PERACare Information Meeting

Medicare

2026

COLORADO PERA®

Agenda

- PERACare Eligibility
- Enrollment Opportunities
- Turning 65
- Medicare Health Plans
- Dental and Vision Plans

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Health Plans

Dental Plans

Vision Plans

Coverage for benefit recipient and:

- Spouse or civil union partner
- Dependent children under 26
- Disabled adult children

*With some restrictions, coverage may continue for a surviving spouse or partner after the benefit recipient's death

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Opportunities to Enroll in PERACare

Retiring or involuntary loss of coverage

Enrolling in Medicare or Turning 65

Enrollments must be received no later than 30 days following the enrollment event

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Annual Opportunity to Enroll or Change Coverage

- **Typically in October**
- **January 1 effective date**

You may cancel coverage for yourself and/or any dependent at the end of the month as long as the request is received by PERA on or before the 15th of that month

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Coverage Changes at Age 65

Coverage Ending:	PERACare Pre-Medicare Plan
New Coverage:	Medicare
Additional Coverage:	PERACare Medicare Plans
No Changes:	PERACare Dental and Vision Plans
Exception:	Continuing Coverage with an Employer-sponsored Health Plan

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Medicare

Federal health insurance administered by the Centers for Medicare and Medicaid Services (CMS)

Citizens or permanent residents of the U.S. who are:

- Age 65 and older
- Under age 65 with specific medical conditions

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Medicare Coverage Needed

Must keep Part B to remain enrolled in PERACare

Medicare Part A

- Covers inpatient care
- Most people are eligible for Part A at $0 premium
- Social Security determines eligibility

Must enroll if eligible at no cost

Medicare Part B

- Covers outpatient care
- Premium deducted from Social Security benefit or billed by Medicare

Must enroll and pay premium

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Begin Medicare Enrollment

- Three months before your 65th birthday

OR

- If covered by an employer health plan, three months before your coverage ends

Enrollment is automatic if you are already receiving a Social Security benefit

Contact Social Security to enroll

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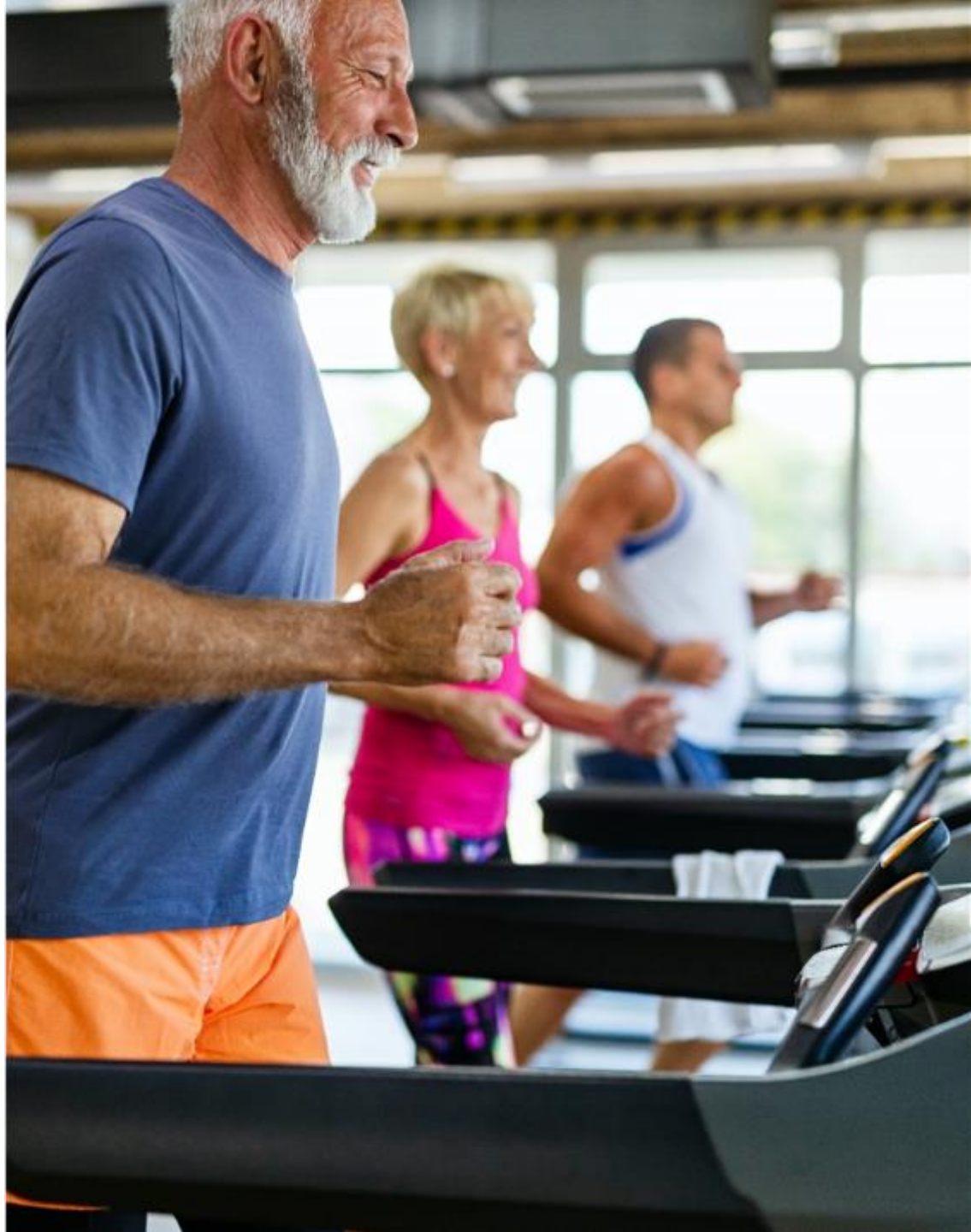
Medicare Coverage Begins:

- First day of the month of your 65th birthday

OR

- First day of the prior month if your birthday is on the first day of the month



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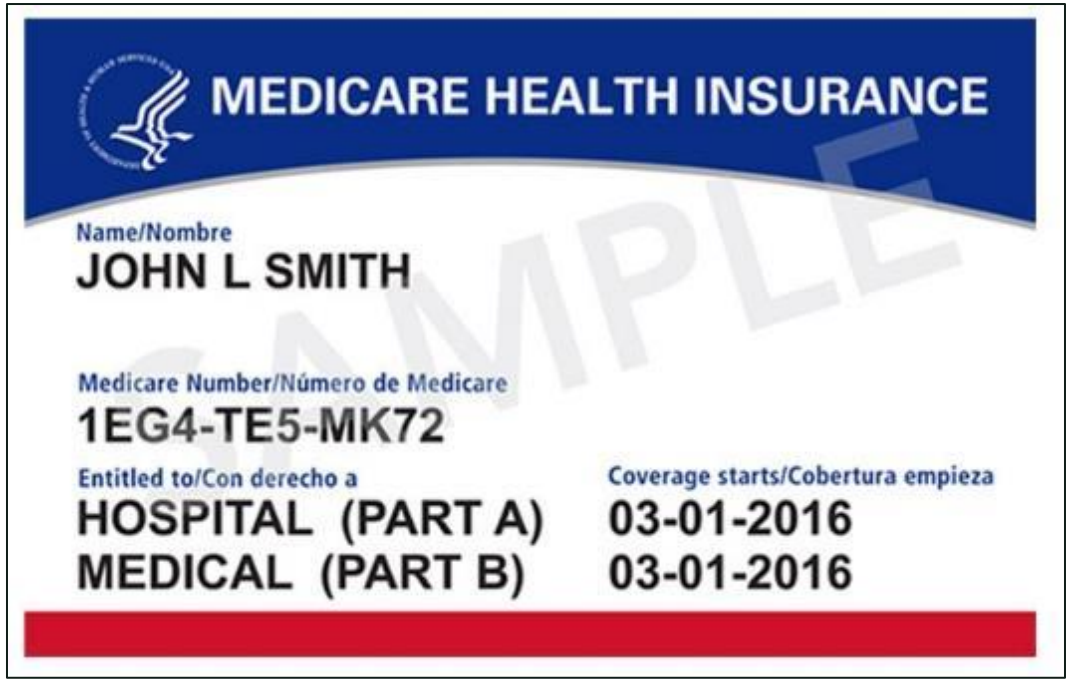
Send PERA a Copy of Your Medicare Card



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Plans Offered by Insurance Companies

Medicare Supplement Insurance (Medigap)

Medicare Advantage Plans (Part C)

Medicare Prescription Drug Plans (Part D)

Do not enroll in these plans if enrolling in PERACare

Choosing a Plan

- Service area
- Provider network
- Monthly premium
- Out-of-pocket costs and maximums
- Prescription drug coverage

Best plan for you

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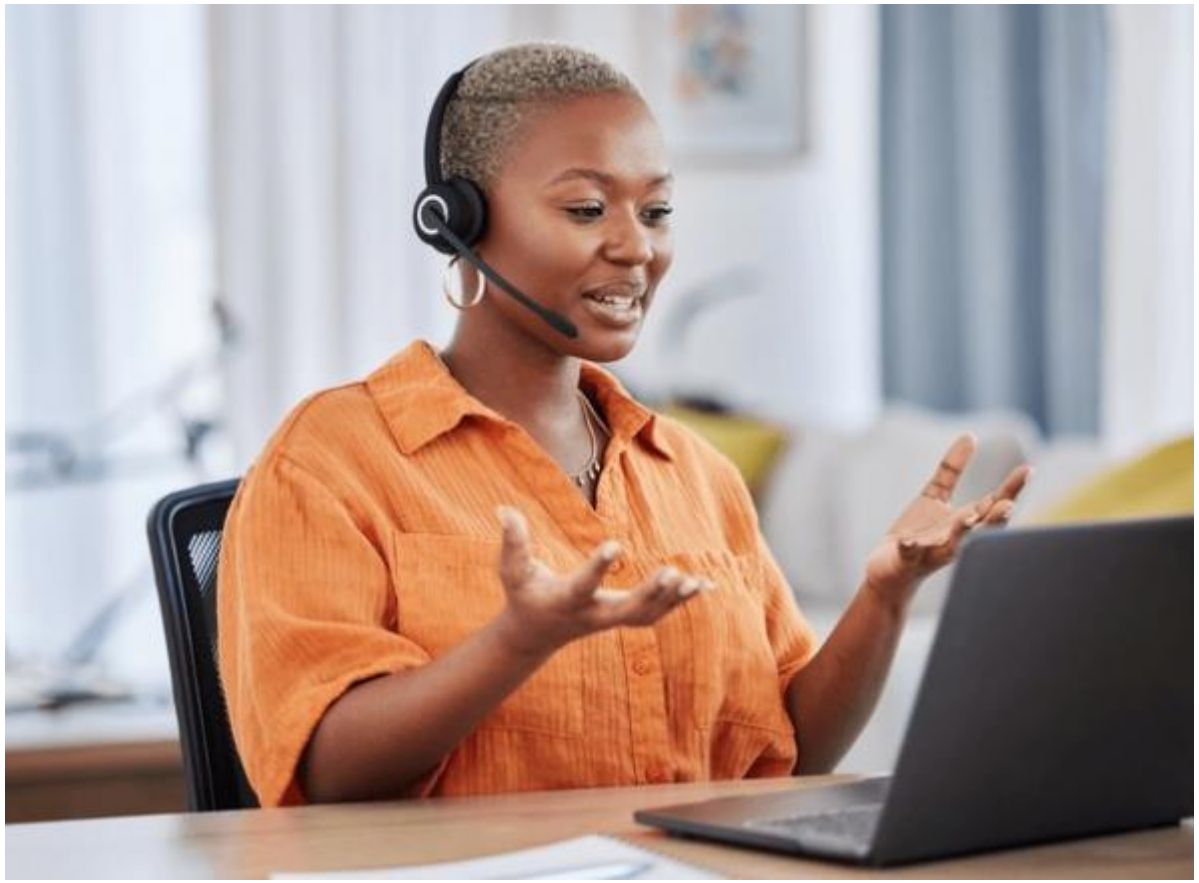
Help With Medicare Plans



SHIP
State Health Insurance Assistance Program

Navigating Medicare

1:1 Counseling and Assistance

https://www.shiphelp.org/

888-696-7213

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PERACare Medicare Advantage Plans

- Cover the same services as original Medicare
- Include Part D prescription drug coverage
- Cover vision and hearing
- Have flat copays for most services
- Offer emergency coverage outside of the U.S.

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PERACare Premium Subsidy: Age 65+

- $5.75 per year of PERA service credit
- Maximum: $115 per month with 20+ years of service credit

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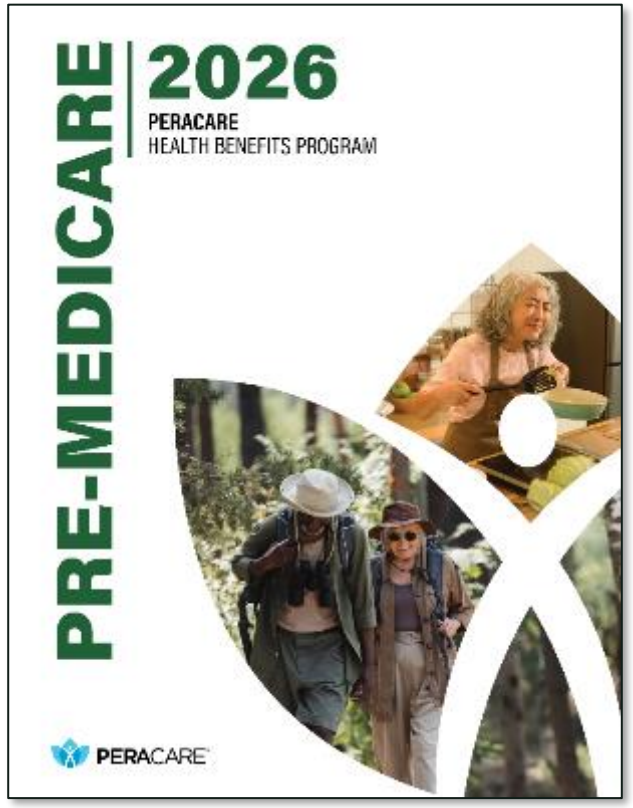
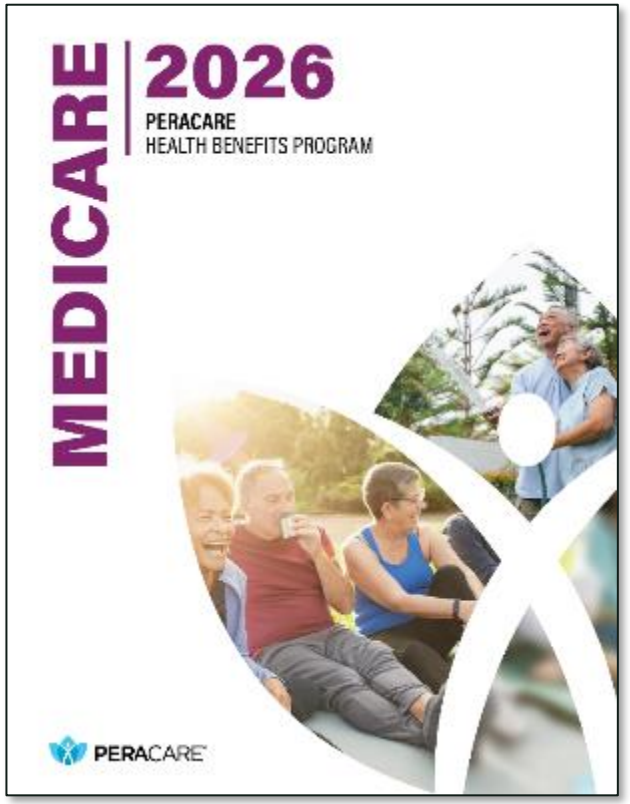
Health

Which Booklet is Right for You?



For enrollees under age 65



For enrollees on Medicare

For families with enrollees under age 65 (Pre-Medicare) and enrollees on Medicare

UnitedHealthcare Medicare Advantage

About UnitedHealthcare Coverage

- UnitedHealthcare is the insurer
- You can see any doctor in UnitedHealthcare's network, or who participates in Medicare and accepts the plan
- Most hospitals accept Medicare

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UnitedHealthcare MA #1

Office Visits and Most Services:
$0 copays

Hospital Stay: **$300** copay per hospitalization, **$900** yearly maximum

Medical Out-of-Pocket Maximum:
$2,000

Premium

$399 per month or **$284 per month** with 20-year subsidy applied

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UnitedHealthcare MA #2

Primary Care Office Visit: **$5**

Specialist Office Visit: **$40**

Hospital Stay: **$200 per day for first 10 days**

Out-of-Pocket Maximum: **$3,500**

Premium

$195 per month or **$80 per month** with 20-year subsidy applied

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UnitedHealthcare Prescription Drugs

	MA#1	MA#2
Deductible	None	$300
Out-of-Pocket Maximum	$2,100	$2,100

	Retail Pharmacy *31-day supply*	Mail Service *90-day supply*
Tier 1	$15	$30
Tier 2	$45	$90
Tier 3	$60	$120
Tier 4	$75	N/A

- Administered by OptumRx
- Both MA#1 and MA#2 use the same list of covered drugs (formulary)
  - Review the formulary at copera.org

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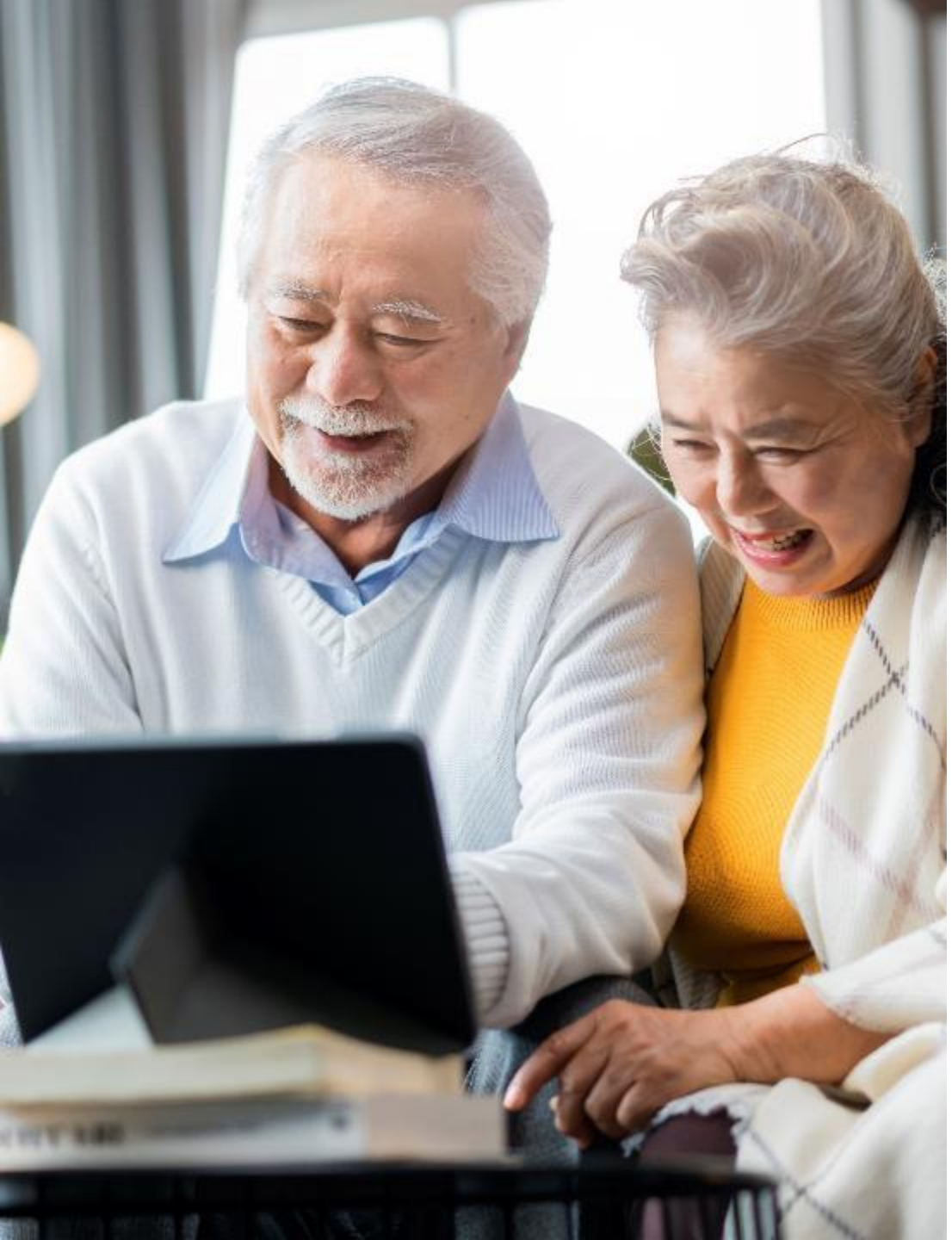

UnitedHealthcare Additional Benefits

- Renew Active Fitness Membership
- Real Appeal (MA #1 only)
- $0 Virtual Doctor Visits
- Healthy at Home Benefits
- Calm Health

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UnitedHealthcare Plan Options

	MA#1	MA#2
Availability	Nationwide	Nationwide
Provider Network	Broad	Broad
Out-of-Network Coverage	Yes, at any Medicare provider	Yes, at any Medicare provider
Premium	$399	$195
Deductible/ Out-of-Pocket Max	$0/ $2,000	$0/ $3500
Formulary (Drug List)	Broad – Optum Premium Standard Formulary	
Prescription Deductible/ Out-of-Pocket Max	$0/ $2,100	$300/ $2,100

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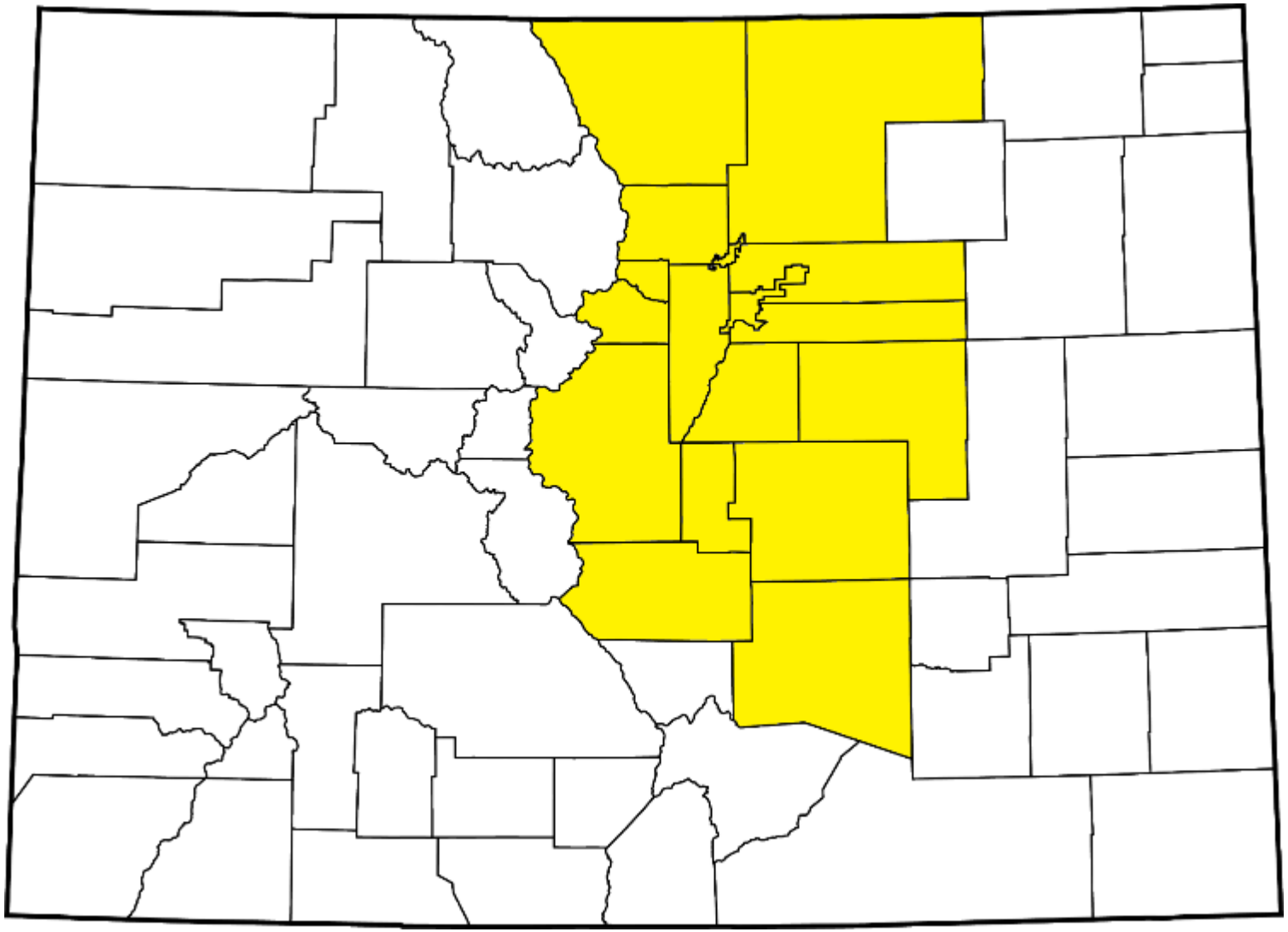
Kaiser Permanente

Kaiser Service Area



Adams
Arapahoe
Boulder
Broomfield
Clear Creek
Denver
Douglas
Elbert
El Paso
Fremont
Gilpin
Jefferson
Larimer
Park
Pueblo
Teller
Weld

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About Kaiser Permanente Coverage

- Must use doctors and facilities in Kaiser's network
- When traveling, able to see doctors outside of the Colorado network that are in the Kaiser network
- Emergency and urgent care are covered while out of service area at in-network level
- Away From Home Travel Line: **951-268-3900**

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Senior Advantage HMO Plan

Primary Care Office Visit: **$15**

Specialist Office Visit: **$30**

Hospital Stay: **$500** maximum per admit

Out-of-Pocket Maximum: **$3,500**

Premium

$179 per month or **$64 per month** with 20-year subsidy applied

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Kaiser Prescription Drugs

Annual Out-of-Pocket Maximum: $1,500

	Retail Pharmacy *31-day supply*	Mail Service *90-day supply*
Tier 1	$5	$0
Tier 2	$15	$0
Tier 3	$40	$80
Tier 4	$80	$160
Tier 5	$100	$200

Review the formulary at copera.org

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Kaiser Additional Benefits

- One Pass Fitness Center Program
- Medicare Explorer
- Over-the-Counter Health and Wellness Credit
- Rides to Medical Appointments
- Nurseline
- Mindfulness Apps
- Community Resource Directory

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Dental

Delta Dental PPO

- $2,000 annual benefit maximum
- Cleanings covered at 100%
- Nationwide networks of dentists in Delta's PPO network
- Best benefit at PPO dentists, but you can visit out-of-network providers

Premium

$46.34

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Cigna Dental HMO

- No annual benefit maximum
- Cleanings covered at 100%
- Must use Cigna Dental Care Access network provider
- Most providers located in urban areas

Premium
$21.23

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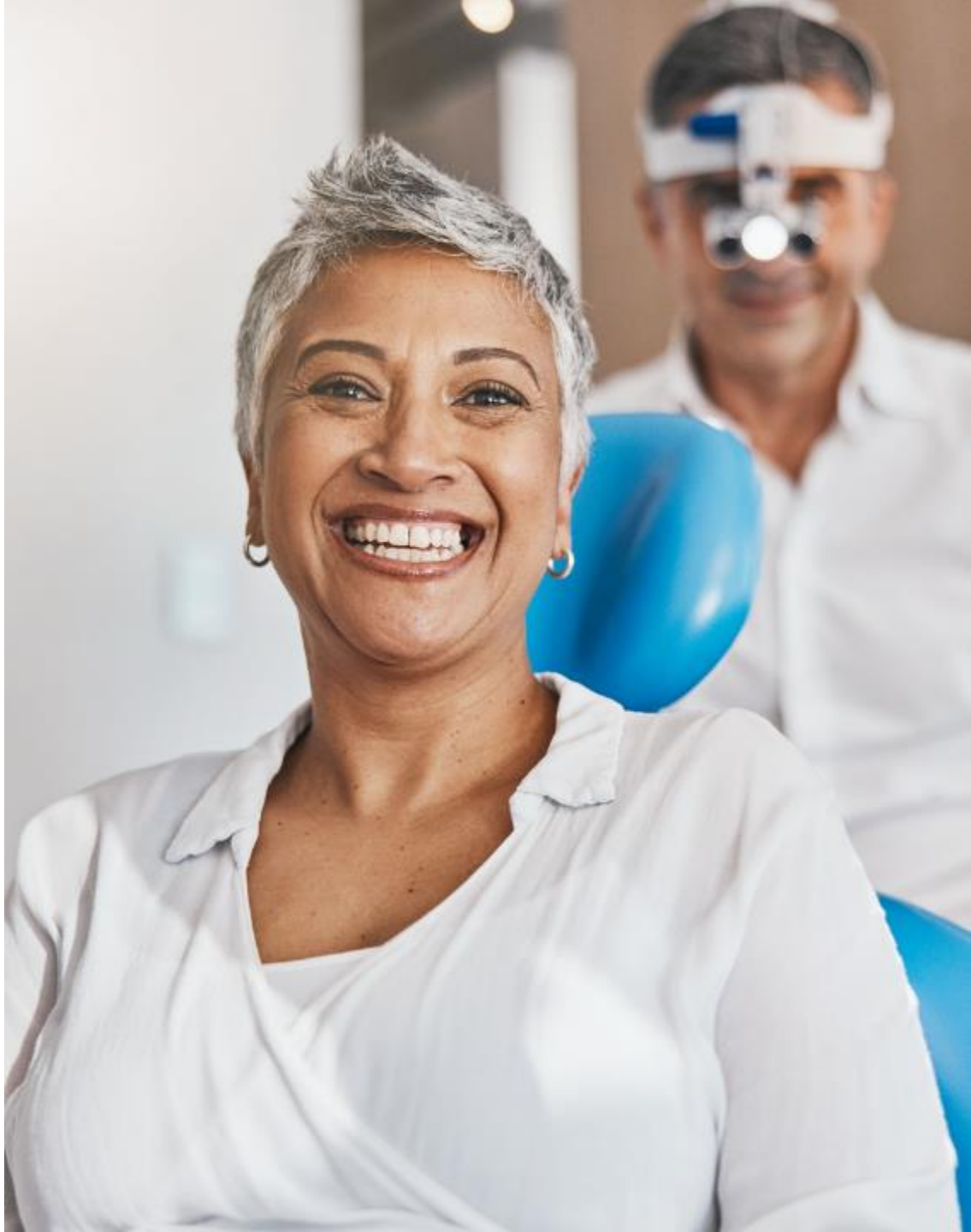

Vision

VSP Plan Options

PPO #1

$10 annual eye exam

Lenses and frames or contacts covered every year

Easy options upgrade available

Monthly Premium

$11.19

PPO #2

$25 annual eye exam

Lenses or contacts covered every year

Frames covered every other year

Monthly Premium

$6.66

PPO #3

$10 annual eye exam

Discounts on glasses or contacts

Monthly Premium

$1.05

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TruHearing

Savings on hearing aids and batteries

Call **866-929-3827** for more information

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Complete forms online

1

Log into your secure account at copera.org

2

Click on the Health Benefits (PERACare) menu on the left

3

Click on the Enroll/Change Health Benefits button to submit your form online

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Contact Colorado PERA

Web address

» copera.org
  - Includes links to carrier websites

Mailing address

» PO Box 5800, Denver, CO 80217-5800

Office locations

» 1301 Pennsylvania Street, Denver
» 1120 West 122nd Avenue, Westminster

Phone number

» 800-759-PERA (7372)

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Survey

- **Your feedback will help us to improve the information and resources we offer you.**
- It's quick and anonymous.
- Scan this QR code on your smartphone to take our survey.

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Thank you!

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