COMBINATION COVERAGE

2027

PERACARE
HEALTH BENEFITS PROGRAM

PERACARE®

PERACare Plan Contact Information

Anthem
Pre-Medicare
Group #L17520
833-363-1436

Cigna Dental
Group #3171792
Pre-Enrollment: 800-564-7642
Post Enrollment: 877-635-PERA (7372)

Delta Dental
Group #11869
800-610-0201

Humana
Medicare
Group: COPERA
866-373-7210

Kaiser Permanente
Medicare & Pre-Medicare
Group #1804
303-338-3800 or 800-632-9700

Moda Health
Medicare
Group #10033436
833-599-7482

VSP
Group #12144626
800-877-7195

Medicare Resources

Centers for Medicare and Medicaid Services (CMS)
800-MEDICARE (633-4227)
medicare.gov

Social Security Administration
800-772-1213
ssa.gov

State Health Insurance Assistance Program (SHIP)
888-696-7213
shiphelp.org

Online Resources

Visit copera.org/retirees/health-benefits-peracare for links to all carrier websites, provider search tools, prescription drug information, and other plan resources.

Colorado PERA Contact Information

Mailing Address
Colorado PERA
PO Box 5800
Denver, CO 80217-5800

Phone/Website/Email
800-759-PERA (7372)
copera.org (email via the "Contact Us" link on the PERA homepage)

Customer Service Center Phone Hours
7:00 a.m.–5:30 p.m. (MT) Monday–Thursday
7:00 a.m.–4:30 p.m. (MT) Friday

Denver Main Office
1301 Pennsylvania Street
Denver, CO 80203

Westminster Office
1120 W. 122nd Avenue
Westminster, CO 80234

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PERACare Program Enrollment Guidelines

What is PERACare?

PERACare is Colorado PERA's health, dental, and vision benefits program offered to PERA retirees and their eligible dependents. You may enroll in any or all coverage types. PERACare offers coverage through the following partners:

- Medicare Health—Humana, Moda Health, and Kaiser Permanente (Kaiser)
- Pre-Medicare Health—Anthem and Kaiser Permanente (Kaiser)
- Dental—Cigna and Delta
- Vision—VSP

Who is Eligible to Enroll in PERACare?

PERA benefit recipients and their eligible dependents may enroll in PERACare.

A benefit recipient is a retiree, spouse, cobeneficiary, qualified child, or dependent parent receiving a monthly full service or reduced service retirement, disability retirement, or survivor benefit from PERA.

The benefit recipient must be enrolled in order for any dependents to be enrolled. If the benefit recipient is enrolled, they may enroll the following dependents:

- Spouse, including a civil union partner as recognized under Colorado law; and
- Unmarried, dependent children under age 26, certain mentally or physically incapacitated adult children, and dependent parents. (Any child claimed as a dependent for income tax purposes who lives with the benefit recipient and meets these guidelines also is eligible.)

In addition, the following individuals are eligible to be enrolled in PERACare:

- Guardians of children receiving PERA survivor benefits, as long as the children also are enrolled.
- Surviving spouses of deceased retirees who chose single-life annuity options (Option 1 under the PERA benefit structure, or Options A or B under the DPS benefit structure), if the surviving spouse was enrolled in the PERACare program when the retiree's death occurred.*
- Divorced spouses of retirees who are not receiving PERA benefits, but were enrolled in the PERACare program when the divorce from the PERA retiree occurred.*

* *If a surviving or divorced spouse discontinues coverage, reenrollment is not allowed.*

How Do I Enroll?

There are two ways to enroll. You can complete the *PERACare Enrollment/Change Form* included in this booklet or go online to enroll in or change existing coverage. Please refer to the chart on the next page for any other documentation required for enrollment such as a *Certification of Previous Health Care Coverage* or copy of Medicare card.

Online

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

Mail

Send your completed form to:
PERA
PO Box 5800
Denver, CO 80217-5800

When Can I Enroll?

You can enroll in PERACare when you retire by submitting your enrollment form within 30 days of your first benefit payment date. If you enroll at retirement, you may choose an effective date up to six months in the future, as long as you remain covered by insurance in the interim.

You are also eligible to enroll during the annual open enrollment period or throughout the year within 30 days of the life events listed in the chart below. PERACare coverage is effective on the first day of the month. If you are enrolling in PERACare due to a loss of other coverage, you are not allowed to enroll with a gap in coverage.

Enrollment is voluntary, and there is no penalty for leaving PERACare. You can cancel coverage and reenroll during any of these eligibility events without penalty. As a PERA retiree, your health subsidy is always available to you whenever you are enrolled in a PERACare health plan.

PERACare Enrollment Eligibility Chart

Eligibility Event	Proof Required	Change(s) You Can Make
You are first eligible to enroll:		
Within 30 days of the date of your first PERA benefit payment (as a retiree, cobeneficiary, or survivor benefit recipient)	None	Enroll yourself, your spouse, and your child(ren)
During the annual PERACare open enrollment period in the fall	None	Enroll, add coverage for spouse or child(ren), or change plans
Life Events:		
Involuntary loss of coverage**: • Loss of employer/group coverage • Loss of individual coverage • Completion of COBRA coverage period (18, 29, or 36 months)	*CPHCC** signed by an administrator of the previous plan or a copy of a letter confirming the termination of coverage	Enroll yourself, your spouse, and child(ren) (if they were covered)
Enrollment in Medicare (retiree)	A copy of Medicare card	Enroll or change PERACare health care plan***. You may also enroll a spouse or dependent if they have had continuous coverage.
Enrollment in Medicare (spouse)	A copy of Medicare card	Enroll or change PERACare health care plan for spouse*** if you are currently enrolled or are enrolling with continuous coverage.
Moving out of your PERACare plan's service area	Address change notice to PERA	Change to another PERACare plan
Marriage, civil union	Copy of marriage certificate	Enroll spouse
Birth or adoption of child(ren)	Copy of birth certificate or adoption papers	Enroll child(ren)
Divorce	*CPHCC**	Enroll yourself

* *CPHCC*—PERA's *Certification of Previous Health Care Coverage* form.

** Loss of coverage must be an involuntary event. If you remain eligible for coverage but choose not to pay premiums or select a new plan, you are not eligible to enroll in PERACare.

*** You may also enroll in PERACare dental and/or vision plans at this time if you are enrolling in a PERACare health care plan and had dental and/or vision coverage prior to becoming eligible for Medicare.

Cancellation of Coverage

You may cancel coverage for yourself and/or any dependent at the end of any month as long as the request is received by PERA on or before the 15th of that month. If the request is received on or after the 16th, coverage will be canceled at the end of the next month.

PERA may cancel coverage if you and/or any dependents are no longer eligible to participate in PERACare or if your premium payments are not current.

Moving

If you move, please notify PERA of your new address so PERA can advise your health care, dental, and/or vision carrier.

If you move outside of your plan's service area, you must cancel your plan and enroll in another PERACare plan available in your new location to continue to have PERACare coverage. You can submit a *PERACare Enrollment/Change Form* to enroll within 30 days of your address change.

Disability and Early Medicare

PERA has contracted with SSDC Services Corp. (SSDC), a national advocacy firm specializing in Medicare coordination and Social Security Disability Insurance (SSDI) benefits.

SSDC can identify whether you or your covered dependent(s) are eligible for SSDI and early Medicare benefits and assist with filing and obtaining these benefits at no cost to you.

If you think you or your dependent(s) may be eligible, contact SSDC's call center at 800-374-9950 x222, Monday through Friday, 7:00 a.m.–4:00 p.m. (MT), or visit SSDC's website at ssdcservices.com.

If you, or a covered family member, become eligible for Medicare before age 65, you should advise PERA as the plan options you are eligible for change when you obtain Medicare coverage.

Online Provider Directories

Provider directories for the PERACare health care, dental, and vision plans are available online through PERA's website. Visit copera.org and click on "Health Benefits (PERACare)" from the "Retirees" drop-down menu then click on "PERACare Carriers."

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.

HIPAA Information

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

- Visiting the "Health Benefits (PERACare)" page under the "Retirees" drop-down menu on copera.org
- Calling PERA's Customer Service Center at 800-759-7372
- Writing to PERA at
  PO Box 5800
  Denver, CO 80217-5800

Under 65 (Pre-Medicare) Health Plan Metal Levels

Metal levels are intended to offer you clarity when evaluating and comparing health plans. There are four metal levels of health insurance: Platinum, Gold, Silver, and Bronze. The levels are based on how you and your insurance company will split costs for that plan and have nothing to do with the quality of the plan or the network it uses. The lowest level, Bronze, will typically have the lowest premiums, but you will pay a higher share of the cost when you receive care. The higher levels, Gold and Platinum, will typically have higher premiums, but you will pay a lower share of the costs when you receive care.

Coverage Options Outside of PERACare

Consider any coverage outside of PERACare that you might be eligible for such as coverage through an employer, state health insurance marketplace, or individual Medicare plans.

Under 65 (Pre-Medicare) individuals may be eligible for federal subsidies toward coverage purchased via the marketplace that could make it the most affordable option. Colorado residents can visit connectforhealthco.com or call 855-752-6749. Outside Colorado, visit healthcare.gov or call 800-318-2596 to find your state's insurance marketplace.

For Medicare enrollees comparing other plans with PERACare, be sure to compare the provider directory, the list of covered drugs (formulary), the costs for medical and prescription care, as well as the monthly premium. You cannot enroll in more than one Medicare plan (Medicare Advantage, Medicare Supplement, Medicare Part D prescription drug coverage) at one time, but if you leave PERACare for an individual Medicare plan, you can return to PERA during a future open enrollment and still be eligible for your monthly PERA health care subsidy. For assistance comparing PERACare plans to individual plans, please contact the State Health Insurance Assistance Program (SHIP) at 888-696-7213.

Anthem Plan Description Pre-Medicare (Under 65)

National PPO

This plan is available nationwide and uses Anthem's BlueCard PPO network of doctors and facilities. There is out-of-network coverage, but you will have a higher deductible and coinsurance when receiving services from out-of-network providers.

- You are encouraged to establish a relationship with a Primary Care Physician to help coordinate your medical care, but referrals are not needed to see another doctor or specialist.
- Visits to primary care physicians, specialists, and physical, occupational, and speech therapists are not subject to the deductible. For these office visits you pay only the applicable copay.
- Services such as outpatient surgery and advanced imaging (MRI, PET, CT) have different costs depending on the site of care.
- Preventive care is covered at 100%, not subject to deductible when provided by any in-network physician.
- This plan covers emergency and urgent care at the in-network level worldwide.

Pathway PPO

This plan is only available if you live in Colorado and uses Anthem's Colorado Pathway PPO/EPO network of doctors and facilities in the state of Colorado. If you receive care while traveling outside of the state, you will have access to care via Anthem's national BlueCard PPO network.

- You are encouraged to establish a relationship with a Primary Care Physician but referrals are not needed to see another doctor or specialist.
- Visits to primary care physicians are not subject to deductible and have a $20 copay.
- Urgent care visits are not subject to deductible and have a $70 copay.
- Visits to specialists are not subject to deductible and have a $60 copay.
- Preventive care is covered at 100%, not subject to deductible when provided by an in-network physician.
- This plan covers emergency and urgent care at the in-network level worldwide.

Covered Services

To review the detailed Summary of Benefits for these plans visit copera.org, select "Health Benefits (PERACare)" under the "Retirees" drop-down menu, and then "PERACare Carriers." Follow the link to Anthem's homepage to view these plan documents.

Prescription Drug Coverage

Anthem's prescription drug benefits are administered by CarelonRx, Anthem's pharmacy benefit manager. CarelonRx manages the pharmacy network, covered medications, and mail-service pharmacy.

You may fill your prescriptions at in-network retail pharmacies or through the CarelonRx mail-service pharmacy. The list of covered medications (formulary) is the same for both plans.

You can find the formulary at copera.org by selecting "Health Benefits (PERACare)" from the "Retirees" drop-down menu and then choosing "PERACare Carriers."

Provider Directories

To find in-network providers, visit copera.org and select "Health Benefits (PERACare)" under the "Retirees" menu. Click on "PERACare Carriers" and under Anthem you'll find directories for both National PPO and Pathway PPO/EPO.

Anthem Contact Information
Group #L17520
833-363-1436

Contact Anthem for:

- Benefit and coverage questions
- Provider searches
- Claims status
- Prescription drug questions
- ID card replacements

Anthem National PPO Benefit Highlights

	National PPO
Network	BlueCard PPO Network
Service Area	Available nationwide
Metal Level	Silver
Annual Deductible	Individual: $6,000/Family: $12,000
Annual Out-of-Pocket Maximum (Includes medical deductible, coinsurance, and copays, but not prescriptions)	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

Exams, Screenings, Vaccinations	No charge, not subject to deductible

Physician Services

Primary Care Office Visit	$20 copay, not subject to deductible
Specialist Office Visit	$70 copay, not subject to deductible
Urgent Care	$75 copay, not subject to deductible

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 facility 20% coinsurance at hospital
Durable Medical Equipment	20% coinsurance
Oxygen	20% coinsurance
Physical, Occupational, Speech Therapy Office Visit	$70 copay, not subject to deductible
Home Health Care	20% coinsurance (maximum 100 visits per year)
Hospice Care	No charge, not subject to deductible
Chiropractic Care	20% coinsurance (maximum 20 visits per year)

Anthem National PPO Benefit Highlights

Inpatient Care	National PPO
Inpatient Hospitalization	20% coinsurance
Skilled Nursing Facility Care	20% coinsurance (maximum 150 days per year)

Emergency Care

Emergency Care	20% coinsurance
Ambulance Services	20% coinsurance

Prescription Benefits—Administered by CarelonRx, not subject to deductible

Pharmacy Copay (up to 30-day supply)	Tier 1 (Most Generics) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand)	$20 $100 $125
Mail-Order Copay (up to a 90-day supply)	Tier 1 (Most Generics) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand)	$40 $200 $250
Specialty Copay (up to 30-day supply) Specialty prescriptions must be obtained via BioPlus mail service pharmacy	Specialty	$150
Vaccinations	No charge at any in-network pharmacy	

Additional Benefits

SilverSneakers Fitness Center Program	Access to 22,000 fitness locations nationwide. Visit silversneakers.com for more information. Here you can check your eligibility by entering the requested information and activate your membership to obtain your SilverSneakers Member ID. If you need assistance you can call SilverSneakers at 888-423-4632. You can also download the SilverSneakers GO® app to access your digital Member ID from your smartphone.
Virta Health	Virta is a virtual clinic that helps you eat your way to better health with care plans made just for you and support from health care clinicians, coaches, and digital health tools. Virta provides personalized support to help members reverse type 2 diabetes, improve blood sugar control, and lose weight. Visit virtahealth.com/join/copera for more information.
Virtual Care (Telehealth)	Access Anthem's virtual care provider–LiveHealthOnline–via the Sydney app or Anthem.com to access live video medical care and therapy. Get urgent care any time from an on-demand clinician. For routine checkups and managing conditions, visit with a primary care provider who can order lab tests and imaging, prescribe medication, and refer you to a specialist. You can also schedule an appointment with a mental health professional for therapy and psychiatry services.
24/7 Nurse Line	Consult with a registered nurse around the clock to discuss your health concerns at no cost. Call 800-337-4770.

See pages 25-26 for premium details

Anthem Pathway PPO Benefit Highlights

	Pathway PPO
Network	Colorado Pathway PPO/EPO Network
Service Area	Must reside in Colorado
Metal Level	Silver
Annual Deductible	Individual: $3,500/Family: $7,000
Annual Out-of-Pocket Maximum (Includes medical deductible, coinsurance, and copays, but not prescriptions)	Individual: $9,000/Family: $18,000
Lifetime Benefit Maximum (per individual)	$5,000,000 (includes $1,000,000 transplant lifetime benefit)
Out-of-Network Coverage	Emergency and urgent care are always covered at the in-network level, no coverage for other out-of-network services
Preventive Care	
Exams, Screenings, Vaccinations	No charge, not subject to deductible
Physician Services	
Primary Care Office Visit	$20 copay, not subject to deductible
Specialist Office Visit	$60 copay, not subject to deductible
Urgent Care	$70 copay, not subject to deductible
Outpatient Services	
Outpatient Surgery	20% coinsurance
Lab and X-ray	20% coinsurance
MRI, PET, CT	20% coinsurance
Durable Medical Equipment	20% coinsurance
Oxygen	20% coinsurance
Physical, Occupational, Speech Therapy Office Visit	$60 copay, not subject to deductible
Home Health Care	20% coinsurance
Hospice Care	No charge, not subject to deductible
Chiropractic Care	20% coinsurance (maximum 20 visits per year)

Anthem Pathway PPO Benefit Highlights

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

Emergency Care

Emergency Care	20% coinsurance
Ambulance Services	20% coinsurance

Prescription Benefits—Administered by CarelonRx, not subject to deductible

Pharmacy Copay (up to 30-day supply)	Tier 1 (Most Generics) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand)	$10 $125 $150
Mail-Order Copay (up to a 90-day supply)	Tier 1 (Most Generics) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Brand)	$20 $250 $300
Specialty Copay (up to 30-day supply) Specialty prescriptions must be obtained via BioPlus mail service pharmacy	Specialty	$250
Vaccinations	No charge at any in-network pharmacy	

Additional Benefits

SilverSneakers Fitness Center Program	Access to 22,000 fitness locations nationwide. Visit silversneakers.com for more information. Here you can check your eligibility by entering the requested information and activate your membership to obtain your SilverSneakers Member ID. If you need assistance you can call SilverSneakers at 888-423-4632. You can also download the SilverSneakers GO® app to access your digital Member ID from your smartphone.
Virta Health	Virta is a virtual clinic that helps you eat your way to better health with care plans made just for you and support from health care clinicians, coaches and digital health tools. Virta provides personalized support to help members reverse type 2 diabetes, improve blood sugar control, and lose weight. Visit virtahealth.com/join/copera for more information.
Virtual Care (Telehealth)	Access Anthem's virtual care provider–LiveHealthOnline–via the Sydney app or Anthem.com to access live video medical care and therapy. Get urgent care any time from an on-demand clinician. For routine checkups and managing conditions, visit with a primary care provider who can order lab tests and imaging, prescribe medication, and refer you to a specialist. You can also schedule an appointment with a mental health professional for therapy and psychiatry services.
24/7 Nurse Line	Consult with a registered nurse around the clock to discuss your health concerns at no cost. Call 800-337-4770.

See pages 25-26 for premium details

Kaiser Permanente Plan Description Pre-Medicare (Under 65)

Kaiser Permanente Plan

The Deductible HMO (DEDHMO) is available to those living in Kaiser's Colorado service areas.

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.

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, Nevada, Oregon, Virginia, Washington, and Washington D.C. Please call the Kaiser Away from Home Travel Line at 951-268-3900 or visit kp.org/travel for more information.

Deductible HMO (DEDHMO) Features

- The plan has a $6,000 deductible that applies to some services, after which a coinsurance applies.
- The services listed below are not subject to deductible, which means that you'll only pay a copay even if you have not yet met your deductible.
  - Primary Care and Specialist office visits
  - Urgent Care visits
  - Prescription drugs
  - Diagnostic Labs
  - Vision Care
  - Chiropractic Care
- Deductible, coinsurance, and copays (including prescription copays) apply to the out-of-pocket maximum (OPM).

Covered Services

If you enroll, you will receive an Evidence of Coverage (benefits booklet) from Kaiser which describes the terms and conditions of your coverage.

Prescription Drug Coverage

You may get your prescriptions filled at pharmacies located in Kaiser's medical offices and through Kaiser's mail-service pharmacy. You can review the list of covered medications (formulary) on our website. Visit copera.org by clicking on "Health Benefits (PERACare)" under the "Retirees" drop-down menu and then "PERACare Carriers."

Provider Directory

To find in-network providers, visit copera.org and select "Health Benefits (PERACare)" under the "Retirees" menu. Click on "PERACare Carriers" and under Kaiser Permanente you'll find the link to the provider directory.

Kaiser Contact Information
Group #1804
303-338-3800 or 800-632-9700

Contact Kaiser for:

- Benefit and coverage questions
- Provider searches
- Claims status
- Prescription drug questions
- ID card replacements

Kaiser Permanente Plan Benefit Highlights

	DEDHMO
Plan Availability	Plan is available in the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, El Paso, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, Teller, and Weld
Metal Level	Bronze
Annual Deductible	Individual: $6,000/Family: $12,000
Annual Out-of-Pocket Maximum	Individual: $12,000/Family: $24,000
Lifetime Benefit Maximum (per individual)	None
Out-of-network services covered?	Emergency and urgent care are covered at the in-network level, no coverage for other out-of-network services
Preventive Care	
Exams, Screenings, Vaccinations	No charge, not subject to deductible
Physician Services	
Primary Care Office Visit	$30 copay, not subject to deductible
Specialist Office Visit	$60 copay, not subject to deductible
Urgent Care	$100 copay, not subject to deductible
Outpatient Services	
Office-Administered Medication	30% coinsurance
Outpatient Surgery	10% coinsurance at ambulatory surgery center; 20% coinsurance at hospital
Diagnostic Lab	100% covered at Kaiser Medical Office, not subject to deductible
Diagnostic and Therapeutic X-ray	20% coinsurance
MRI, PET, CT	30% coinsurance
Durable Medical Equipment	30% coinsurance
Oxygen	30% coinsurance, not subject to deductible
Physical, Occupational, and Speech Therapy	$30 copay, not subject to deductible
Home Health Care	30% coinsurance
Hospice Care	No charge, not subject to deductible
Vision Care	$30 copay, not subject to deductible
Chiropractic Care	$30 copay, not subject to deductible, limited to 20 visits per year

See pages 25-26 for premium details

Kaiser Permanente Plan Benefit Highlights

Inpatient Care	DEDHMO
Inpatient Hospitalization	30% coinsurance
Skilled Nursing Facility Care	30% coinsurance, limited to 100 days per year

Emergency Care	
Emergency Room Visit	30% coinsurance
Ambulance Services	30% coinsurance

Prescription Drugs	
Pharmacy Copay (up to a 30-day supply)	Tier 1 (Most Generics) $15 Tier 2 (Preferred Brand) $45 Tier 3 (Non-Preferred Brand) $90
Specialty (up to a 30-day supply)	30% coinsurance ($300 max)
Mail-Order Copay (up to a 90-day supply)	Tier 1 (Most Generics) $30 Tier 2 (Preferred Brand) $90 Tier 3 (Non-Preferred Brand) $180

Additional Benefits	
One Pass Fitness Center Program	With One Pass you receive free fitness center memberships to any participating gym or fitness centers nationwide, an annual personalized fitness plan, and access to on-demand workout videos and livestreaming classes. Visit One Pass at youronepass.com to get started.
Healthy Rewards Program	Earn up to $150 for completed health related activities. Visit kp.org/rewards for more information.
Virtual Care	You can access no-cost virtual care with Kaiser by phone, chat, or video. You have many options to choose from such as online chat with a clinician, emailing your providers with questions, or scheduling a phone or video visit with a doctor. For 24/7 medical advice call 303-338-4545 or 800-218-1059 (TTY). Visit kp.org/getcare to learn more about virtual care options.
Away from Home Travel Line	Kaiser has you covered while you're traveling. You can get urgent and emergency care anywhere in the world, but for non-urgent care you can access Kaiser providers in other Kaiser states, or outside of those states you can visit any Cigna PPO Network provider. Call the Kaiser Away from Home Travel Line for more information at 951-268-3900.
Nurseline	When you're not sure what type of care you need, call Kaiser's appointment and advice line at 303-338-4545 or 800-218-1059. Advice nurses are available to answer your questions 24 hours a day, 7 days a week. Together, you and the advice nurse can decide what type of care is best for the situation at hand. They can even offer you options such as a physician phone appointment, a trip to an urgent care facility, or a same-day appointment with your doctor.
Mindfulness Apps	Everyone needs support for total health — mind, body, and spirit. Wellness apps can help you navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more. It's self-care made easy, designed to help you live well and thrive. Visit kp.org/selfcareapps to access and set up your account.

Medicare Plan Choices

Medicare Health Care Plans

PERACare offers two types of Medicare plans for retirees, benefit recipients, and their dependents who are enrolled in Medicare. The Medicare plan types are Medicare Advantage (MA) and Medicare Companion. To enroll in any of these Medicare plans you must first enroll in Original Medicare, and you will need to pay Medicare Part B premiums in addition to your PERACare Medicare plan premium.

If you enroll in a PERACare Medicare plan, do not enroll in any other Medicare plan, including a Medicare Advantage plan, Medicare Supplement plan, or standalone Medicare Part D prescription drug plan. Medicare will notify PERA of the additional enrollment, and your PERACare Medicare coverage will be canceled.

Medicare Advantage Plans

Medicare Advantage plans combine all 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. You must be enrolled in Medicare Part B to enroll in a Medicare Advantage plan. PERACare offers Medicare Advantage plans with two carriers.

Humana Medicare Advantage PPO

Humana offers two MA plans which are available if you reside within the United States and its territories. With a Humana MA PPO plan you'll enjoy the freedom to see any provider—doctors, specialists, and hospitals—who is in the Humana Medicare PPO network or who participates in Medicare and accepts the plan as an out-of-network provider. Your share of the cost is the same whether the provider is in- or out-of-network. These plans cover emergency and urgent care worldwide. Enrollment in a PERACare Humana MA plan includes enrollment in the Humana stand-alone Prescription Drug Plan (PDP).

Kaiser Senior Advantage Medicare HMO

With the Kaiser plan you have access to coordinated care at any of Kaiser's medical offices in Colorado, as well as from their network of doctors and hospitals. When you travel outside of Colorado you have a variety of options to access care. Call the Kaiser Away From Home Travel Line at 951-268-3900 for more detailed information about benefits and covered services.

- You are covered worldwide for urgent and emergency care.
- You can get most of the same services you would get in Colorado when visiting another Kaiser service area, including outpatient services, X-rays, labs, and prescription drugs. Kaiser operates in all or parts of: California, Georgia, Hawaii, Maryland, Nevada, Oregon, Virginia, Washington, and Washington D.C.
- If you travel within the U.S., but outside of a Kaiser service area, you have a $1,500 allowance per calendar year to pay for covered routine and continuing care including preventive, primary and specialty care, labs, X-rays and physical therapy.

Medicare Companion Plan

The PERACare Medicare Companion plan is designed exclusively for PERA retirees and works alongside Original Medicare. Similar to a Medicare Supplement (Medigap) Plan G, it helps pay many of the costs that Medicare does not cover.

The Medicare Companion plan is administered by Moda Health (Moda) and includes Medicare Part D prescription drug coverage administered by Humana. The plan is available to retirees who reside in the United States or its territories.

While Medicare generally does not cover medical care received outside the United States, the Moda plan includes up to $50,000 in coverage per member for urgent care, emergency room, and ambulance coverage (lifetime maximum) while traveling internationally.

To enroll in the Medicare Companion plan, **you must be enrolled in both Medicare Part A and Part B.** Unlike many individual Medicare supplement plans, no medical underwriting is required.

How the Medicare Companion Plan Works

The Medicare Companion plan works with Original Medicare to help reduce your out-of-pocket healthcare costs.

1. You receive care from any provider nationwide who accepts Medicare.
2. Medicare pays its share of the approved cost for covered services.
3. The Medicare Companion plan then pays all or most of the remaining eligible costs.
4. You are responsible only for any costs not covered by Medicare or the Medicare Companion plan.

Prescription Drug Benefits (Part D)

All PERACare health plans include Medicare Part D prescription drug coverage.

Humana MA#2 and the Humana stand-alone prescription drug plan for the Moda Medicare Companion plan have a $300 annual prescription drug deductible. After you meet the deductible, you pay the applicable copays for covered medications.

Humana MA#1 and Kaiser Medicare HMO do not have a prescription drug deductible, so you pay only the applicable copays from the beginning of the plan year.

All four plans include an annual out-of-pocket maximum for covered prescription drugs. Once you reach that limit, you will pay $0 for covered prescriptions for the remainder of the year.

You can review the list of covered medications (formulary) on our website. Visit copera.org and select "Health Benefits (PERACare)" under the "Retirees" menu. Click on "PERACare Carriers" and select the carrier you'd like to review.

Humana and Moda Plans

If you are enrolled in either a Humana MA plan or the Moda Medicare Companion plan, you are also enrolled in the Humana stand-alone PDP plan. You can fill prescriptions at participating retail pharmacies nationwide or through CenterWell Pharmacy, Humana's mail-order pharmacy. Specialty medications can be filled through CenterWell Specialty Pharmacy, Humana's specialty pharmacy. These three plans share the same prescription drug formulary (list of covered medications).

For questions about prescription drug coverage, or if you have not yet received your ID card and need assistance filling a prescription, call Humana at 866-373-7210.

Kaiser Medicare HMO

If you are enrolled in the Kaiser Medicare HMO, you can fill prescriptions at Kaiser pharmacies, affiliated pharmacies in Southern Colorado, or through Kaiser's home-delivery pharmacy service.

For questions about prescription drug coverage, call Kaiser at 800-632-9700.

2026 Medicare Star Ratings

The Medicare Program rates all Medicare Advantage healthcare and Part D 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.

Medicare does not rate Medicare Companion or Medicare Supplement plans which is why there is no rating for Moda.

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.

Humana Medicare Advantage received the following 2026 Overall Star Rating from Medicare for health plan services:

Humana Medicare Part D received the following 2026 Overall Star Rating from Medicare for drug plan services:

Kaiser Permanente received the following 2026 Overall Star Rating from Medicare for health/drug plan services:

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

Humana Medicare Advantage PPO Plans Benefit Highlights

Features	Humana MA #1
Annual Deductible	None
Lifetime Maximum Benefit	None
Annual Out-of-Pocket Maximum	$2,000
Plan Availability (Note: Emergency and urgent care are covered worldwide)	All 50 states, Washington D.C., American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico
Out-of-Network Services Covered?	Yes, at any Medicare provider at the in-network cost
Benefits	
Preventive Care	All Medicare-covered preventive care covered with $0 copay
Outpatient Services (per visit or procedure)	
Primary Care Visits	$0 copay
Specialty Care Visits	$0 copay
Part B Medications, Office-Administered Medications, and Chemotherapy	$0 copay
Medicare Part B Insulin Drugs	$0 copay
Outpatient 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
Chiropractic Visits	$0 copay for Medicare-covered chiropractic care; $20 copayment for routine chiropractic visits up to 20 combined in and out of network visits per year
Inpatient Care	
Hospital Care	$300 per admission; maximum $900 per year
Skilled Nursing Facility Care	$0 copay for days 1–20; $65 copay per day for days 21–50; $0 copay for days 51–100
Emergency and Urgent Care	
Emergency Room Visit (waived if admitted within 72 hours)	$50 copay
Urgent Care	$0 copay
Ambulance Service	$75 copay
Prescription Drugs	
Part D Prescription Drugs	Out-of-Pocket Maximum $2,400
Retail Copay (up to 30-day supply)	Tier 1 Preferred Generic $15 Tier 2 Preferred Brand $45 Tier 3 Non-Preferred Drug $60
Mail Copay (up to 100-day supply)	Tier 1 Preferred Generic $30 Tier 2 Preferred Brand $90 Tier 3 Non-Preferred Drug $120
Specialty Copay (up to 30-day supply)	Tier 4 Specialty $75

Features	Humana MA #2
Annual Deductible	None
Lifetime Maximum Benefit	None
Annual Out-of-Pocket Maximum	$3,500
Plan Availability (Note: Emergency and urgent care are covered worldwide)	All 50 states, Washington D.C., American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico
Out-of-Network Services Covered?	Yes, at any Medicare provider at the in-network cost
Benefits	
Preventive Care	All Medicare-covered preventive care covered with $0 copay
Outpatient Services (per visit or procedure)	
Primary Care Visits	$5 copay
Specialty Care Visits	$40 copay
Part B Medications, Office-Administered Medications, and Chemotherapy	$50 copay
Medicare Part B Insulin Drugs	$35 copay
Outpatient Surgery	$200 copay
Diagnostic Lab and X-ray	Lab: $0 copay; X-ray: $40 copay
MRI, PET, CT	$40 copay per procedure
Durable Medical Equipment	$25 copay
Oxygen	$25 copay
Physical, Occupational, and Speech Therapy	$50 copay
Home Health Care	$0 copay
Hospice Care	$0 copay
Chiropractic Visits	$20 copay for Medicare-covered chiropractic care, $20 copayment for routine chiropractic visits up to 20 combined in and out of network visits per year
Inpatient Care	
Hospital Care	$200 copay per day for days 1–10; $0 copay beginning on day 11
Skilled Nursing Facility Care	$20 copay per day for days 1–20; $100 copay per day for days 21–100
Emergency and Urgent Care	
Emergency Room Visit (waived if admitted within 24 hours)	$100 copay
Urgent Care (waived if admitted within 24 hours)	$50 copay
Ambulance Service	$150 copay
Prescription Drugs	
Part D Prescription Drugs	Prescription Deductible: $300; Out-of-Pocket Maximum $2,400
Retail Copay (up to 30-day supply)	Tier 1 Preferred Generic $15 Tier 2 Preferred Brand $45 Tier 3 Non-Preferred Drug $60
Mail Copay (up to 100-day supply)	Tier 1 Preferred Generic $30 Tier 2 Preferred Brand $90 Tier 3 Non-Preferred Drug $120
Specialty Copay (up to 30-day supply)	Tier 4 Specialty $75

	Humana Medicare Advantage Additional Benefits
SilverSneakers	SilverSneakers® is a health and fitness program for senior adults that helps you stay active, improve your well-being, and connect with your community. Included at no additional cost through your Medicare Advantage plan with Humana. Members have access to participating fitness centers, classes, and online wellness resources nationwide. Once your Humana coverage is active, visit SilverSneakers.com/StartHere to activate your account. After activation, you can download or print your SilverSneakers Member ID and find participating fitness locations in your area. Present your Member ID when checking in at a participating fitness location to access your SilverSneakers benefits. You also have access to instructors who lead specially designed group exercise online classes, seven days a week with SilverSneakers LIVE™, access to SilverSneakers On-Demand™ videos and the SilverSneakers GO™ mobile app.
Wellness Coaching	Wellness Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management. To get started, call 877-567-6450.
Go365 by Humana	Go365® is a wellness program that rewards you for taking healthy steps toward your physical and emotional well-being. You can earn rewards for completing health activities, such as exercising and getting an Annual Wellness Visit. As you earn rewards you can redeem them for gift cards through the Go365 Mall. Once your coverage begins, register through MyHumana.com or the MyHumana mobile app to access your benefits and start earning rewards.
Routine Vision	For MA#1 only–$0 copayment for routine exam (includes refraction) up to 1 per year, with a $100 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). For MA#2 only–$0 copayment for routine exam (includes refraction) up to 1 per year. For both plans you may see any vision provider; however, using an EyeMed network provider may help you maximize your benefits. To find a provider in the Humana Medicare Insight Network, visit findcare.humana.com or call Humana Customer Care at 866-373-7210.
Routine Hearing	Support your hearing health with a comprehensive hearing benefit through NationsHearing. The benefit includes one routine hearing exam each year at a $0 copay, including hearing aid fitting, as well as up to three follow-up visits annually at a $0 copay. Members are also eligible for up to two hearing aids every three years, with a $500 maximum benefit allowance. Hearing aid coverage includes a 3-year warranty, 3 years of batteries for non-rechargeable hearing aids, and up to three follow-up visits during the first year after purchase with the original provider. To use this benefit, appointments must be scheduled with a NationsHearing provider by calling 1-888-742-8016.
Routine Transportation	Getting to your healthcare appointments is easier with your transportation benefit through NationsTransport. You can receive up to 12 one-way trips each year to plan-approved locations at a $0 copay. Transportation options include rideshare services, cars, vans, and wheelchair-accessible vehicles, with coverage for trips up to 50 miles each way. To schedule a ride, contact NationsTransport at least 3 business days before your appointment and let them know if you need any special accommodations. Certain trips may require prior authorization. For more information, contact Group Medicare Customer Care at 866-373-7210.
Humana Community Navigator®	Humana Community Navigator®, powered by Findhelp, connects individuals to more than 600,000 community resources nationwide. Search for food, housing, transportation, employment, education, financial assistance, and more at no cost. Visit Humana.findhelp.com, enter your ZIP code, and explore available resources in your area. Create a free account to save resources, connect with programs, and access personalized recommendations. Resources can be viewed in your preferred language and shared by email, text, or print for easy access when you need them.

See pages 25-26 for premium details

Kaiser Permanente Senior Advantage (HMO) Plan Benefit Highlights

Features	Med HMO
Annual Deductible	None
Lifetime Maximum Benefit	None
Annual Out-of-Pocket Maximum	$3,000
Plan Availability	Coverage is available in the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, El Paso, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, Teller, and Weld
Out-of-Network Services Covered?	Emergency and urgent care are covered as in-network worldwide
Benefits	
Preventive Care	All Medicare-covered preventive care covered with $0 copay
Outpatient Services (per visit or procedure)	
Primary Care Visit	$15 copay
Specialty Care Visit	$30 copay
Part B Medications, Office-Administered Medications, and Chemotherapy	$0 copay
Outpatient Surgery	$200 copay
Diagnostic Lab and X-ray	$0 copay
MRI, PET, CT	$100 copay per procedure
Durable Medical Equipment	20% coinsurance
Oxygen	$0 copay
Physical, Occupational, and Speech Therapy	$15 copay
Home Health Care	$0 copay
Hospice Care	$0 copay
Chiropractic Care	$15 copay for Medicare-covered chiropractic care; $15 copay for routine chiropractic care; limited to 20 visits per year
Inpatient Care	
Hospital Care	$250 per day; maximum $500 per admit
Skilled Nursing Facility Care	$0 copay for days 1–20; $75 copay per day for days 21–100
Emergency and Urgent Care (covered out-of-network)	
Emergency Room Visit (waived if admitted)	$90 copay
Urgent Care	$25 copay
Ambulance Service	20% coinsurance up to $195 per incident
Prescription Drugs	
Prescription Drugs	Out-of-Pocket Maximum $1,900
Pharmacy Copay (up to 31-day supply)	Tier 1 Preferred Generic $5 Tier 2 Generic $15 Tier 3 Preferred Brand $40 Tier 4 Non-Preferred Brand $80 Tier 5 Specialty $100
Mail Copay (up to 100-day supply)	Tier 1 Preferred Generic $0 Tier 2 Generic $0 Tier 3 Preferred Brand $80 Tier 4 Non-Preferred Brand $160 Tier 5 Specialty $200

	Kaiser Permanente Medicare HMO Additional Benefits
One Pass Fitness Center Program	With One Pass you receive a free basic fitness center membership to thousands of participating fitness locations nationwide, an annual personalized fitness plan, and access to on-demand workout videos and livestreaming classes. Visit youronepass.com to get started.
Over-the-Counter Health and Wellness	Kaiser gives you a $70 credit each quarter to purchase over-the-counter health and wellness products. Ready to order? Visit kp.org/otc/co or call 833-238-6616.
Routine Vision	$15 copay (optometrist) or $30 copay (ophthalmologist) for exam; $150 credit for frames, lenses, or contacts every 12 months; additional charge for contact lens fitting.
Routine Hearing	$15 copay for exam every 12 months; $1,000 hearing aid allowance per ear every 36 months.
Medicare Explorer	Kaiser's plan includes the Medicare Explorer benefit which gives you a $1,500 annual allowance for out-of-area routine and continuing care when you're outside of your home area. Call Kaiser's Away from Home Travel Line at 951-268-3900 for more information. Emergency and urgent care is always covered anywhere in the world.
Rides to Medical Appointments	Your Kaiser plan includes 20 one-way rides to nonurgent medical appointments at Kaiser medical offices and affiliated facilities at no additional cost. To schedule a ride call 855-932-5413 (TTY 711) between 9 a.m. and 5 p.m. (MT), Monday through Saturday. You can also use the easy-to-use SafeRide app to book and manage your rides.
Virtual Care	You can access no-cost virtual care with Kaiser by phone, chat, or video. You have many options to choose from such as online chat with a clinician, emailing your providers with questions, or scheduling a phone or video visit with a doctor. For 24/7 medical advice, you can speak to a registered nurse by calling 303-338-4545 or 800-218-1059 (TTY 711). Visit kp.org/getcare to learn more about virtual care options.
Nurseline	When you're not sure what type of care you need, call Kaiser's appointment and advice line at 303-338-4545 or 800-218-1059. Advice nurses are available to answer your questions 24 hours a day, 7 days a week. Together, you and the advice nurse can decide what type of care is best for the situation at hand. They can even offer you options such as a physician phone appointment, a trip to an urgent care facility, or a same-day appointment with your doctor.
Mindfulness Apps	Everyone needs support for total health — mind, body, and spirit. Wellness apps can help you navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more. It's self-care made easy, designed to help you live well and thrive. Visit kp.org/selfcareapps to access and set up your account.

See pages 25-26 for premium details

Moda Health Medicare Companion Plan Benefit Highlights

Features	Medicare Companion
Annual Medicare Part A deductible	None, Medicare Part A deductible covered in full
Annual Medicare Part B deductible	$283[1]
Lifetime Maximum Benefit	None
Plan Availability	All 50 states, Washington D.C., American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico
Eligible Providers	Any licensed Medicare Provider
Benefits	
Preventive Care	All Medicare-covered preventive care covered at no charge
Outpatient Services (per visit or procedure)	
Primary Care Visit	Covered in full after Part B deductible
Specialty Care Visit	Covered in full after Part B deductible
Part B Medications, Office-Administered Medications, and Chemotherapy	Covered in full after Part B deductible
Outpatient Surgery	Covered in full after Part B deductible
Diagnostic Lab and X-ray	Covered in full after Part B deductible
MRI, PET, CT	Covered in full after Part B deductible
Durable Medical Equipment	Covered in full after Part B deductible
Oxygen	Covered in full after Part B deductible
Physical, Occupational, and Speech Therapy	Covered in full after Part B deductible
Home Health Care	Covered in full after Part B deductible
Hospice Care	Covered in full after Part B deductible
Chiropractic Care	Medicare-covered chiropractic care covered in full after Part B deductible, no coverage for routine chiropractic
Inpatient Care	
Hospital Care	Covered in full
Skilled Nursing Facility Care	Covered in full at Medicare certified facility for up to 100 days per Medicare benefit period
Emergency and Urgent Care (within the United States)	
Emergency Room Visit (waived if admitted)	Covered in full
Urgent Care	Covered in full
Ambulance Service	Covered in full
Prescription Drugs – Administered by Humana	
Part D Prescription Drugs	Prescription Deductible: $300; Out-of-Pocket Maximum $2,400
Retail Copay (up to 30-day supply)	Tier 1 Preferred Generic $15 Tier 2 Preferred Brand $45 Tier 3 Non-Preferred Drug $60
Mail Copay (up to 100-day supply)	Tier 1 Preferred Generic $30 Tier 2 Preferred Brand $90 Tier 3 Non-Preferred Drug $120
Specialty Copay (up to 30-day supply)	Tier 4 Specialty $75

[1] 2026 Part B Deductible; 2027 Part B Deductible is not available at this time.

	Moda Medicare Companion Additional Benefits
One Pass Fitness Center Program	Enjoy gym memberships and well-being resources from One Pass®. This benefit includes: 28,000+ gyms and studios nationwide, including YMCAs and boutique locations (Core & Premium network included), multi-location access and free caregiver participation, one Home Workout Kit annually if you prefer to exercise at home, and access to 42,000+ on-demand and livestream fitness classes. To learn more or enroll, visit YourOnePass.com or call 877-504-6830.
Health Coaching	Need a hand with your health? A Moda Health coach will use evidence-based practices to help you set goals and feel your best. To contact a health coach by phone, call us toll-free at 855-466-7155 (TTY users, please dial 711). Email a health coach at healthcoachteam@modahealth.com.
International Emergency and Urgent Care	Covers urgent care, emergency room and ambulance at 80% coinsurance. Coverage limited to $50,000 per member (lifetime maximum). Note: Member submits claim and receipts to Moda, Moda then reimburses member 80% up to $50,000.
Assist America	Receive travel assistance when more than 100 miles from home, through Assist America. These services include, but are not limited to: » Medical consultation, evaluation and referral » Foreign hospital admission assistance » Lost luggage and document assistance » Interpreter and legal referral Learn more at assistamerica.com, or contact Assist America at 800-872-1414 and use reference code 01-AA-MHP-1181M.
Nurse Advice Line	Need quick advice? You can use our Nurse Advice Line to talk with a registered nurse about any health matter, 24/7, 365 days a year at no cost. The nurse will give you advice about treatment, which may include a home remedy or seeking other care. Please call 800-501-5046 to talk with a registered nurse. TTY users, dial 711. Your call will always be confidential.
Care Coordination and Case Management	When you're sick, need hospitalization, surgery, or are seriously injured, we'll give you support — so you can focus on healing. Our care coordinators and case managers can help you understand and utilize all of your benefits, communicate with your providers, arrange care ordered by your provider, and help you find community resources. To learn more, call Moda Health Customer Service at 833-599-7482.

See pages 25-26 for premium details

Dental and Vision Plans

Dental Plans Benefit Highlights

Network Information	Cigna Dental HMO	Delta Dental PPO
Provider Network	Cigna Dental Care Access Plus	Delta Dental PPO Network
Plan Availability	Colorado's Front Range and major metro areas in many states, except: AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY	Nationwide
How to Find a Dentist	Search cigna.com or call 877-635-7372	Search deltadentalco.com or call 800-610-0201
Out-of-Network Coverage	Not covered except for emergency services	Yes, but your cost share will be higher for Delta Premier and out-of-network dentists
Features		
Individual Plan Annual Deductible[1]	None	$100
Family Plan Annual Deductible[1]	None	$200
Annual Benefit Maximum[2] (per individual)	None	$2,000
Lifetime Benefit Maximums for Orthodontics (per individual)	No limitation	$1,500
Diagnostic and Preventive	**Your Copay**	**Your cost if you use a Delta PPO dentist[3]**
Office Visit	$0 copay	Nothing
Oral Exams and Regular Cleanings	$0 copay	Nothing
X-rays	$0 copay	Nothing
Sealants	$12 per tooth	Nothing
Basic Services		
Basic Restorative (fillings)	$0 to $115 copay	20% of PPO Contracted Fee
Oral Surgery (extractions)	$12 to $125 copay	20% of PPO Contracted Fee
Endodontics (root canal therapy)	$14 to $430 copay	20% of PPO Contracted Fee
Periodontics (gum disease treatment)	$42 to $430 copay	20% of PPO Contracted Fee
Major Services		
Prosthodontics (dentures, bridges)	$43 to $715 copay	50% of PPO Contracted Fee
Special Restorative (crowns, bridges)	$13 to $500 copay	50% of PPO Contracted Fee
Orthodontics (braces)	$67 to $2,376 copay	50% of PPO Contracted Fee
Implants	$82 to $1,230 copay	50% of PPO Contracted Fee

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

2 Benefits paid for preventive care do not apply to the Annual Benefit Maximum.

3 You have the lowest cost if you use a PPO dentist. If you see a Delta Dental Premier dentist or dentist who does not participate in the plan's network, you may be balance billed, meaning you will pay the difference between the PPO contracted fee and the fee charged by the dentist, in addition to any deductible and coinsurance. Premier dentists are limited in the amount they can balance bill over the PPO contracted fee, but non-participating dentists are not.

Vision Plans Benefit Highlights

	Vision PPO #1	Vision PPO #2	Vision PPO #3
Plan Availability	Nationwide	Nationwide	Nationwide
Provider Network	VSP Choice Network: Search vsp.com for providers		
Out-of-Network Coverage	Out-of-network benefits are provided, but you'll pay more; contact VSP for details.		
Well Vision Exam (Every 12 months)	$10 copay, then covered in full	$25 copay, then covered in full	$10 copay, then covered in full
Prescription Glasses[1]	$25 copay for lenses and frame	$25 copay for lenses and frame	20% discount off complete pair of glasses only.
Lenses	Covered once per calendar year	Covered once per calendar year	No discount for lenses only.
Single Vision, Bifocal,and Trifocal	Covered in full	Covered in full	No discount for lenses only.
Frame[1]	$160 allowance, $210 on featured frame brands Covered once per calendar year	$115 allowance, $165 on featured frame brands Covered once every other calendar year	No discount for frames only
Lens Options	Standard progressives covered in full. Discounts for all other options average 30%	Standard progressives covered in full. Discounts for all other options average 30%	20% discount
Contacts[2]	$160 allowance for evaluation, fitting, and lenses Covered once per calendar year	$105 allowance for evaluation, fitting, and lenses Covered once per calendar year	15% discount for evaluation and fitting, no discount for lenses
Easy Options Upgrades	Select one upgrade[3]	Not covered	Not covered
Additional Glasses (Including Sunglasses)	20% discount	20% discount	20% discount
Laser Vision Correction	15% discount	15% discount	Not covered

[1] Frame allowance is higher if Marchon featured frame brands are selected.

[2] You may choose prescription glasses or contacts, but not both.

[3] Upgrade options are: a $250 frame allowance, $200 contact lens allowance, fully covered premium or custom progressive lenses, fully covered light-reactive lenses, or fully covered anti-glare coating.

See page 26 for premium information

VSP partners with TruHearing to offer discounts on hearing tests and hearing aids.
Call 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 and Subsidies

How is My Health Care Premium Determined?

Your PERACare health care premium is based on the following:

- The plan(s) you select,
- The number of people you enroll, and
- Your PERA subsidy.
- The Medicare enrollee must also pay Medicare Part B premiums to Social Security to be enrolled in a PERACare Medicare health plan.

How Does the PERACare Health Care Subsidy Work?

PERA provides a health care subsidy to benefit recipients and some cobeneficiaries and survivors to help offset PERACare health care premiums. The subsidy amount is based upon your years of service credit, and is applied to your total health care premium. By law the subsidy cannot be applied to dental or vision premiums.

The maximum subsidy is $115 for most Medicare retirees or $230 for Pre-Medicare retirees with 20 or more years of service credit. If you have less than 20 years of service credit see the Subsidy Chart on the next page to determine your subsidy amount.

For Medicare retirees under the Denver Public Schools (DPS) benefit structure who do not have Medicare Part A, the maximum subsidy is $230 (see the Premiums and Subsidy Chart on page 26), which was designed to help offset your higher plan premiums.

How Do I Pay My PERACare Premium?

PERA will determine your PERACare plan premium based on the plan(s) you select, subtract your subsidy amount, and then deduct the balance from your PERA benefit each month on an after-tax basis. Premiums are deducted in advance. For example, your January premium is deducted from your December 31 benefit. If your monthly benefit is not large enough to accommodate this, please select "Health Benefits" under the "Forms" tab after logging into your copera.org account, or contact PERA to request a *PERACare Automatic Payment Authorization Form.* Coverage will not be set up until the form is received.

How Do I Pay My Medicare Part B Premium?

If the Medicare enrollee receives a Social Security benefit, Medicare will deduct the Part B premium and any applicable Income-Related Monthly Adjustment Amount (IRMAA), an additional premium charged to higher-income beneficiaries, from the Social Security benefit. If the Medicare enrollee is not receiving a Social Security benefit, they must pay directly to Medicare. They will be billed quarterly or they can sign up for Medicare's Easy Pay program to pay monthly from a bank account.

The Medicare-eligible enrollee **must** maintain Medicare Part B coverage to be enrolled in a PERACare health care plan. If they do not pay the Part B premium **they will be canceled** from Medicare Part B and also the PERACare health care plan.

Premium Details

Health Care Monthly Premiums

The premiums on this page are for Medicare enrollees with both Medicare Part A and B and for PERA benefit structure retirees with Medicare Part B only.

If you are a Denver Public Schools (DPS) benefit structure retiree and do not have Medicare Part A, see "Health Care Premium Details for Retirees Under the Denver Public Schools Benefit Structure Without Medicare Part A" on the next page for your health care premiums and subsidy.

Please note: The Anthem/Moda Health combination is not available to retirees who are enrolled in Medicare Part B only.

Anthem/Humana

	National PPO/ MA#1	National PPO/ MA#2
Benefit Recipient (BR) + Spouse	$1,448.00	$1,262.00
BR + Child(ren)	$1,234.00	$1,048.00
BR + Spouse + Child(ren)	$2,311.00	$2,125.00

	Pathway PPO/ MA #1	Pathway PPO/ MA #2
BR + Spouse	$1,365.00	$1,179.00
BR + Child(ren)	$1,167.00	$981.00
BR + Spouse + Child(ren)	$2,162.00	$1,976.00

Anthem/Moda

Note: Requires Medicare enrollee to enroll in both Medicare Part A and Part B.

	National PPO/ Moda MC	Pathway PPO/ Moda MC
BR + Spouse	$1,521.00	$1,438.00
BR + Child(ren)	$1,307.00	$1,240.00
BR + Spouse + Child(ren)	$2,384.00	$2,235.00

Kaiser Permanente

	DEDHMO/ Med HMO
BR + Spouse	$1,487.00
BR + Child(ren)	$1,222.00
BR + Spouse + Child(ren)	$2,526.00

Benefit Recipient Monthly Subsidy Chart

Years of Service	Pre-Medicare BR Subsidy	Medicare BR Subsidy
20+	$230.00	$115.00
19	218.50	109.25
18	207.00	103.50
17	195.50	97.75
16	184.00	92.00
15	172.50	86.25
14	161.00	80.50
13	149.50	74.75
12	138.00	69.00
11	126.50	63.25
10	115.00	57.50
9	103.50	51.75
8	92.00	46.00
7	80.50	40.25
6	69.00	34.50
5	57.50	28.75
4	46.00	23.00
3	34.50	17.25
2	23.00	11.50
1	11.50	5.75

Cigna Dental

	HMO
BR only	$22.51
BR + Spouse	$45.02
BR + Child(ren)	$51.76
BR + Spouse + Child(ren)	$72.01

Delta Dental

	PPO
BR only	$46.34
BR + Spouse	$92.65
BR + Child(ren)	$106.53
BR +Spouse + Child(ren)	$148.22

VSP

	PPO #1	PPO #2	PPO #3
BR only	$11.19	$6.66	$1.05
BR + Spouse	$17.88	$10.71	$1.72
BR + Child(ren)	$18.27	$10.95	$1.75
BR + Spouse + Child(ren)	$29.46	$17.65	$2.80

Health Care Premium Details for Retirees Under the Denver Public Schools 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 before the PERA subsidy. The premiums below show the monthly premiums for coverage, before deduction of the PERA subsidy. To find your PERA subsidy, use the subsidy chart to the right. Your Medicare subsidy is higher to offset your higher plan premiums.

Anthem/Humana

	National PPO/ MA #1	National PPO/ MA #2
Benefit Recipient (BR) + Spouse	$1,992.00	$1,805.00
BR + Child(ren)	$1,778.00	$1,591.00
BR + Spouse + Child(ren)	$2,855.00	$2,668.00

	Pathway PPO/ MA #1	Pathway PPO/ MA #2
BR + Spouse	$1,909.00	$1,722.00
BR + Child(ren)	$1,711.00	$1,524.00
BR + Spouse + Child(ren)	$2,706.00	$2,519.00

Kaiser Permanente

	DEDHMO/ Med HMO
BR + Spouse	$2,009.00
BR + Child(ren)	$1,744.00
BR + Spouse + Child(ren)	$3,048.00

DPS Benefit Structure Retiree Without Medicare Part A Monthly Subsidy Chart

Years of Service	Monthly 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

COLORADO PERA

PERACare Enrollment/Change Form
Combination Pre-Medicare and Medicare Coverage—2027

Colorado Public Employees' Retirement Association
P.O. Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • copera.org

Your SSN ___-___-____

Only complete and return this form if you want to enroll in, change, or cancel coverage(s). This form is used for "combination coverage" only. Combination coverage applies when you are covering your spouse and/or child(ren) and one of you is on Medicare, but others are still under the age of 65.

Your Information

Name _____
Last First MI

Permanent Residence Street Address _____
(P.O. Box is not allowed)

City _____ State _____ ZIP Code _____

Phone Number ( ) _____ Email _____

Sign up for electronic delivery of PERA information? ☐ Yes ☐ No

Signature Certification

By signing this form, I certify that my spouse or any dependents I enroll are eligible for coverage. I understand that the Medicare plan may share my information with Medicare and other entities as needed for health plan operations. I authorize Colorado PERA to deduct my monthly premium from my benefit payment. I also understand that if I choose to cancel my coverage, PERA must receive my cancellation request by the 15th of the month for the coverage to end that same month.

Sign Here ➔ **Your Signature** _____ **Date** _____

Sign Here ➔ **Spouse's Signature** _____ **Date** _____

(Spouse's signature only required if spouse is enrolling in a Medicare health plan)

Effective Date

I would like to request my effective date to enroll in, change, or cancel coverage to be _____ 1, 2027.*
This Enrollment/Change Form must be signed prior to the requested effective date, but cannot be signed more than 90 days in advance.

*See the PERACare Enrollment Eligibility Chart in the front of this booklet to determine if a *Certification of Previous Health Care Coverage* is required.

Dependent Enrollment Information

Complete this section if you are adding coverage(s) for your dependent(s). Be sure that your spouse signs above if they are enrolling in a Medicare plan.

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
Combination Pre-Medicare and Medicare Coverage—2027 (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.**

Check this box if you have not received your Medicare number(s) yet: ☐ **PENDING**

My Medicare No. _____ ☐ Both Medicare Parts A and B ☐ Part B Only

My Spouse's Medicare No. _____ ☐ Both Medicare Parts A and B ☐ Part B Only

My Child's Medicare No. _____ ☐ Both Medicare Parts A and B ☐ Part B Only

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 coverage
☐ **Enroll in or change** coverage as indicated below ☐ **Cancel** current PERACare health coverage

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

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

Do any enrollees currently receive dialysis treatment or have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No

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

- ☐ Benefit Recipient (BR) Only
- ☐ BR+Spouse
- ☐ BR+Child(ren)
- ☐ BR+Spouse+Child(ren)

- ☐ Anthem Nat PPO/Humana MA#1
- ☐ Anthem Path PPO/Humana MA#1
- ☐ Anthem Nat PPO/Humana MA#2
- ☐ Anthem Path PPO/Humana MA#2

- ☐ Anthem Nat PPO/Moda Med Comp
- ☐ Anthem Path PPO/Moda Med Comp
- ☐ Kaiser DEDHMO/Med HMO

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
- ☐ BR+Spouse
- ☐ BR+Child(ren)
- ☐ BR+Spouse+Child(ren)

- ☐ Cigna Dental HMO*
- ☐ Delta Dental PPO

* 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 877-635-PERA (7372) or visit copera.org and select "Health Benefits (PERACare)" under the "Retiree" menu, then click on "PERACare Carriers," then "Cigna Dental."

Cigna Dental HMO Office Number(s):

Benefit Recipient	Spouse	Child(ren)

Vision Plan Selection

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

1. What do you want to do? (Check only one box.) ☐ **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
- ☐ BR+Spouse
- ☐ BR+Child(ren)
- ☐ BR+Spouse+Child(ren)

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

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

Medicare Resources

Medicare Quick Reference Chart

The chart below lists the different parts of Medicare, relevant enrollment guidelines, and costs as they relate to PERACare Medicare plans. If you are new to Medicare and plan to enroll in a PERACare Medicare plan, you must contact Social Security to enroll in Medicare Part B during the three months before your Medicare effective date.

Medicare Part	What Do I Need to Know About Enrolling in Medicare and What Will It Cost?
Medicare Part A—Hospital Insurance	Enroll in Part A if you are eligible at no cost. If you are not eligible for free Part A, you do not need to enroll. Part A benefits are included in all PERACare Medicare Advantage plans. You cannot enroll in the Moda Medicare Companion plan if you do not have Medicare Part A.
Medicare Part B—Medical Insurance	You must first enroll in Part B to enroll in a PERACare Medicare plan. Standard Part B premium is $202.90 per month in 2026. Premium is deducted from your Social Security benefit. If you do not receive a Social Security benefit, you must pay Medicare directly. Medicare will bill you on a quarterly basis, or you can sign up for Medicare Easy Pay to pay on a monthly basis. If you don't sign up for Part B when you are first eligible you may have to pay a late enrollment penalty.
Medicare Part C—Medicare Advantage Plans	Part C plans combine all the benefits of Medicare Parts A and B, with Part D prescription coverage in one comprehensive plan offered by a private insurance carrier. All PERACare Medicare Advantage plans are Part C plans. Do not enroll in an individual Part C plan if you want to be enrolled in PERACare.
Medicare Part D—Prescription Drug Coverage	Medicare-sponsored prescription drug coverage offered by private insurance carriers. All PERACare Medicare plans include Part D prescription drug coverage. Do not enroll in an individual Part D plan if you want to be enrolled in PERACare.
Medicare IRMAA (Income-Related Monthly Adjustment Amount)	Medicare requires individuals with incomes greater than $109,000 single/$218,000 couple per year to pay an additional amount for Part B and Part D coverage. Social Security will notify you if this applies to you. The IRMAA will be billed along with your Medicare Part B premium.

Checklist for Enrolling in a PERACare Medicare Plan

- ☐ Contact Social Security to enroll in Medicare Part B, and also enroll in Medicare Part A if you are eligible to receive it at no cost. Ensure that Social Security has your correct name and address as this information will be used for your enrollment into a PERACare Medicare plan.
- ☐ Review the plans and premiums in this booklet and choose a plan. Be sure to confirm with your doctors which types of Medicare plans they accept.
- ☐ Submit a *PERACare Enrollment/Change Form* to PERA no more than 90 days prior to your Medicare effective date and no more than 30 days after your Part B effective date. This form must be signed prior to the requested effective date.
- ☐ Send PERA a copy of your Medicare card when you receive it.

Learn About the PERACare Medicare Health Care Plans

The PERACare and Medicare meeting is designed for retirees who will be turning 65 within the next year. At this meeting, PERA staff provides an overview of Medicare enrollment and premiums, as well as a detailed review of the PERACare Medicare Advantage plans with plenty of time for questions and answers.

How to register:

1. Scan the QR code with your phone or go to copera.org and click on "Health Benefits (PERACare)" under the "Retirees" menu.
2. Click on "Turning 65: Planning for Medicare" and then the "Register for a Webinar" button.

Glossary of Key Terms

The health care terms used in this booklet are defined below in the context of their usage by PERA. The definitions are not meant to be comprehensive, but rather to be helpful in understanding PERA's program and plans.

Carrier

Insurance company or administrator offering coverage.

Centers for Medicare & Medicaid Services (CMS)

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

Coinsurance

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

Copay or Copayment

The dollar amount that you pay to a provider for a covered service. For example, if your copay for a hospital stay is $1,000, you would pay $1,000 and the plan would pay all or a percentage of remaining charges.

Deductible

Individual Deductible
What you must pay for covered expenses each year before the plan starts to pay. In some plans, you must pay the deductible before the plan pays for any covered services. In other plans, some routine and preventive services (those referenced as "not subject to the deductible") are covered before you have met the deductible.

Family Deductible
Limits a family's potential costs by not requiring all family members to satisfy their individual deductibles.

Formulary

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

Health Maintenance Organization (HMO)

Members receive care from the HMO's provider network, but do not have access to providers who are outside of the plan's network. HMOs typically use the "gatekeeper" approach, where a patient's care is managed by the patient's PCP.

Medicare

Medicare is the federal health insurance program for people age 65 and over, and for some individuals under age 65 with certain medical conditions.

Medicare Companion Plan

A PERACare plan that supplements Original Medicare. Similar to a Medicare Supplement (Medigap) Plan G, it helps pay many of the costs not covered by Medicare after Medicare pays its portion.

Medicare's Enrollment Periods

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

If you do not enroll when you are first eligible, you may be eligible to enroll later during a "special enrollment period" based on loss of employer coverage that you had at age 65. You also may enroll during an annual general enrollment period. See CMS's publication, *Enrolling in Medicare Part A and Part B* (CMS Product No. 11036), for detailed information.

Medicare Part A Coverage

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

Medicare Part B Coverage

Medicare Part B covers doctors and other outpatient health services.

Medicare Part C Coverage (Medicare Advantage Plans)

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

Out-of-Pocket Costs

The actual costs you pay when you receive health care services.

Glossary of Key Terms

Out-of-Pocket Maximum (OPM)

The most you may have to pay in a calendar year for covered services. Depending on the plan, it may include your deductible, copays, and coinsurance. Once you have reached your OPM, the plan pays 100% for all of your covered services for the rest of the calendar year. Note that most plans specify that some types of services are not included in the OPM.

Pharmacy Benefit Manager (PBM)

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

Primary Care Physician (PCP)

The doctor who works with you and other doctors to provide, prescribe, approve, and coordinate your medical care and treatment. An HMO plan may require you to see your PCP before you can see a specialist.

Preferred Provider Organization (PPO)

A network of providers (physicians, hospitals, specialty providers, ancillary services) that offers discounted charges, in exchange for a benefit structure that channels patients to network providers. PPO plans do not require you to see providers in their network, but they generally cover less of your costs if you see a provider outside the network.

Premium

The amount you are charged each month for your coverage.

Specialist

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

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

2/111 (REV 9-26) 1000