

# MEDICARE

OPEN ENROLLMENT GUIDE



**OPEN ENROLLMENT**  
*October 1–November 7, 2019*

## 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](http://www.anthem.com/peracare)

### **Centers for Medicare and Medicaid Services (CMS)**

1-800-MEDICARE (633-4227)  
[www.medicare.gov](http://www.medicare.gov)

### **Cigna Dental**

*Dental HMO*-Group #10080104  
*Dental PPO*-Group #3171792  
1-877-635-PERA (7372)  
[www.cigna.com](http://www.cigna.com)

### **Delta Dental**

Group #11869  
1-800-610-0201  
[www.deltadentalco.com](http://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](http://www.kp.org)

### **SilverScript®**

**(affiliated with CVS Caremark®)**

Group #RXCUSD  
1-844-345-4162  
BIN: 004336  
PCN: MEDDADV  
[www.caremark.com](http://www.caremark.com)

### **SilverSneakers**

1-888-423-4632  
[www.silversneakers.com](http://www.silversneakers.com)

### **Social Security Administration**

1-800-772-1213  
[www.ssa.gov](http://www.ssa.gov)

### **VSP**

Group #12144626  
1-800-877-7195  
[www.vsp.com](http://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.

## LAKEWOOD

**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](http://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)

- » Premiums remain the same for 2020.
- » Changing to flat copays for prescriptions.

### Kaiser Permanente (Kaiser)

- » Premiums will decrease by \$5 per month for single coverage.
  - If you are under the DPS benefit structure without Medicare Part A, premiums will increase by \$16.
- » Copays will decrease for: primary care office visits, vision, chiropractic care, hearing services, x-rays, and Preferred Generic and Preferred Brand prescription drugs.
- » Increasing emergency room copay to \$75.

### Cigna Dental

- » Premiums for the HMO plan will increase by \$0.98 per month for single coverage.

### 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 the 2020 coverage shown on your personalized letter.

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.

## Four ways to submit your PERACare Enrollment/Change Form:



### ONLINE

Go to [www.copera.org](http://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*.**

Premiums can be found on pages 14 and 15.

# 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 Permanente:** See page 10 for a list of available counties.

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

- » **Anthem:** Use any provider in Anthem's Medicare Preferred PPO Network or that accepts Medicare.
- » **Kaiser Permanente:** In the Denver/Boulder areas, use only Kaiser Permanente medical offices and providers. In Northern and Southern Colorado, you have the option to use Kaiser Permanente medical offices or a network of community providers.

## How much health care do you expect to use?

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

- » How often do you visit your doctor?
- » 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 a \$0 copay.

## 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 doctor.
- » 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.)

# Plan Benefit Choices

## 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 participates in Medicare and accepts the plan as an out-of-network provider.

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.

- » Kaiser operates outside Colorado in all or parts of: California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington D.C.
- » If you travel to another Kaiser service area, you generally have access to routine care, inpatient and outpatient services, labs, x-rays, and prescription drugs. Please call the Kaiser Away From Home Travel Line at 951-268-3900 for more information about covered services.
- » If you travel outside Kaiser's service areas you are covered for urgent and emergency care anywhere in the world using non-Kaiser providers.

## 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](http://www.copera.org) and click on the "PERACare for Retirees—Carriers" under the "PERACare" drop-down 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](http://www.copera.org) by clicking on "PERACare for Retirees—Carriers" under the "PERACare" drop-down menu.
- » 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.

## 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 Advisors<sup>SM</sup>, health education, and social activities. For more information, call 1-888-423-4632.





## 2019 Medicare Star Ratings

The Medicare Program rates all health and prescription drug plans each year, based on a plan’s quality and performance. Medicare Star Ratings\* help you to know how good a job the plan is doing. You can use these Star Ratings to compare the plan’s performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of the plan’s scores.
2. Summary Star Rating that focuses on the plan’s medical or prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- » How the plan’s members rate plan services and care;
- » How well the plan’s doctors detect illnesses and keep members healthy; and
- » How well the plan helps members use recommended and safe prescription medications.

### CONTRACT IDs WITH MEDICARE

- » Anthem Blue Cross and Blue Shield: H4909
- » Kaiser Permanente: H0630
- » SilverScript: S5601

For 2019, **Anthem Blue Cross and Blue Shield** received the following Overall Star Rating from Medicare for health plan services:

★★★★★  
4.5 Stars

For 2019, **Kaiser Permanente** received the following Overall Star Rating from Medicare for health/drug plan services:

★★★★★  
4.5 Stars

For 2019, **SilverScript** received the following Overall Star Rating from Medicare for drug plan services:

★★★★★  
3.5 Stars

The number of stars shows how well the plan performs.

★★★★★	5 stars—excellent
★★★★★	4 stars—above average
★★★★	3 stars—average
★★★	2 stars—below average
★★	1 star—poor

\* Star Ratings are based on five stars. Star Ratings are assessed each year and may change from one year to the next.

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](http://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

# Disclosure Notice for Anthem Medicare Advantage Plans and SilverScript Prescription Drug Plan

If you are in an Anthem PERACare Medicare Advantage plan, your prescription drug coverage is provided through SilverScript® Insurance Company, which contracts with the federal government/Medicare. This coverage is in addition to your coverage under Medicare Parts A and B. You must enroll in Medicare Part B in order to qualify for this plan. You should enroll in Medicare Part A if you are eligible to receive it at no cost. In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium.

## Enrollment Requirements

You can enroll in and be covered by only one Medicare Advantage and Part D prescription drug plan at a time. Therefore, if you enroll in a PERACare Medicare Advantage plan, you should not enroll in any other Medicare Advantage or Part D plan. You must be a U.S. citizen or lawfully present in the U.S. to participate in this PERACare plan. If your address changes during the year, it is your responsibility to inform PERA of your address change.

Your enrollment period with Medicare starts three months before the month you turn 65. You need to complete a *PERACare Enrollment/Change Form—Medicare Coverage* and return it to PERA in advance of your Medicare effective date. You will also need to provide PERA a copy of your Medicare card or entitlement letter once you receive it.

If you enroll in a PERACare plan and then decide to disenroll from this plan, and you fail to have other creditable prescription drug coverage (that is, coverage that is at least as good as Medicare coverage) for 63 days or more, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you decide not to participate in a PERACare plan, you can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 1-877-486-2048.

## SilverScript Plan Rules and Limitations

The SilverScript plan has a network of pharmacies. You may get your prescriptions at network retail pharmacies and the SilverScript mail-service pharmacy. Network pharmacies must generally be used except in cases of an emergency. SilverScript will send you the list of network retail pharmacies, or you can find this list on the “PERACare for Retirees—Carriers” page of PERA’s website at [www.copera.org](http://www.copera.org).

This plan has four cost-sharing tiers. Every drug on the plan’s drug list is on one of the four cost sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

- » Tier 1: Generic
- » Tier 2: Preferred Brand
- » Tier 3: Non-Preferred Brand
- » Tier 4: High Cost

As a Medicare beneficiary, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call SilverScript Customer Care at 1-844-345-4162, 24 hours a day, 7 days a week. TTY users should call 711.

If you would like to know more about the coverage and costs of Original Medicare, review your current *Medicare & You* handbook. You can also view a copy online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about the Medicare Part D portion of your plan, please call SilverScript Customer Care and ask for the *Evidence of Coverage*. Call toll-free at 1-844-345-4162, 24 hours a day, 7 days a week. TTY users should call 711.

## Extra Help Program

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums and costs, as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Income Related Monthly Adjusted Amount (IRMAA)

Some people may have to pay an extra amount for their prescription drug coverage because of their yearly income. If you have to pay an extra amount, the Social Security Administration, not your Medicare plan, will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

## Understanding the Anthem Benefits and Important Rules

- » Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.anthem.com/peracare](http://www.anthem.com/peracare) or call 1-833-244-3887, TTY: 711 to view a copy of the EOC.
- » Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or in urgent situations, non-contracted providers may deny care.

## Release of Information

By joining this Medicare prescription drug plan, you acknowledge that Anthem and SilverScript will release your information to Medicare and other plans as is necessary for treatment, payment, and health care operations. You also acknowledge that Anthem and SilverScript will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations.

If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

Learn more about the Anthem and SilverScript plan and how their plans are different from other plans at [www.medicare.gov](http://www.medicare.gov). You may also contact SilverScript Customer Care at 1-844-345-4162, 24 hours a day, 7 days a week or Anthem at 1-833-244-3887 (pre-enrollment) or 1-833-244-3888 (post enrollment), from 6 a.m. to 8 p.m. Mountain time. TTY users should call 711.

Anthem Blue Cross and Blue Shield and SilverScript Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

Contact SilverScript for more information. The Formulary and/or Pharmacy network may change at any time. You will receive notice when necessary.

SilverScript Employer PDP is a prescription drug plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# Colorado PERA Notice of Nondiscrimination

Colorado PERA (the "Plan") complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## THE PLAN:

- » Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- » Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the PERA Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Colorado PERA, Civil Rights Coordinator  
1301 Pennsylvania Street, Denver, Colorado 80203,  
1-800-759-7372 ext. 6271 (phone), 303-863-3815 (fax), or  
civilrightscoordinator@copera.org (email).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Colorado PERA Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at  
[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

## LANGUAGE ASSISTANCE SERVICES FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-759-7372 ext. 6271.

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-759-7372 ext. 6271。

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-759-7372 ext. 6271.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-759-7372 ext. 6271.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-759-7372 ext. 6271.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-759-7372 ext. 6271.

التی تہ سہ زبان بصورتی گان یرا برا شمای فراہم م باشدی .با  
توجہ: اگر بہ زبان فارسی گفتگو م دیکنی  
سامت دی ریگب 6271 ext. 1-800-759-7372

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-759-7372 ext. 6271 पर कॉल करें।

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-759-7372 ext. 6271.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-759-7372 ext. 6271. 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-759-7372 ext. 6271.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-759-7372 ext. 6271.

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-759-7372 ext. 6271 まで、お電話にてご連絡ください。

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-759-7372 ext. 6271.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-759-7372 ext. 6271.

## 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

<b>Preventive Care</b>	All Medicare-covered preventive care covered with \$0 copay
------------------------	-------------------------------------------------------------

<b>Outpatient Services (per visit or procedure)</b>	
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

<b>Inpatient Care</b>	
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

<b>Emergency and Urgent Care</b>	
Emergency Room Visit (waived if admitted)	\$50 copay
Urgent Care	\$0 copay
Ambulance Service	\$75 copay

<b>Part D Prescription Drugs, Administered by SilverScript</b>		
Not applicable to the Out-of-Pocket Maximum		
Retail Copay (up to 31-day supply)	Generic	\$15
	Preferred Brand	\$45
	Non-Preferred Brand	\$60
Mail Copay (up to 90-day supply)	Generic	\$30
	Preferred Brand	\$90
	Non-Preferred Brand	\$120
High Cost Copay (up to 31-day supply)	High Cost	\$75

## Anthem MA #2

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

Generic	\$15
Preferred Brand	\$45
Non-Preferred Brand	\$60
Generic	\$30
Preferred Brand	\$90
Non-Preferred Brand	\$120
High Cost	\$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, Gilpin, Jefferson, Larimer, Pueblo, and Weld
Out-of-Network Services Covered?	Only for emergency care

#### Benefits

<b>Preventive Care</b>	All Medicare-covered preventive care covered with \$0 copay
------------------------	-------------------------------------------------------------

<b>Outpatient Services (per visit or procedure)</b>	
Primary Care Office Visit	\$15 copay
Specialty Care Office Visit	\$30 copay
Ambulatory Surgery	\$200 copay
Diagnostic Lab and X-Ray	Lab: No charge; X-ray: \$15 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	\$15 copay for exam; \$100 credit for frames, lenses, or contacts every 24 months; additional charge for contact lens fitting
Hearing Services	\$15 copay for exam every 12 months; \$500 hearing aid allowance every 36 months
Chiropractic Care	\$15 copay; limited to 20 visits per year

<b>Inpatient Care</b>	
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

<b>Emergency and Urgent Care (covered out-of-network)</b>	
Emergency Room Visit (waived if admitted)	\$75 copay
Urgent Care	\$30 copay
Ambulance Service	\$100 copay

<b>Prescription Drugs</b>		
Not applicable to the Out-of-Pocket Annual Maximum		
Pharmacy Copay (up to 31-day supply)	Preferred Generic	\$5
	Non-Preferred Generic	\$15
	Preferred Brand	\$40
	Non-Preferred Brand	\$60
	Specialty	\$75
Mail Order Copay (up to 90-day supply)	Preferred Generic	\$10
	Non-Preferred Generic	\$30
	Preferred Brand	\$80
	Non-Preferred Brand	\$120
	Specialty	\$150

## Dental Plan Highlights

Features	Cigna Dental HMO	Cigna Dental PPO	Delta Dental PPO
Individual Plan Annual Deductible <sup>1</sup>	None	\$100	\$100
Family Plan Annual Deductible <sup>1</sup>	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 <a href="http://www.cigna.com">www.cigna.com</a> or call 1-800-cigna24 (1-800-244-6224)	Search <a href="http://www.cigna.com">www.cigna.com</a> or call 1-800-cigna24 (1-800-244-6224)	Search <a href="http://www.deltadentalco.com">www.deltadentalco.com</a> 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 <sup>2</sup>	
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
<b>Basic Services</b>			
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
<b>Major Services</b>			
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

<sup>1</sup> Deductible applies to Basic and Major Services, but not Diagnostic and Preventive.

<sup>2</sup> 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<sup>1</sup>

	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	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 <sup>2</sup>	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 <sup>3</sup>	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					

<sup>1</sup> These plans do not coordinate with Medicare Advantage Plans' vision benefits.

<sup>2</sup> Frame allowance is \$20 higher if Marchon brand frames are selected.

<sup>3</sup> 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.

## 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 14 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 15 for the premiums and subsidy chart to calculate your health care premium.

A. Enter the total premium amount (from the premium chart on page 14)	\$ _____
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 15 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	\$232.00
Retiree plus spouse	464.00

## Cigna Dental Monthly Premiums

	HMO	PPO
Retiree only	\$20.61	\$37.73
Retiree plus spouse	41.23	75.46
Retiree plus children	47.41	86.79
Retiree plus family	65.95	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, 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 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 14.

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.

	<b>Anthem MA #1</b>	<b>Anthem MA #2</b>	<b>Kaiser</b>
Retiree only	\$621.00	\$520.00	\$621.00
Retiree plus spouse	1,242.00	1,040.00	1,242.00

## Subsidy Chart for DPS Benefit Structure Retirees Without Medicare Part A

<b>YEARS OF SERVICE</b>	<b>SUBSIDY</b>	<b>YEARS OF SERVICE</b>	<b>SUBSIDY</b>
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





**PERACare Enrollment/Change Form**

**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 boxes for entering the Social Security Number (SSN).

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

Permanent Residence Street Address \_\_\_\_\_  
(PO Box is not allowed)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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. By joining a PERACare Medicare plan, I acknowledge that the Medicare plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. 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** \_\_\_\_\_

**Sign Here → Spouse's 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 dependent(s) and be sure that your spouse signs above. If you are adding health plan coverage for a dependent who does not have 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

*(Continued on reverse)*

PERACare Enrollment/Change Form  
Medicare Coverage—2020 (Page 2)

Your Name \_\_\_\_\_ Your SSN \_\_\_\_\_

Medicare Information

Complete this section if you are enrolling in a health plan or changing health plans.  
*Send a photocopy of your Medicare card(s) as soon as you receive it.*

*For health plan enrollment(s) only*

I have  Medicare Part B only  Both A and B Medicare No. \_\_\_\_\_  
My spouse has  Medicare Part B only  Both A and B Medicare No. \_\_\_\_\_  
My child has  Medicare Part B only  Both A and B Medicare No. \_\_\_\_\_

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.)**  Do not change PERACare health care coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare health care coverage

**2. Check yes or no to the following important medical questions for all enrollees:**

Do any enrollees currently receive dialysis treatment or have End-Stage Renal Disease (ESRD)?  Yes  No  
Will any enrollees have additional medical coverage outside of Medicare and PERACare?  Yes  No  
Will any enrollees have prescription drug coverage outside of Medicare and PERACare?  Yes  No

*Medicare Advantage (MA)*

**3. Select a coverage level, and then** → **4. Select a health plan:**

Benefit Recipient (BR) Only  Anthem MA #1  
 BR+Spouse  Anthem MA #2  
 BR+Child(ren)  Kaiser Permanente Med HMO  
 BR+Spouse+Child(ren)

SilverScript® provides the prescription drug benefit for the Anthem MA plans.

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.)**  Do not change PERACare dental coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare dental coverage

**2. Select a coverage level, and then** → **3. Select a dental plan:**

Benefit Recipient (BR) Only  Cigna Dental PPO  
 BR+Spouse  Cigna Dental HMO\*  
 BR+Child(ren)  Delta Dental PPO  
 BR+Spouse+Child(ren)

\* If you are enrolling in the Cigna Dental HMO, indicate the six-digit DHMO office number(s) below.  
To obtain this number, call Cigna at 1-877-635-PERA (7372) or visit [www.copera.org](http://www.copera.org) and click the appropriate "Provider Directory" from the "PERACare for Retirees—Carriers" page in the "PERACare" section.

Cigna Dental HMO Office Number(s): 

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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.)**  Do not change PERACare vision coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare vision coverage

**2. Select a coverage level, and then** → **3. Select a vision plan:**

Benefit Recipient (BR) Only  VSP PPO #1  
 BR+Spouse  VSP PPO #2  
 BR+Child(ren)  VSP PPO #3  
 BR+Spouse+Child(ren)

*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](http://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](http://www.copera.org)