

PERACARE

2027

HEALTH PLAN DESCRIPTIONS
For Active Members



PERACare Plan Contact Information/Resources

Cigna Dental

Group #3171792

Pre-Enrollment: 800-564-7642

Post Enrollment: 877-635-PERA (7372)

cigna.com

Delta Dental

Group #11869

800-610-0201

deltadentalco.com

Kaiser Permanente

Group #1804

303-338-3800 or 800-632-9700

kp.org

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-PERA (7372)

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

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 Plan Description

Kaiser Permanente Plans

Kaiser Permanente (Kaiser) offers two plans on their HMO network and two plans on their broader Choice PPO network.

- » To enroll in an HMO plan you must work or reside in one of the eligible counties listed on page 2.
- » To enroll in a Choice PPO plan you must reside in the United States.

Kaiser HMO Plans

Kaiser's integrated HMO network makes it easy to coordinate your care. While you are encouraged to use Kaiser providers, emergency and urgent care services received while traveling are covered at the in-network benefit level, even outside the Kaiser network. If you travel to another Kaiser service area, you generally have access to routine care and some other covered services. Kaiser operates in Colorado and parts of California, Georgia, Hawaii, Maryland, Nevada, Oregon, Virginia, Washington, and Washington, D.C. For more information, visit kp.org/travel or call the Away from Home Travel Line at 951-268-3900.

Everyday Care Plan (EDCP) Features

- » No charge for physician office visits, urgent care, and generic prescriptions.
- » \$4,000 deductible, but preventive care, routine office visits, and some other services are not subject to the deductible.
- » Deductible, coinsurance, and copays (including prescription copays) apply to the out-of-pocket maximum (OPM).
- » Each enrollee is responsible for meeting the individual deductible and OPM until the family limit is met.

High Deductible Health Plan (HDHP) Features

- » \$3,500 deductible applies to all medical and prescription drug costs, but preventive care is not subject to the deductible.
- » Medical and prescription deductible, copays, and coinsurance apply to the OPM.
- » Qualified plan for those who want to contribute to a Health Savings Account (HSA).
- » The family deductible and OPM must be met by one or more family members. Individual amounts do not apply.

Kaiser Choice PPO Plans

In the Choice PPO plan you'll have in-network access to all Kaiser HMO providers, plus access to an extended open network of providers affiliated with Colorado's top hospitals and health systems, and access to providers across the nation. When using this network, you don't have to select a primary care physician, and you don't need a referral.

In the Choice PPO you also have coverage for services provided by out-of-network providers but you will have a higher deductible, coinsurance, and out-of-pocket maximum for all covered out-of-network services. Emergency and Urgent Care are always covered at the in-network level. Please review the Evidence of Coverage for more details about out-of-network coverage.

Choice PPO Features

- » \$4,000 deductible, but preventive care is not subject to the deductible.
- » Deductible, coinsurance, and copays (including prescription copays) apply to the OPM.
- » Each enrollee is responsible for meeting the individual deductible and OPM until the family limit is met.

Choice High Deductible Health Plan (HDHP) Features

- » \$3,500 deductible applies to all medical and prescription drug costs, but preventive care is not subject to the deductible.
- » Medical and prescription deductible, copays, and coinsurance apply to the OPM.
- » Qualified plan for those who want to contribute to a Health Savings Account (HSA).
- » The family deductible and OPM must be met by one or more family members. Individual amounts do not apply.

Health Plan Metal Levels

Metal levels indicate how you and the plan share costs and do not indicate plan quality. Bronze plans generally have lower premiums and higher costs when you receive care, while Gold and Platinum plans generally have higher premiums and lower costs when you receive care.

Prescription Drug Coverage

In all of the Kaiser plans you may get your prescriptions filled at pharmacies located in Kaiser's medical offices and through Kaiser's mail-service pharmacy. In the Choice PPO plans you can also get your prescriptions filled at in-network retail pharmacies nationwide.

Kaiser Permanente HMO 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	Individual: \$4,000/Family: \$8,000	Individual: \$3,500/Family: \$7,000
Annual Out-Of-Pocket Maximum	Individual: \$4,000/Family: \$8,000	Individual: \$6,050/Family: \$12,100
Lifetime Benefit Maximum (per individual)	None	
Out-Of-Network Services Covered?	Emergency and urgent care are covered at the in-network level	

Preventive Care

Exams, Screenings, Vaccinations	No charge, not subject to deductible
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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 and X-ray; Therapeutic X-ray	No charge	20% coinsurance
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 per visit, max 20 visits, not subject to deductible	20% coinsurance per visit, max 20 visits

* Maximum benefit may be limited

See page 8
for premium
details

Kaiser Permanente HMO Plans Benefit Highlights

Inpatient Care	EDCP	HDHP
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

Prescription Drugs	Copays apply before deductible is met	Copays apply after deductible is met
Pharmacy (up to a 30-day supply)	Tier 1 (Most Generics) \$0 Tier 2 (Preferred Brand) \$50 Tier 3 (Non-Preferred) \$100	Tier 1 (Most Generics) \$10 Tier 2 (Preferred Brand) \$30 Tier 3 (Non-Preferred) 50% coinsurance
Specialty (up to a 30-day supply)	\$300	20% coinsurance (\$250 max)
Mail-Order (up to a 90-day supply)	Tier 1 (Most Generics) \$0 Tier 2 (Preferred Brand) \$100 Tier 3 (Non-Preferred) \$200	Tier 1 (Most Generics) \$20 Tier 2 (Preferred Brand) \$60 Tier 3 (Non-Preferred) 50% coinsurance

Additional Benefits	
One Pass® Fitness Program	Stay active your way with the One Pass Fitness Program. One Pass provides access to a large nationwide network of fitness locations, digital fitness classes, on-demand workouts, social activities, and brain training resources. Members can visit multiple participating fitness locations at no additional cost. How to Enroll: » Visit YourOnePass.com. » Select "Get Started" and register using your name, date of birth, and health plan member ID. » After registering, you'll receive a Member Code. » Use your Member Code to enroll at participating fitness locations and access other One Pass services. Need Help? Call 1-877-614-0618 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m. PT, for assistance obtaining your Member Code or getting started.
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.
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.
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.
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.

* Maximum benefit may be limited

Kaiser Permanente PPO Plans Benefit Highlights

	Choice PPO	Choice HDHP
Plan Availability	Nationwide	
Metal Level	Silver	Silver
Annual Deductible	Individual: \$4,000/Family: \$8,000	Individual: \$3,500/Family: \$7,000
Annual Out-Of-Pocket Maximum	Individual: \$6,500/Family: \$13,000	Individual: \$6,000/Family: \$12,000
Lifetime Benefit Maximum (per individual)	None	
Out-Of-Network Services Covered?	Yes, but a separate deductible and out-of-pocket maximum and higher coinsurance apply to all covered out-of-network services. Emergency and urgent care are always covered at the in-network level.	

Preventive Care

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

Primary Care Office Visit	\$30 copay	20% coinsurance
Specialist Office Visit	\$60 copay	20% coinsurance
Virtual Care	No charge	20% coinsurance
Urgent Care	\$75 copay	20% coinsurance

Outpatient Services

Office-Administered Medication	20% coinsurance	20% coinsurance
Outpatient Surgery	10% coinsurance at ambulatory surgery center; 20% coinsurance at hospital	10% coinsurance at ambulatory surgery center; 20% coinsurance at hospital
Diagnostic Lab	\$30 copay	20% coinsurance
Diagnostic X-ray	20% coinsurance	20% coinsurance
Therapeutic X-ray; MRI, PET, CT	20% coinsurance	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance
Oxygen	20% coinsurance	20% coinsurance
Physical, Occupational, and Speech Therapy*	\$30 copay	20% coinsurance
Home Health Care	20% coinsurance	20% coinsurance
Hospice Care	20% coinsurance	20% coinsurance
Vision Exam	\$30 copay	20% coinsurance
Chiropractic Care	Not covered	Not covered

* Maximum benefit may be limited

See page 8
for premium
details

Kaiser Permanente PPO Plans Benefit Highlights

Inpatient Care	Choice PPO	Choice HDHP
Inpatient Hospitalization	20% coinsurance	20% coinsurance
Skilled Nursing Facility Care*	20% 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

Prescription Drugs	Copays apply before deductible is met	Copays apply after deductible is met
Pharmacy (up to a 30-day supply)	Tier 1 (Most Generics) \$15	Tier 1 (Most Generics) \$15
	Tier 2 (Preferred Brand) \$50	Tier 2 (Preferred Brand) \$50
	Tier 3 (Non-Preferred) \$75	Tier 3 (Non-Preferred) \$75
Specialty (up to a 30-day supply)	30% (\$300 max)	20% coinsurance
Mail-Order (up to a 90-day supply)	Tier 1 (Most Generics) \$30	Tier 1 (Most Generics) \$30
	Tier 2 (Preferred Brand) \$100	Tier 2 (Preferred Brand) \$100
	Tier 3 (Non-Preferred) \$150	Tier 3 (Non-Preferred) \$150

Additional Benefits

One Pass® Fitness Program	Stay active your way with the One Pass Fitness Program. One Pass provides access to a large nationwide network of fitness locations, digital fitness classes, on-demand workouts, social activities, and brain training resources. Members can visit multiple participating fitness locations at no additional cost. How to Enroll: » Visit YourOnePass.com. » Select "Get Started" and register using your name, date of birth, and health plan member ID. » After registering, you'll receive a Member Code. » Use your Member Code to enroll at participating fitness locations and access other One Pass services. Need Help? Call 1-877-614-0618 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m. PT, for assistance obtaining your Member Code or getting started.
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.
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.
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.

* Maximum benefit may be limited

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	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 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 once per calendar year	\$115 allowance, \$165 on featured frame brands 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.

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for premium
details

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.

Premium Details

Kaiser Permanente

	EDCP	HDHP	Choice PPO	Choice HDHP
Employee only	\$902	\$557	\$1,037	\$641
Employee + Spouse	\$1,797	\$1,106	\$2,066	\$1,271
Employee + Child(ren)	\$1,663	\$1,024	\$1,912	\$1,177
Employee + Spouse + Child(ren)	\$2,597	\$1,598	\$2,985	\$1,836

Cigna Dental

	HMO
Employee only	\$17.47
Employee + Spouse	\$34.95
Employee + Child(ren)	\$40.22
Employee + Spouse + Child(ren)	\$55.95

Delta Dental

	PPO
Employee only	\$41.66
Employee + Spouse	\$83.29
Employee + Child(ren)	\$95.79
Employee + Spouse + Child(ren)	\$133.29

VSP

	PPO #1	PPO #2	PPO #3
Employee only	\$8.27	\$4.27	\$0.70
Employee + Spouse	\$13.26	\$6.90	\$1.10
Employee + Child(ren)	\$13.52	\$7.04	\$1.13
Employee + Spouse + Child(ren)	\$21.82	\$11.33	\$1.82

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.

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.

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 his/her PCP.

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).

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.

Pharmacy Benefit Manager (PBM)

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

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.

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.

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 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, Colorado 80217-5800
copera.org