

# TURNING 65

# 2024

HOW PERACARE WORKS WITH MEDICARE

**Includes PERACare Forms:**

*PERACare Enrollment/Change Form Medicare Coverage  
Medicare Card Submission Form*



PERACARE®

## PERACare Plan Contact Information/Resources

### Carrier Information

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

**UnitedHealthcare®**  
Group: Colorado PERA  
844-280-7754  
Retiree.UHC.com/peracare  
Rx BIN: 610097  
Rx PCN: 9999  
Rx Group: MW90URS

### 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

## 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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# Turning Age 65

This booklet answers many questions about enrolling in Medicare, selecting a PERACare Medicare plan, and includes the forms you will need.

Get your questions answered in our Turning 65 webinar! In just 45 minutes we'll cover what you need to do and when you need to do it.



## Medicare Health Care Plans

Medicare Advantage plans combine all of the benefits of Medicare Parts A and B with Part D prescription coverage into one comprehensive plan with easy to understand out-of-pocket costs. You must enroll in Medicare Part B, and pay those monthly premiums, in order to be eligible to enroll in a Medicare Advantage plan.

PERACare offers three Medicare plans for retirees, benefit recipients, and their dependents who are enrolled in Medicare:

- » Two UnitedHealthcare Medicare Advantage PPO plans that are available if you reside within the United States and its territories.
- » The Kaiser Permanente (Kaiser) Senior Advantage (HMO) plan that is available only if you reside in the service area described on page 12.

## UnitedHealthcare Medicare Advantage (PPO)

With a UnitedHealthcare Medicare Advantage (MA) PPO plan, you'll enjoy the freedom to see any provider—doctors, specialists, and hospitals—who is in the UnitedHealthcare 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 doctor is in- or out-of-network.

These plans cover emergency and urgent care worldwide.

## Kaiser Senior Advantage (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, 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.



# 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 on the following pages 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 date of birth. This form must be signed prior to the requested effective date.
- Send PERA a copy of your Medicare card when you receive it.



## For More Information About Medicare

- » Call Social Security toll-free at 800-772-1213
- » Visit the Social Security website at [ssa.gov](http://ssa.gov)
- » Call Medicare toll-free at 800-MEDICARE (800-633-4227)
- » Visit the Medicare website at [medicare.gov](http://medicare.gov)
- » Call the State Health Insurance Assistance Program (SHIP) at 888-696-7213



## Printing Your Medicare Card

Sign into your MyMedicare.gov account to print an official copy of your Medicare card. If you do not have an account, visit MyMedicare.gov to create one.



## Apply for Medicare Online

Use the online application to sign up for Medicare—it takes less than 10 minutes. Social Security will process your application and contact you if they need more information. You'll receive your Medicare card in the mail.

You can apply for Medicare online if you:

- » Are at least 64 years and 9 months old;
- » Are eligible for Part A at no cost;
- » Want to sign up for Medicare, but do not currently have ANY Medicare coverage;
- » Do not want to start receiving Social Security benefits at this time; and
- » Are not currently receiving Social Security retirement, disability, or survivor benefits.

Please follow the steps below to apply for Medicare online:

- 1 Go to [ssa.gov/benefits/medicare](http://ssa.gov/benefits/medicare).
- 2 Click on the blue “Sign up for Medicare” button.
- 3 Click on the blue “Apply online” button, continue through the “Apply for Benefits” section, and click on “Start a New Application.”
- 4 Review the question about whether you are covered under a group health plan and answer “No” if you are, or will be, covered under PERACare. PERACare is a retiree health plan, not a group health plan. Answer “Yes” if you will continue coverage under an employer group health plan beyond age 65.
- 5 Answer “Yes” to “Want to enroll in Medicare Part B” to enroll in any PERACare plan and to avoid any potential late enrollment penalties imposed by Medicare.

# Medicare Frequently Asked Questions

## Eligibility and Enrollment

### Who can get Medicare?

You are eligible to enroll in Medicare when you turn age 65. People with certain disabilities may also be able to enroll prior to turning age 65. Unless you have employer-sponsored health care coverage, you should enroll in Medicare as soon as you are eligible.

### Do I have to enroll in Medicare or is it automatic?

If you are already receiving a Social Security benefit when you turn age 65, you will be automatically enrolled in Medicare. For anyone who is not receiving a Social Security benefit prior to age 65, enrollment requires action on your part. If you want to be in a PERACare health care plan once you turn age 65, you need to contact Social Security and enroll in Medicare no more than three months before the month of your 65th birthday.

Based on Medicare's enrollment rules, if you wait to enroll during your birthday month or later, your Medicare coverage will be delayed and you could be without any health care coverage. If you do not enroll in Medicare when first eligible, you may have a late enrollment penalty when you do enroll later.

### I like my Pre-Medicare PERACare plan. Can I keep it, rather than get Medicare?

No, once you turn age 65, your PERACare Pre-Medicare coverage will terminate and you must move to a Medicare plan.

### Even though I'm turning 65, I can still be covered in my spouse's employer's plan. Do I need to enroll in Medicare now or can I wait?

As long as you will be covered in an employer group health care plan based on your spouse's (or your own) current employment throughout your Initial Enrollment Period, you can wait to enroll in Medicare. You can sign up for Medicare during a Special Enrollment Period when employer coverage ends. Be sure to confirm with the employer plan that you can continue being covered in their plan. *Note:* Coverage that is not based on current employment, such as COBRA, is not recommended past age 65 as it is not considered creditable coverage by Medicare and could result in Medicare enrollment delays or penalties in the future.

### I'm turning age 65, but I also want to keep covering my spouse who is under age 65. Can I do that?

Yes, you can enroll in what we call "combination coverage." To enroll in combination coverage, you choose the carrier and a Medicare plan, then the individual(s) not eligible for Medicare would choose a Pre-Medicare plan with the same carrier. See the *PERACare Health Benefits Program Combination Coverage* booklet at [copera.org](http://copera.org) for premiums and more information.

## Medicare Premiums

### Does Medicare charge premiums?

Yes, most individuals pay a monthly premium for Medicare Part B. (You will also have a separate PERACare plan premium. See "Premiums and Subsidies" beginning on page 13.) If your modified adjusted gross income as reported on your IRS tax return from two years ago is above a certain amount, you may pay an Income-Related Monthly Adjustment Amount (IRMAA) for Medicare Parts B and D. Because the IRMAA applies only to higher-income individuals, it affects less than 5% of people with Medicare. You will have a separate IRMAA for your Medicare Part B and Part D.

Social Security determines your Medicare Part B premium and IRMAA, if any. They are based upon when you enroll and your earnings. The standard monthly Part B premium in 2023 is \$164.90.

### How do I pay my premiums to Medicare?

See the "Medicare Quick Reference Chart" on page 5 for details.

## Benefits Under Medicare

### How can I find out what Medicare covers?

Generally, Medicare covers doctors' visits, hospital stays, and other services that are determined to be medically necessary and/or are provided for in federal legislation. Medicare operates much like health care plans available to individuals before they turn age 65.

Medicare publishes its comprehensive handbook, *Medicare & You*, annually. You will receive a copy each October once you are enrolled in Medicare. You can request a copy by calling Medicare or you can view a copy on Medicare's website. You can also view other Medicare information and publications on their website or you can call Medicare's toll-free number with specific questions.

## Choosing a PERACare Medicare Plan

### Once I have Medicare, do I also need a plan from PERACare?

While enrollment is not required, PERACare plans do provide enhanced benefits over Medicare alone as well as a Part D prescription benefit. As with any type of insurance purchase, you are deciding whether you want to pay monthly premiums for more insurance, or have less insurance and have higher costs if/when you are sick or need services.

### How should I decide on a plan?

You can find the right plan for yourself by looking at four factors:

**Location**—UnitedHealthcare MA plans are available to all retirees living in the United States and its territories. Front Range metro area residents have the additional option of Kaiser.

**Your doctor**—UnitedHealthcare MA plans provide the freedom to see any provider who is in their 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 doctor is in- or out-of-network.

Kaiser plans provide the convenience of having most or all of your providers under the same roof in one of several counties along Colorado’s Front Range (see page 12).

**Services**—Once you have narrowed your choices based upon your doctor and the plans available where you live, you’ll want to think about the kinds of health care services that you are likely to use. All of the PERACare plans cover the same types of services and have benefits that meet or exceed the coverage in Original Medicare.

**Cost**—You might want to list the services you use, and then compare the copayments and/or coinsurance among the different plan options for those services. See pages 10 through 12 for detailed information about benefits and costs and you can estimate your total out-of-pocket costs for the year. You would then add that to the plan premiums for the year to get a comparison of your total cost. By comparing the benefits and costs of the plans available to you, you can make an informed decision about the best choice for you.

### Some plans advertised elsewhere seem less expensive than PERACare’s plans. Why would I choose a PERACare plan?

Compare the benefits and cost-share between your plan options “line-by-line,” consider your health care needs and the services that you use, and make the best decision for your needs. Depending upon the services that you expect to use, you might find that a lower premium, less comprehensive individual plan is a good choice for you now. If your situation changes, you can choose PERACare any year during the annual open enrollment period.

# PERACare and Medicare Meetings

## Learn About Enrolling in Medicare and 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.

### Attend a Live Meeting Online

#### How to register:

- 1 Go to [copera.org](http://copera.org) and click on “Health Benefits (PERACare)” under the “Retirees” menu.
- 2 Click on “Turning 65: PERACare and Medicare” and then the “Register for a Webinar” button.



Scan for quick access to the Webinar registration



# 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. See “For More Information About Medicare” on page 2 for Medicare resources.

**If you are new to Medicare and plan to enroll in a PERACare Medicare plan, you must 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	<ul style="list-style-type: none"> <li>• Enroll in Part A if you are eligible at no cost.</li> <li>• If you are not eligible for free Part A, you do not need to enroll. Part A benefits are included in all PERACare Medicare plans.</li> </ul>
Medicare Part B—Medical Insurance	<ul style="list-style-type: none"> <li>• You must first enroll in Part B to enroll in a PERACare Medicare plan.</li> <li>• Standard Part B premium is \$164.90 per month in 2023.</li> <li>• 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 from your bank account on a monthly basis.</li> <li>• If you don’t sign up for Part B when you are first eligible you may have to pay a late enrollment penalty.</li> </ul>
Medicare Part C—Medicare Advantage Plans	<ul style="list-style-type: none"> <li>• 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.</li> <li>• All PERACare Medicare plans are Part C plans.</li> <li>• Do not enroll in an individual Part C plan if you want to be enrolled in PERACare.</li> </ul>
Medicare Part D—Prescription Drug Coverage	<ul style="list-style-type: none"> <li>• Medicare-sponsored prescription drug coverage offered by private insurance carriers.</li> <li>• All PERACare Medicare plans include Part D prescription drug coverage.</li> <li>• Do not enroll in an individual Part D plan if you want to be enrolled in PERACare.</li> </ul>
Medicare IRMAA (Income-Related Monthly Adjustment Amount)	<ul style="list-style-type: none"> <li>• Medicare requires individuals with incomes greater than \$97,000 single/\$194,000 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.</li> <li>• The IRMAA will be collected along with your Medicare Part B premium as described above.</li> </ul>

## 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 your employer’s plan in the interim.

You are also eligible to enroll during the annual open enrollment period or throughout the year based on certain 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.

The chart below summarizes when you are first eligible to enroll, the life events that allow you to enroll throughout the year, and which changes you can make. If you are enrolling due to a life event listed below, your request must be received within 30 days of the event.

## PERACare Enrollment Eligibility Chart

Eligibility Event	Proof Required	Change(s) You Can Make
<b>You are first eligible to enroll:</b>		
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 children
During the annual PERACare open enrollment period in the fall	None	Enroll, add coverage for spouse or children, or change plans
<b>Life Events:</b>		
Involuntary loss of coverage**: <ul style="list-style-type: none"> <li>Loss of employer/group coverage</li> <li>Loss of individual coverage</li> <li>Completion of COBRA coverage period (18, 29, or 36 months)</li> </ul>	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 children (if they were covered)
Enrollment in Medicare (you or your spouse)	A copy of Medicare card(s)	Enroll or change PERACare health care plan***. You may also enroll a Pre-Medicare spouse or dependent if they have had continuous health 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	Add coverage for spouse
Birth or adoption of child(ren)	Copy of birth certificate or adoption papers	Add coverage for 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.



# Plan Benefit Information

## Online Provider Directories

Provider directories for the health care, dental, and vision plans in PERACare are available online through PERA's website. These directories can help you find physicians and other providers who contract with the plans offered in PERACare. Visit [copera.org](http://copera.org) and select "Health Benefits (PERACare)" under the "Retirees" menu and then click on the "PERACare Carriers" section.

If you do not have internet access, call the plan directly for assistance or to request a printed directory. Phone numbers and plan group numbers for each of the plans are listed on the inside front cover of this booklet.

## Prescription Drug Coverage

All of the Medicare health care plans offered through PERACare include Medicare Part D prescription drug coverage. The role of a Part D plan is to process and pay for prescription drug claims, develop a formulary and clinical coverage guidelines that comply with Medicare requirements, and contract with pharmacies.

**If you enroll in a PERACare health care plan, do not enroll in a separate or individual Part D plan or PERA will be notified by Medicare to cancel your PERACare coverage.**

If you enroll in a UnitedHealthcare MA plan, you may get your prescriptions filled at local retail pharmacies and through mail-service pharmacies. The list of covered medications (formulary) and copays are the same for both MA #1 and MA #2 plans. If you have questions about prescription benefits, call 844-280-7754.

If you enroll in Kaiser, you can get your prescriptions filled at Kaiser facilities, affiliate facilities (Southern Colorado), or through Kaiser's home-delivery service. If you have questions about prescription benefits, call 800-632-9700.

## Moving

If you move, please notify PERA of your new address so PERA can advise your health care, dental, and/or vision carriers. You should also contact Social Security to update your address with them and Medicare. If you are enrolled in Kaiser and move outside of the service area, you may submit an *Enrollment/Change Form* to enroll in UnitedHealthcare within 30 days of your address change.

## Traveling

If you are traveling and have a medical emergency while you are outside of your plan's service area (either within the United States or in a foreign country), all of the PERACare Medicare plans cover your emergency and urgent care. In most cases, you would need to pay the bill yourself, and then file your claims with your plan for reimbursement. The PERACare Medicare plans do not cover non-emergency care (routine care) when you are traveling outside of the plan's service area.

## Cancellation of Coverage

You may cancel coverage for yourself and/or any dependent with 30-days advance written notice to PERA. Be sure to sign and date your cancellation request. 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.



## UnitedHealthcare Medicare PPO Additional Benefits

Personal Emergency Response System (PERS)	With UnitedHealthcare's Personal Emergency Response System (PERS) help is only a button press away. For additional information or to order your \$0 copay device please visit <a href="https://lifeline.com/uhcgroup">lifeline.com/uhcgroup</a> .
Renew Active	Renew Active offers you free fitness center memberships at any participating gym or fitness center nationwide, an annual personalized fitness plan, and access to on-demand workout videos and livestreaming classes. Visit <a href="https://uhcrenewactive.com">uhcrenewactive.com</a> to get started.
Rally Coach	Rally Coach offers weight loss and tobacco cessation programs to help you start living a healthier and happier life. These virtual coaching programs are available to you at no additional cost, visit <a href="https://rallyhealth.com/retiree">rallyhealth.com/retiree</a> to get started.
Virtual Doctor Visits	If you'd like to have a live video chat with a provider any time, day or night, visit <a href="https://uhcvirtualvisits.com">uhcvirtualvisits.com</a> to learn more about Virtual Doctor Visits.
Healthy at Home Benefits	After you are discharged from a hospital or skilled nursing facility you may be eligible for Healthy at Home benefits which can include up to 28 home-delivered meals, 12 one-way rides to and from medical appointments, and six hours of in-home personal care. UnitedHealthcare will reach out if you are discharged from a facility, but if you'd like to learn more call UnitedHealthcare at 844-280-7754.

## Kaiser Permanente Medicare HMO Additional Benefits

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. 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.
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 <a href="https://kp.org/otc/co">kp.org/otc/co</a> or call 833-238-6616.
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 6 a.m. and 6 p.m. (MT), Monday through Saturday.
SilverSneakers	With SilverSneakers you receive a free basic fitness center membership to thousands of participating fitness locations nationwide, as well as access to SilverSneakers classes, online workouts, and nutrition videos with SilverSneakers On-Demand. To get started visit <a href="https://silversneakers.com">silversneakers.com</a> .
Mindfulness Apps	Get total health support for mind, body, and spirit with free access to Kaiser's mindfulness apps (Calm, Ginger, and myStrength). Visit <a href="https://kp.org/co">kp.org/co</a> and click on the 'Health and Wellness' menu to find all of Kaiser's self-care apps.
CareLinx In-Home Support Services	Kaiser has partnered with CareLinx to provide non-medical, in-home help with daily activities such as: light housekeeping, meal preparation, companionship, and personal care and hygiene. Visit <a href="https://carelinx.com/kpco">carelinx.com/kpco</a> or call 844-636-4592.
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. Visit <a href="https://kp.org/communityresources">kp.org/communityresources</a> for more information.



# UnitedHealthcare Medicare Advantage PPO Plan Benefit Highlights

UnitedHealthcare MA #1

## Features

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

<b>Preventive Care</b>	All Medicare-covered preventive care covered with \$0 copay
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<b>Outpatient Services (per visit or procedure)</b>	
Primary Care Visits	\$0 copay
Specialty Care Visits	\$0 copay
Virtual Physician Visits (AmWell, Doctor on Demand, and Teladoc)	\$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
Vision Care	\$0 copay for exam; \$100 combined materials allowance every 12 months
Hearing Services	\$0 copay for exam every year; \$500 hearing aid allowance every three years
Chiropractic Care	\$0 copay for Medicare-covered chiropractic care; \$20 copay for routine chiropractic care; limited to 20 visits per year

<b>Inpatient Care</b>	
Hospital Care	\$300 per admission; maximum \$900 per year
Skilled Nursing Facility Care	\$0 copay for days 1-20; \$65 copay for days 21-50; \$0 copay for days 51-100

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

<b>Part D Prescription Drugs Administered by OptumRx (Not applicable to the Out-of-Pocket Maximum)</b>	
<b>Retail Copay (up to 31-day supply)</b> <i>For a 90-day supply at in-network pharmacies, other than Walgreens, you will pay three times the Retail Copay. For a 90-day supply at Walgreens you will pay twice the Retail Copay.</i>	Preferred Generic \$15 Preferred Brand \$45 Non-Preferred Drug \$60
<b>Mail Copay (up to 90-day supply)</b>	Preferred Generic \$30 Preferred Brand \$90 Non-Preferred Drug \$120
<b>Specialty Copay (up to 31-day supply)</b>	Specialty \$75

## UnitedHealthcare MA #2

None
None
\$6,000
All 50 states, Washington D.C., American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico
Yes, at any Medicare provider at the in-network cost

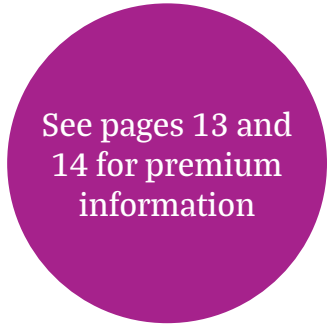
All Medicare-covered preventive care covered with \$0 copay

\$20 copay
\$30 copay
\$0 copay
\$200 copay
Lab: \$0 copay; X-ray: \$20 copay
\$100 copay per procedure
20% coinsurance
20% coinsurance
\$20 copay
\$0 copay
\$0 copay
\$0 copay for exam; \$100 combined materials allowance every 12 months
\$0 copay for exam every year; \$500 hearing aid allowance every three years
\$15 copay for Medicare-covered chiropractic care; \$15 copay for routine chiropractic care; limited to 12 visits per year

\$500 per admission; maximum \$1,500 per year
\$0 copay for days 1-20; \$75 copay for days 21-100

\$65 copay
\$30 copay
\$100 copay

Preferred Generic	\$15
Preferred Brand	\$45
Non-Preferred Drug	\$60
Preferred Generic	\$30
Preferred Brand	\$90
Non-Preferred Drug	\$120
Specialty	\$75



See pages 13 and 14 for premium information

# Kaiser Permanente Senior Advantage (HMO) Plan Benefit Highlights

## Med HMO

### Features

Annual Deductible	None
Lifetime Maximum Benefit	None
Annual Out-of-Pocket Maximum	\$4,000
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 at the in-network level

### Benefits

<b>Preventive Care</b>	All Medicare-covered preventive care covered with \$0 copay
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<b>Outpatient Services (per visit or procedure)</b>	
Primary Care Visit	\$15 copay
Specialty Care Visit	\$30 copay
Virtual Care	\$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
Vision Care	\$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
Hearing Services	\$15 copay for exam every 12 months; \$1,000 hearing aid allowance every 36 months
Chiropractic Care	\$15 copay for Medicare-covered chiropractic care; \$15 copay for routine chiropractic care; limited to 20 visits per year

<b>Inpatient Care</b>	
Hospital Care	\$250 per day; maximum \$500 per admit
Skilled Nursing Facility Care	\$0 copay for days 1–20; \$75 copay for days 21–100

<b>Emergency and Urgent Care (covered out-of-network)</b>	
Emergency Room Visit (waived if admitted)	\$75 copay
Urgent Care	\$25 copay
Ambulance Service	20% coinsurance up to \$195 per incident

<b>Prescription Drugs (Not applicable to the Out-of-Pocket Maximum)</b>		
Pharmacy Copay (up to 31-day supply)	Preferred Generic	\$5
	Non-Preferred Generic	\$15
	Preferred Brand	\$40
	Non-Preferred Brand	\$80
	Specialty	\$100
Mail Copay (up to 90-day supply)	Preferred Generic	\$0
	Non-Preferred Generic	\$0
	Preferred Brand	\$80
	Non-Preferred Brand	\$160
	Specialty	\$200



# Premiums and Subsidies

## How is my health care premium determined?

Your PERACare health care premium is based on the plan(s) you select, the number of people you enroll, and your PERA subsidy. You must also pay Medicare Part B premiums in order to be enrolled in a PERACare health care plan.

## How does the PERACare health care subsidy work?

PERA provides a health care subsidy to retirees 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 with 20 or more years of service credit. If you have less than 20 years of service credit see the Subsidy Chart on page 14 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 Subsidy Chart on page 14), 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. For example, your January premium is deducted from your December 31 benefit. If your monthly benefit is not large enough to accommodate this, please contact PERA to request a *PERACare Automatic Payment Authorization Form*. Coverage will not be set up until the form is received.

## How do I pay my Medicare Part B premium?

If you receive a Social Security benefit, Medicare will deduct your Part B premium, and any applicable IRMAA from your Social Security benefit. If you are not receiving a Social Security benefit, you must pay directly to Medicare. You will be billed quarterly or you can sign up for Medicare's Easy Pay program to pay from your bank account monthly.

You **must** maintain Medicare Part B coverage to be enrolled in a PERACare health care plan. If you do not pay your Part B premium **you will be canceled** from Medicare Part B and also your PERACare health care plan.

## Health Care Premium Details

Note: If you are under the DPS benefit structure and do not have Medicare Part A, see “Premium Details for Retirees Under the Denver Public Schools Benefit Structure Without Medicare Part A” to the right for your health care premium and subsidy.

### Monthly Health Care Premiums

	United MA #1	United MA #2	Kaiser Med HMO
Retiree only	\$152.00	\$52.00	\$170.00
Retiree plus spouse	304.00	104.00	340.00

### Monthly Subsidy Chart

YEARS OF SERVICE	SUBSIDY	YEARS OF SERVICE	SUBSIDY
20+	\$115.00	10	\$57.50
19	109.25	9	51.75
18	103.50	8	46.00
17	97.75	7	40.25
16	92.00	6	34.50
15	86.25	5	28.75
14	80.50	4	23.00
13	74.75	3	17.25
12	69.00	2	11.50
11	63.25	1	5.75

## Calculating Your Health Care Premium

After you have selected a health care plan and chosen a level of coverage from the premium charts above, you are ready to calculate your premium for that plan.

The premiums and subsidy charts above apply to all benefit recipients who have Medicare Part A.

If you are under the DPS benefit structure and do not have Medicare Part A, use the premiums and subsidy chart to the right to calculate your health care premium.

- Enter the total health care premium amount
- Subtract your PERA subsidy
- This is your monthly health care premium

\$	
-	\$
\$	

## Health Care Premium Details for Retirees Under the Denver Public Schools (DPS) Benefit Structure Without Medicare Part A

If you are receiving benefits under the DPS benefit structure, and do not have Medicare Part A, see below for your premium and subsidy.

The premiums below show the monthly premiums for coverage, before deduction of the PERA subsidy.

Use the calculation to the left to calculate your health care premium.

### UnitedHealthcare Monthly Premiums

	MA #1	MA #2
Retiree only	\$581.00	\$377.00
Retiree plus spouse	1,162.00	754.00

### Kaiser Monthly Premiums

	Med HMO
Retiree only	\$633.00
Retiree plus spouse	1,266.00

### DPS Monthly Subsidy Chart

YEARS OF SERVICE	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





# 2023 Medicare Star Ratings

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

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

Some of the areas Medicare reviews for these ratings include:

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

## Contract IDs with Medicare

- » UnitedHealthcare: H2001
- » Kaiser Permanente: H0630

**UnitedHealthcare** received the following 2023 Overall Star Rating from Medicare for health plan services:

★★★★★  
5 Stars

**Kaiser Permanente** received the following 2023 Overall Star Rating from Medicare for health/drug plan services:

★★★★★  
5 Stars

The number of stars shows how well the plan performs.

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

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



# Disclosure Notice for UnitedHealthcare Medicare Advantage PPO Plans

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-814-6894 (TTY: 711)。

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Benefits, premium and/or copayments/coinsurance may change each plan year.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Support service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active<sup>®</sup> program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location.

Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP<sup>®</sup> Staying Sharp and the Fitbit<sup>®</sup> Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.





**PERACare Enrollment/Change Form**

**Medicare Coverage—2024**

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



**Your SSN**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Complete and return this form if you want to enroll in, change, or cancel coverage(s).

**Your Information**

Name \_\_\_\_\_  
Last First MI

Permanent Residence Street Address \_\_\_\_\_  
(PO 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 the form, I certify that if I am enrolling my spouse and/or dependents, they are eligible to be enrolled. I authorize Colorado PERA to deduct from my monthly benefit the premium for my coverage. Finally, I agree that, if I wish to cancel this coverage, I must provide PERA with a 30-day advance notice.

**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, 2024.\* 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. If you are adding health plan coverage for a dependent who does not have Medicare, use the *PERACare Enrollment/Change Form Combination Pre-Medicare and Medicare Coverage—2024*.

		/ /			
Spouse's Last Name	First Name	MI	Birthdate	SSN	M/F
		/ /			
Child's Last Name	First Name	MI	Birthdate	SSN	M/F

*(Continued on reverse)*





PERACare Enrollment/Change Form  
Medicare Coverage—2024 (Page 2)

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

**Medicare Information**

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

*For health plan enrollment(s) only*

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**

- 1. What do you want to do? (Check only one box.)**  Do not change PERACare health care coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare health care coverage

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

- 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  UnitedHealthcare MA #1  
 BR+Spouse  UnitedHealthcare MA #2  
 BR+Child(ren)  Kaiser Permanente Med HMO  
 BR+Spouse+Child(ren)

**Dental Plan Selection**

- 1. What do you want to do? (Check only one box.)**  Do not change PERACare dental coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare dental coverage

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

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

\* If you are enrolling in the Cigna Dental HMO, indicate the six-digit DHMO office number(s) below. To obtain this number, call Cigna at 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): 

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--	--	--	--	--	--

Benefit Recipient                      Spouse                      Child(ren)

**Vision Plan Selection**

- 1. What do you want to do? (Check only one box.)**  Do not change PERACare vision coverage  
 Enroll in or change coverage as indicated below  Cancel current PERACare vision coverage

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

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

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

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





## 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 and are not meant to be comprehensive.

### 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. 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 \$500, you would pay \$500 and the plan would pay all remaining charges.

### Formulary

A list of covered drugs you can receive through the plan, including generic, brand-name, high cost, 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.

### 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'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.

### Medicare Part D Coverage

Medicare Part D covers outpatient prescription drugs. Part D coverage is sold by private insurance companies, subject to government approval and oversight.

### Out-of-Pocket Costs

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

### 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 the amount you have paid for your covered services has reached the amount of the 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, for example, your payments for prescription drugs are typically not included in the calculation.

### Preferred Provider Organization (PPO)

PPO plans provide flexibility when picking a doctor or hospital. They feature a network of providers. They also allow you to see out-of-network providers, although your cost share will be higher.

### 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.

### 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 Colorado PERA member are governed by Title 24, Article 51 of the Colorado Revised Statutes, and the Rules of the Colorado Public Employees' Retirement Association, which take precedence over any interpretations in this booklet.

**Colorado Public Employees' Retirement Association**  
PO Box 5800  
Denver, CO 80217-5800  
[copera.org](http://copera.org)