deductible

| | | |
|---|--|--|
| Primary Care Office Visit (PCP selection encouraged; No referrals needed) | Tier 1: \$0 copay Tier 2: \$40 copay | |
| LiveHealth Online (online physician visit) | \$40 copay | |
| Specialist Office Visit | Tier 1: \$40 copay Tier 2: \$60 copay | Tier 1: \$60 copay Tier 2: \$80 copay |
| Physical, Occupational, Speech Therapy | Tier 1: \$40 copay Tier 2: \$60 copay | Tier 1: \$60 copay Tier 2: \$80 copay |
| Urgent Care | \$75 copay | |

Outpatient Services

| | | |
|---------------------------|---|--|
| Outpatient Surgery | \$1,000 copay, not subject to deductible at non-hospital surgical center 20% coinsurance at hospital | |
| Lab and X-Ray | 20% coinsurance | |
| MRI, PET, CT | \$500 copay, not subject to deductible at non-hospital surgical center 20% coinsurance at hospital | |
| Home Health Care | 20% coinsurance | |
| Hospice Care | No charge | |
| Oxygen | 20% coinsurance | |
| Durable Medical Equipment | 20% coinsurance | |
| Chiropractic Care | 20% coinsurance | |

PPO #1 Plan

PPO #2 Plan

Inpatient Care

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

Emergency Care

| | |
|--------------------|-----------------|
| Emergency Care | 20% coinsurance |
| Ambulance Services | 20% coinsurance |

Prescription Benefits—Administered by CVS Caremark

| | | | | |
|---|--|-------|---------------------|-------|
| Retail Copay (up to 31-day supply) | Generic | \$50 | Generic | \$75 |
| | Preferred Brand | \$75 | Preferred Brand | \$100 |
| | Non-Preferred Brand | \$100 | Non-Preferred Brand | \$125 |
| Mail Copay (up to 90-day supply) | Generic | \$100 | Generic | \$150 |
| | Preferred Brand | \$150 | Preferred Brand | \$200 |
| | Non-Preferred Brand | \$200 | Non-Preferred Brand | \$250 |
| Specialty Copay (up to 31-day supply) <i>Specialty prescriptions must be obtained via CVS Caremark mail service pharmacy</i> | Specialty | \$125 | Specialty | \$150 |
| Vaccinations Flu, pneumonia, and shingles | No charge at your in-network retail pharmacy using your CVS Caremark ID card | | | |

Kaiser Plans

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

Kaiser plans offer convenience through an integrated network of providers. You are encouraged to stay within Kaiser's network, but if you are traveling and have a medical emergency, the plan will cover your emergency and urgent care services at the in-network benefit level, even if the facility is not part of the Kaiser network.

Worldwide, you can also access Kaiser's telehealth options including emailing your doctor and Chat with a Doctor at no charge.

If you travel to another Kaiser service area, you generally have access to covered routine care, inpatient and outpatient services, labs, x-rays, and prescription drugs. Kaiser operates outside of Colorado in all or parts of: California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington D.C. Please call the Kaiser Away from Home Travel Line at 951-268-3900 or visit www.kp.org/travel for more information.

Deductible HMO Features

- » 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.
- » Medical deductible, copays, and coinsurance apply to the Out-of-Pocket Maximum. Prescription drug costs do not.
- » 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) Features

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

Additional Information

The Benefit Highlights chart summarizes and compares the benefits of the Deductible HMO and HDHP.

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 \$25 at the time of your visit, and PERA's Kaiser plan will pay the rest.

A "20 percent coinsurance" means that after your deductible is met, you will pay 20 percent of the charges, and PERA's Kaiser plan will pay the other 80 percent of charges. For some services and procedures received during an office visit under the 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.

Questions About What Services are Covered?

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

Kaiser Permanente Benefit Highlights

| | Deductible HMO | HDHP |
|---|-------------------------------------|--------------------------------------|
| 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 | |

Preventive Care—Not subject to deductible

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

Physician Services

| | | |
|---------------------------|---------------------------------------|-----------------|
| Primary Care Office Visit | \$25 copay, not subject to deductible | 20% coinsurance |
| Specialist Office Visit | \$45 copay, not subject to deductible | 20% coinsurance |
| Video or Phone Visit | \$0 copay, not subject to deductible | \$0 copay |
| After-Hours Care | \$45 copay | 20% coinsurance |

Outpatient Services

| | | |
|---|--|--|
| Office-Administered Medication | 20% up to \$100 maximum per medication | |
| Ambulatory Surgery | \$500 copay at ambulatory surgery center; 20% coinsurance at hospital | 10% coinsurance at ambulatory surgery center; 20% coinsurance at hospital |
| Diagnostic Lab | No charge | 20% coinsurance |
| X-Ray | 20% coinsurance | |
| Therapeutic X-Ray; MRI, PET, CT | \$45 copay; \$100 copay | 20% coinsurance |
| Durable Medical Equipment | 20% coinsurance | |
| Oxygen | 20% coinsurance | |
| Physical, Occupational, and Speech Therapy* | \$25 copay | 20% coinsurance |
| Home Health Care | 20% coinsurance | |
| Hospice Care | No charge | 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 |
| Skilled Nursing Facility Care* | 20% coinsurance |

Emergency and Urgent Care

| | | |
|---|--|-----------------|
| Emergency Room Visit (waived if admitted) | 20% coinsurance | |
| Ambulance Services | 20% coinsurance (up to \$500 per trip) | 20% coinsurance |

* Maximum benefit may be limited

See prescription drug copays on page 8.

Kaiser Permanente Benefit Highlights

| | Deductible HMO | HDHP | | | | | | | | | | | | | | | | |
|--|--|-------------------|------|-----------------|------|---------------|-------|-----------|-------|---|-------------------|------|-----------------|------|---------------|-------|-----------|-------|
| Prescription Drugs | | | | | | | | | | | | | | | | | | |
| Pharmacy Copay (up to a 30-day supply) | <table> <tr> <td>Preferred Generic</td> <td>\$15</td> </tr> <tr> <td>Preferred Brand</td> <td>\$40</td> </tr> <tr> <td>Non-Preferred</td> <td>\$60</td> </tr> <tr> <td>Specialty</td> <td>\$100</td> </tr> </table> | Preferred Generic | \$15 | Preferred Brand | \$40 | Non-Preferred | \$60 | Specialty | \$100 | <p>Copays apply after deductible:</p> <table> <tr> <td>Preferred Generic</td> <td>\$10</td> </tr> <tr> <td>Preferred Brand</td> <td>\$25</td> </tr> <tr> <td>Non-Preferred</td> <td>\$50</td> </tr> <tr> <td>Specialty</td> <td>\$100</td> </tr> </table> | Preferred Generic | \$10 | Preferred Brand | \$25 | Non-Preferred | \$50 | Specialty | \$100 |
| Preferred Generic | \$15 | | | | | | | | | | | | | | | | | |
| Preferred Brand | \$40 | | | | | | | | | | | | | | | | | |
| Non-Preferred | \$60 | | | | | | | | | | | | | | | | | |
| Specialty | \$100 | | | | | | | | | | | | | | | | | |
| Preferred Generic | \$10 | | | | | | | | | | | | | | | | | |
| Preferred Brand | \$25 | | | | | | | | | | | | | | | | | |
| Non-Preferred | \$50 | | | | | | | | | | | | | | | | | |
| Specialty | \$100 | | | | | | | | | | | | | | | | | |
| Mail-Order Copay (up to a 90-day supply) | <table> <tr> <td>Preferred Generic</td> <td>\$30</td> </tr> <tr> <td>Preferred Brand</td> <td>\$80</td> </tr> <tr> <td>Non-Preferred</td> <td>\$120</td> </tr> <tr> <td>Specialty</td> <td>\$200</td> </tr> </table> | Preferred Generic | \$30 | Preferred Brand | \$80 | Non-Preferred | \$120 | Specialty | \$200 | <p>Copays apply after deductible:</p> <table> <tr> <td>Preferred Generic</td> <td>\$20</td> </tr> <tr> <td>Preferred Brand</td> <td>\$50</td> </tr> <tr> <td>Non-Preferred</td> <td>\$100</td> </tr> <tr> <td>Specialty</td> <td>\$200</td> </tr> </table> | Preferred Generic | \$20 | Preferred Brand | \$50 | Non-Preferred | \$100 | Specialty | \$200 |
| Preferred Generic | \$30 | | | | | | | | | | | | | | | | | |
| Preferred Brand | \$80 | | | | | | | | | | | | | | | | | |
| Non-Preferred | \$120 | | | | | | | | | | | | | | | | | |
| Specialty | \$200 | | | | | | | | | | | | | | | | | |
| Preferred Generic | \$20 | | | | | | | | | | | | | | | | | |
| Preferred Brand | \$50 | | | | | | | | | | | | | | | | | |
| Non-Preferred | \$100 | | | | | | | | | | | | | | | | | |
| Specialty | \$200 | | | | | | | | | | | | | | | | | |

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.

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 | \$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 Trifocal | Covered in full | Covered up to \$50 Covered up to \$65 | Covered in full | Covered up to \$50 Covered up to \$65 | | |
| Frame ¹ | 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 ² | 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 Frame allowance is \$20 higher if Marchon brand frames are selected.

² 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.

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.

PERACare uses four tiers of coverage:

- » Retiree/benefit recipient only (BR)
- » Retiree/benefit recipient plus spouse (BR+S)
- » Retiree/benefit recipient plus child(ren) (BR+C)
- » Retiree/benefit recipient plus spouse plus child(ren) (BR+S+C)

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 (but by law cannot be applied to dental or vision premiums).

The subsidy is based upon your years of service credit (including projected service credit, if applicable). Purchased service credit for a refunded account or for employment not covered by PERA is also considered for retirees under the PERA benefit structure and for retirees under the Denver Public Schools (DPS) benefit structure who retire on or after January 1, 2010. The subsidy is paid for retirees only under the DPS benefit structure, and for all benefit recipients (retirees, cobeneficiaries, and survivors) under the PERA benefit structure.

The maximum subsidy is paid for retirees with 20 or more years of service credit. If you have less than 20 years of service credit, the subsidy is reduced by 5 percent per year less than 20. The maximum subsidy is \$230 for pre-Medicare (under age 65) retirees.

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 select a health plan and 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 12) | \$ _____ |
| 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.

Anthem Monthly Premiums

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

| | PPO #1 | PPO #2 |
|--------|------------|----------|
| BR | \$1,135.00 | \$614.00 |
| BR+S | 2,270.00 | 1,228.00 |
| BR+C | 2,043.00 | 1,106.00 |
| BR+S+C | 3,178.00 | 1,720.00 |

Kaiser Permanente Monthly Premiums

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

| | Deductible | |
|--------|------------|----------|
| | HMO | HDHP |
| BR | \$1,183.00 | \$710.00 |
| BR+S | 2,368.00 | 1,421.00 |
| BR+C | 2,131.00 | 1,278.00 |
| BR+S+C | 3,316.00 | 1,991.00 |

Cigna Dental Monthly Premiums

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

| | HMO | PPO |
|--------|---------|---------|
| BR | \$20.61 | \$37.73 |
| BR+S | 41.23 | 75.46 |
| BR+C | 47.41 | 86.79 |
| BR+S+C | 65.95 | 120.74 |

Delta Dental Monthly Premiums

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

| | PPO |
|--------|---------|
| BR | \$41.03 |
| BR+S | 82.05 |
| BR+C | 94.34 |
| BR+S+C | 131.26 |

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 |

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, please contact PERA to request a *PERACare Automatic Payment Authorization* form. Coverage will not be set up until the form is received.

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 who have Medicare, contact PERA to request the *PERACare Combination Coverage Premium Information/ Enrollment Form*.

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.



PERACare Enrollment/Change Form

Pre-Medicare Coverage—2020

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 7, 2019

Your SSN

Three groups of boxes for entering the Social Security Number (SSN): three boxes, two boxes, and four boxes.

Only complete and return this form if you want to enroll in, change, or cancel coverage(s).
Please do not complete this form if you are not making any changes to your 2020 PERACare coverage.

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 7, 2019), I understand the effective date will be January 1, 2020.

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—2020*.

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)



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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