

PERACARE

2024

HEALTH PLAN DESCRIPTIONS
For Members Receiving
Short-Term Disability Payments



PERACARE®



PERACare Plan Contact Information/Resources

Cigna Dental

Group #3171792
877-635-PERA (7372)
cigna.com

Kaiser Permanente

Group #1804
303-338-3800 or 800-632-9700
kp.org

Delta Dental

Group #11869
800-610-0201
deltadentalco.com

VSP

Group #12144626
800-877-7195
vsp.com

Colorado PERA Contact Information

Mailing Address

Colorado PERA
PO Box 5800
Denver, CO 80217-5800

Phone/Website/Email

800-759-7372 (PERA)
copera.org

Email via the “Contact Us” link on the PERA homepage

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

Denver Main Office

1301 Pennsylvania Street
Denver, CO 80203

Westminster Office

1120 W. 122nd Avenue, Suite 200
Westminster, CO 80234

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PATIENT PROTECTION NOTICE

Kaiser Permanente (Kaiser) generally allows the designation of a Primary Care Physician (PCP). You have the right to designate any PCP who participates in your plan’s network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. You may contact Kaiser for more information on PCPs. Please see the inside front cover for contact information.

You do not need prior authorization from Kaiser or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in your plan’s network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your plan at the telephone number and/or website shown on the inside front cover.

Kaiser Permanente Plans Benefit Highlights

	EDCP	HDHP
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	Gold	Silver
Annual Deductible	\$4,000	\$3,500
Annual Out-of-Pocket Maximum	\$4,000	\$6,050
Lifetime Benefit Maximum (per individual)	None	
Out-of-network services covered?	Emergency and urgent care are covered at the in-network level	

Preventive Care—Not subject to deductible

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

Physician Services

Primary Care Office Visit	No charge	20% coinsurance
Specialist Office Visit	No charge	20% coinsurance
Virtual Care	No charge	20% coinsurance
Urgent Care	No charge	20% coinsurance

Outpatient Services

Office-Administered Medication	\$300 copay, not subject to deductible	20% coinsurance
Outpatient Surgery	\$500 copay (not subject to deductible) at ambulatory surgery center; 0% coinsurance at hospital	10% coinsurance at ambulatory surgery center; 20% coinsurance at hospital
Diagnostic Lab	No charge	20% coinsurance
Diagnostic X-ray	No charge	20% coinsurance
Therapeutic X-ray; MRI, PET, CT	\$500 copay, not subject to deductible	20% coinsurance
Durable Medical Equipment	0% coinsurance	20% coinsurance
Oxygen	No charge	20% coinsurance
Physical, Occupational, and Speech Therapy*	No charge	20% coinsurance
Home Health Care	0% coinsurance	20% coinsurance
Hospice Care	No charge	20% coinsurance
Vision Exam	No charge	20% coinsurance
Chiropractic Care	\$25 copay/20 visits, not subject to deductible	20% coinsurance/20 visits

Inpatient Care

Inpatient Hospitalization	0% coinsurance	20% coinsurance
Skilled Nursing Facility Care*	0% coinsurance	20% coinsurance

Emergency Care

Emergency Room Visit	\$500 copay, not subject to deductible	20% coinsurance
Ambulance Services	\$500 copay, not subject to deductible	20% coinsurance

* Maximum benefit may be limited

Kaiser Permanente Plans Benefit Highlights

Prescription Drugs	EDCP	HDHP
Pharmacy Copay (up to a 30-day supply)	<p>Copays apply before deductible is met:</p> <p>Preferred Generic \$0</p> <p>Preferred Brand \$50</p> <p>Non-Preferred \$125</p> <p>Specialty \$300</p>	<p>Copays apply after deductible is met:</p> <p>Preferred Generic \$10</p> <p>Preferred Brand \$30</p> <p>Non-Preferred 50% coinsurance</p> <p>Specialty 20% coinsurance (\$250 max)</p>
Mail-Order Copay (up to a 90-day supply)	<p>Copays apply before deductible is met:</p> <p>Preferred Generic \$0</p> <p>Preferred Brand \$100</p> <p>Non-Preferred \$250</p>	<p>Copays apply after deductible is met:</p> <p>Preferred Generic \$20</p> <p>Preferred Brand \$60</p> <p>Non-Preferred 50% coinsurance</p>

Additional Benefits

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 Permanente 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.
Mindfulness Apps	Get total health support for mind, body, and spirit with free access to Kaiser's mindfulness apps (Calm, Ginger, and myStrength). Visit Kaiser's Self Care page by logging in at kp.org .
Community Resource Directory	If you ever need help with your daily needs, it's good to know where you can turn. Kaiser's community resource directory is a convenient online tool to help you find services for healthy food, housing, financial assistance, transportation, and more by visiting kp.org/communityresources .
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.

See page 5
for premium
details

Dental Plan Highlights

Network Information	Cigna Dental HMO	Delta Dental PPO
Provider Network	Cigna Dental Care Access	Delta Dental PPO Network
How to Find a Dentist	Search cigna.com or call 877-635-7372	Search deltadentalco.com or call 800-610-0201
Plan Availability	Metro Denver, Front Range, and major metro areas in many states	Nationwide

Features

Individual Plan Annual Deductible ¹	None	\$100
Annual Benefit Maximum ² (per individual)	None	\$2,000
Lifetime Benefit Maximums for Orthodontics (per individual)	No limitation	\$1,500

Covered Services

Covered Services	Covered in-network only	Covered In- and Out-of-Network
	Your Copay	What you pay if you use a network dentist ³
Diagnostic and Preventive		
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 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.

See page 5
for premium
details

Vision Plan Highlights

Plan Availability	VSP PPO #1		VSP PPO #2		VSP PPO #3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Nationwide					
VSP Network Doctors See VSP Choice Network directory for a complete list of current doctors	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
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 per calendar year		Covered once per calendar year			
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 ¹	Covered once per calendar year		Covered once every other calendar year			
	\$160 allowance, \$210 on featured frame brands	Covered up to \$70	\$115 allowance, \$165 on featured frame brands	Covered up to \$70		
Contacts ²	Covered once per calendar year		Covered once per calendar year		15% discount for evaluation and fitting, no discount for lenses	Not covered
	\$160 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	Standard progressives covered in full. Discounts for all other options average 30%	Not covered	Standard progressives covered in full. Discounts for all other options average 30%	Not covered	20% discount	Not covered
Easy Options Upgrades	Select one upgrade ³	Not covered	Not covered	Not covered	Not covered	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	Not covered	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: \$250 frame allowance, a \$200 contact lens allowance, fully covered premium or custom progressive lenses, fully covered light-reactive lenses, or fully covered anti-glare coating.

See page 5
for premium
details

VSP partners with TruHearing to offer VSP enrollees in PERACare special 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

Your PERACare premiums will be deducted from your checking or savings account each month. Complete and return the *PERACare Automatic Payment Authorization* form to set up premium deductions.

Kaiser Permanente Plans

EDCP	\$749.00
HDHP	\$462.00

Cigna Dental Plans

HMO	\$16.48
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Delta Dental Plan

PPO	\$38.06
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VSP Vision Plans

PPO #1	\$8.27
PPO #2	\$4.27
PPO #3	\$0.70



PERACare Program Enrollment/Change Form for Members Receiving Short-Term Disability Benefits



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

Your SSN

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You may use this form to enroll or change your health care, dental, or vision coverage. Please refer to the information in this booklet on plans that are available to you.

Your Information

Name _____
Last First MI

Date of Birth ____/____/____ Daytime Telephone (____) _____

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Effective Date

I am requesting that coverage be effective _____ 1, _____.
Month Year

Health Plan Selection

Which plan would you like to enroll in? Check one plan:

- Kaiser Permanente EDCP
- Kaiser Permanente HDHP

Dental Plan Selection

Which plan would you like to enroll in? Check one plan:

- Cigna Dental HMO*
- Delta Dental PPO

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

Cigna Dental HMO Provider Office Number:

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Vision Plan Selection

Which plan would you like to enroll in? Check one plan:

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

Signature Certification

By signing this form, I am certifying and agreeing with the following: I have carefully reviewed the information about PERACare. I am eligible to enroll in the Program. The information I have provided on this form is correct and complete. Finally, I agree that, if I wish to cancel this coverage, I will provide Colorado PERA with a 30-day advance written notice.

Sign Here → Signature _____ Date _____





PERACare Automatic Payment Authorization

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



Your SSN

Three groups of boxes for SSN: three boxes, two boxes, and four boxes.

Deceased Retiree's SSN

(if you are not the retiree)

Three groups of boxes for Deceased Retiree's SSN: three boxes, two boxes, and four boxes.

Use this form to request Colorado PERA to automatically withdraw your PERACare premium from your checking or savings account. Authorizations received by the 10th of the month will be effective for that month.

Your Information

Name _____
Last First MI

Telephone Number () Email Address _____

Request Type

I would like to: Request a new automatic payment Change an existing automatic payment

Checking/ Savings Account Information

Please complete the following information.
Your financial institution can provide the routing number to you.

Deduct from my checking account Deduct from my savings account

Name of Financial Institution

9-digit Routing Number of Financial Institution

Your Account Number

Name Shown on Account

Telephone Number of Financial Institution

Signature Certification

I authorize PERA to deduct my PERACare premiums from my account as instructed above.

I authorize my financial institution to provide PERA with any and all information needed to initiate or modify the electronic deduction of my PERACare premium. Such information may include, but is not limited to, the name on the account, the account number, and the routing number. I understand that a photocopy of this authorization shall be as valid as the original and any information obtained by PERA will be used for the sole purpose of initiating or modifying the electronic deduction of my PERACare premium. My financial institution will debit such account each month until I terminate this agreement.

I understand these premiums will be deducted from my account automatically on the 14th day of every month (or on the next banking day if the 14th is a non-banking day) for the following month's coverage. If this form is received at PERA by the 10th of the month, my first deduction will take place the 14th of the current month for the following month's coverage. If my completed form arrives at PERA after the 10th of the month, my first deduction will take place on the 14th of the following month.

I understand that if my PERACare premium deduction is rejected due to insufficient funds, PERA may attempt to resubmit the deduction and that any PERACare premium deduction not honored by my bank will be considered not paid and could result in cancellation of my PERACare coverage.

I understand that the amount to be deducted will be the monthly premium amount due for PERACare coverage.

I understand that this authorization will remain in effect until PERA receives a new PERACare Automatic Payment Authorization form from me or until my PERACare coverage is canceled.

Sign Here → Signature _____ Date _____



Glossary of Key Terms

The health care terms listed below are used in this booklet, and are defined here 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.

Coinsurance

The percentage of covered medical expenses that you pay. For example, if your coinsurance 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.

Formulary

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

High Deductible Health Plan (HDHP)

An HDHP meets the definitions of federal law and can be used alone or in conjunction with a Health Savings Account (HSA).

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 his/her PCP.

Out-of-Network Provider

A doctor, hospital, or other provider who does not contract with your health plan. In PPO plans, you can see an out-of-network provider and receive some plan benefits, but your share of costs will be higher. In HMO plans, you generally cannot receive any plan benefits if you see an out-of-network provider.

Out-of-Pocket Costs

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

Out-of-Pocket Maximum

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 Out-of-Pocket Maximum, 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 Out-of-Pocket Maximum.

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 PERA's health benefits program. Your rights, benefits, and obligations as a PERA member participating in PERACare are governed by Title 24, Article 51 of the Colorado Revised Statutes, the Rules of the Colorado Public Employees' Retirement Association, and the applicable Health Plan Policy documents, which take precedence over any interpretations in this booklet.

Colorado Public Employees' Retirement Association

PO Box 5800

Denver, Colorado 80217-5800

copera.org