

PERACare Information Meeting Age 65+ 2024



October 2023





Agenda

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



Health Plans



Dental Plans



Vision Plans

Coverage for benefit recipient and:

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

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

Opportunities to Enroll in PERACare

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



Retiring or involuntary loss of coverage



Turning 65



Annual Opportunity to Enroll or Change Coverage

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

You may cancel coverage for yourself and/or any dependent with 30-days advance written notice

Coverage Changes at Age 65

Coverage Ending:

PERACare Pre-Medicare Plan

New Coverage:

Medicare

Additional Coverage:

PERACare Medicare Plans

No Changes:

PERACare Dental and Vision Plans

Exception:

Continuing Coverage with an Employer-sponsored Health Plan



Medicare

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

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

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

Medicare Coverage Needed

You will need to enroll in Medicare Part B to participate in a PERACare health plan

Medicare Part A

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

Must enroll if eligible
at no cost

Medicare Part B

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

Must enroll and
pay premium



Begin Medicare Enrollment

Three months before your 65th birthday

or

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

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

Contact Social Security to enroll



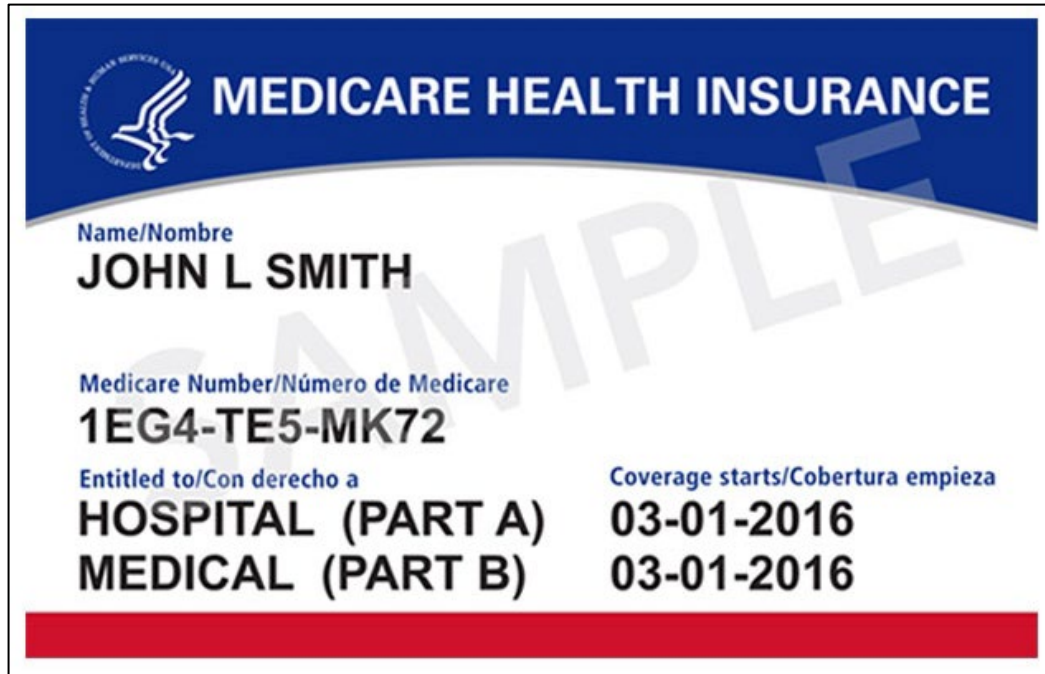
Medicare Coverage Begins:

First day of the month of your
65th birthday

or

First day of the prior month if your
65th birthday is on the first day of
the month

Send PERA a Copy of Your Medicare Card



The image shows a Medicare Health Insurance Card. At the top, there is a blue banner with the Medicare logo (an eagle) on the left and the text "MEDICARE HEALTH INSURANCE" on the right. Below the banner, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The cardholder is entitled to "HOSPITAL (PART A)" and "MEDICAL (PART B)", both with a coverage start date of "03-01-2016". A large, light gray "SAMPLE" watermark is overlaid diagonally across the center of the card. A red horizontal bar is at the bottom of the card.

MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Plans Offered by Insurance Companies



Medicare Supplement Insurance (Medigap)



Medicare Advantage Plans (Part C)



Medicare Prescription Drug Plans (Part D)

Do not enroll in these plans if enrolling in PERACare

PERACare Medicare Plans

- **Pay some or all charges not paid by Medicare**
- **Include Part D prescription drug coverage**
- **Cover vision and hearing**
- **Pay flat copays**
- **No deductibles**
- **Offer emergency coverage outside of the U.S.**





PERACare Premium Subsidy: Age 65+

**\$5.75 per year of
PERA service credit**

**Maximum: \$115 per
month with 20+ years
of service credit**

Health



Which booklet is right for you?



For enrollees under age 65



For enrollees age 65+ and on Medicare, or under age 65 and on Medicare due to specific medical conditions



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



Combination Coverage



Pre-Medicare

+

Medicare

UnitedHealthcare Medicare Advantage





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



Plans Available Nationwide

**Emergency Coverage
Available Worldwide**



UnitedHealthcare MA #1

Primary Care Office Visit

\$0

Specialist Office Visit

\$0

Hospital Stay

\$300

Preventive Care Copay

\$0

Telehealth Visit

\$0

Premium

**\$152 per month or \$37 per month with
20-year subsidy applied**



UnitedHealthcare MA #2

Primary Care Office Visit

\$20

Specialist Office Visit

\$30

Hospital Stay

\$500

Preventive Care Copay

\$0

Telehealth Visit

\$0

Premium

\$52 per month or **\$0 per month** with
10-year subsidy applied

UnitedHealthcare Prescription Drugs

Administered by
OptumRx

	Retail Pharmacy 31-day supply	Mail Service 90-day supply
Preferred Generic	\$15	\$30
Preferred Brand	\$45	\$90
Non-Preferred Drug	\$60	\$120
Specialty	\$75	\$75 (31-day supply)



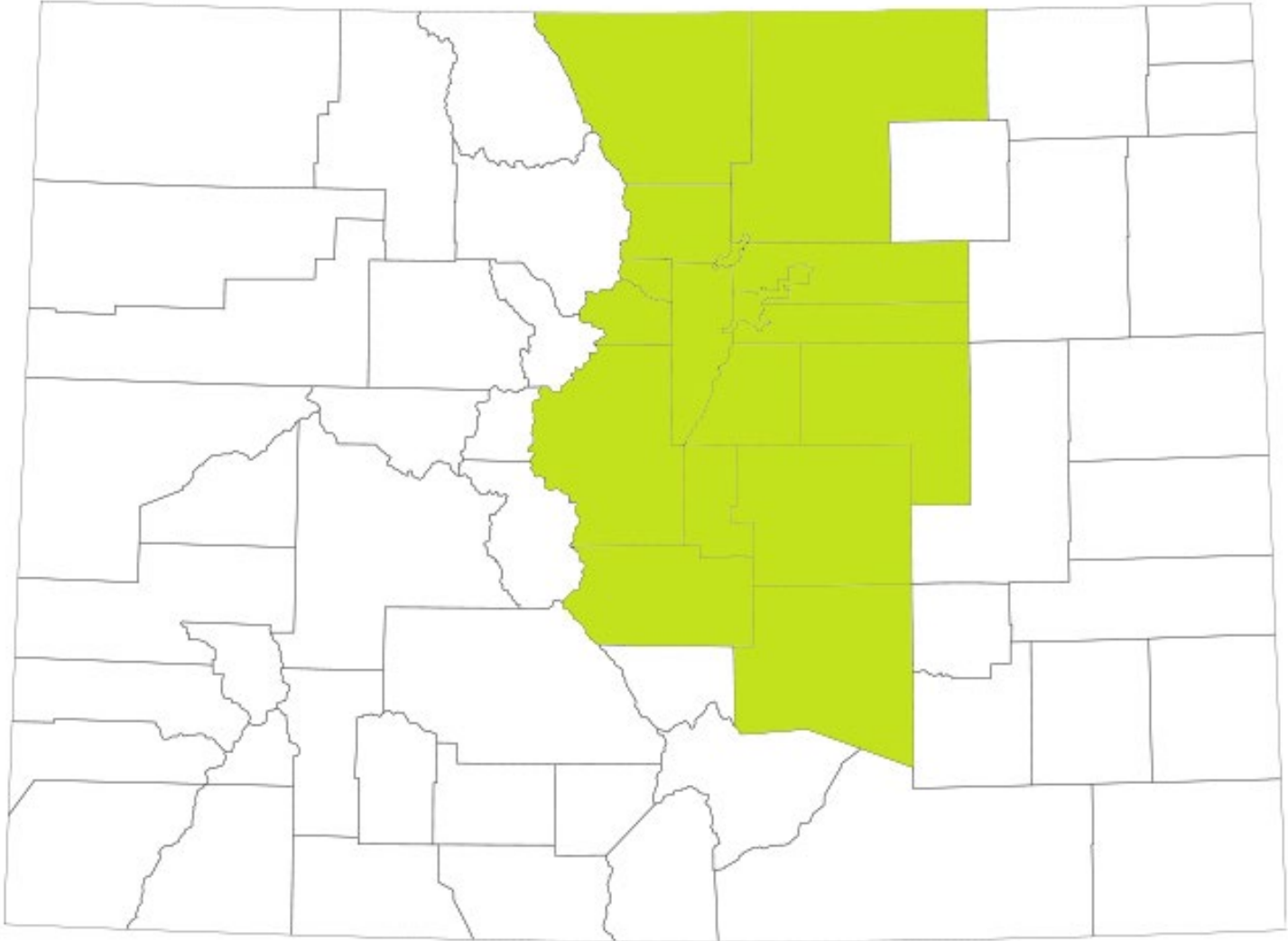
UnitedHealthcare Additional Benefits

- Personal Emergency Response System (PERS)
- Renew Active Fitness Membership
- Rally Coach
- Virtual Doctor Visits
- Healthy at Home Benefits

Kaiser Permanente



Service Area





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



Senior Advantage HMO Plan

Primary Care Physician Office Visit

\$15

Specialist Office Visit

\$30

Maximum Copay per Hospital Stay

\$500

Preventive Care Copay

\$0

Virtual Care

\$0

Premium

**\$170 per month or \$55 per month with
20-year subsidy applied**

Prescription Drugs

	Retail Pharmacy 30-day supply	Mail Service 90-day supply
Preferred Generic	\$5	\$0
Non-Preferred Generic	\$15	\$0
Preferred Brand	\$40	\$80
Non-Preferred Brand	\$80	\$160
Specialty	\$100	\$200



Kaiser Additional Benefits

- Medicare Explorer
- Over-the-Counter Health and Wellness Credit
- Rides to Medical Appointments
- SilverSneakers
- Mindfulness Apps
- CareLinx In-Home Support
- Community Resource Directory

 DELTA DENTAL[®]

 Cigna[®]

Dental





Delta Dental PPO

- DPPO Network
- Nationwide networks of dentists
- Visit in- or out-of-network providers
- \$2,000 annual benefit maximum

Monthly Premium \$43.26



Cigna Dental HMO

- No annual benefit maximum
- Must use Cigna Dental Care Access in-network provider
- Most providers located in urban areas

Monthly Premium **\$21.23**



Vision





PPO #1

Lenses **and** frames
or contacts
**covered once per
calendar year**

Easy options
upgrade available

Monthly Premium
\$9.70

PPO #2

Lenses **or** contacts
**covered once per
calendar year**

Frames
**covered once every
other calendar year**

Monthly Premium
\$5.78

PPO #3

Discounts
on glasses or contacts

Monthly Premium
\$0.91

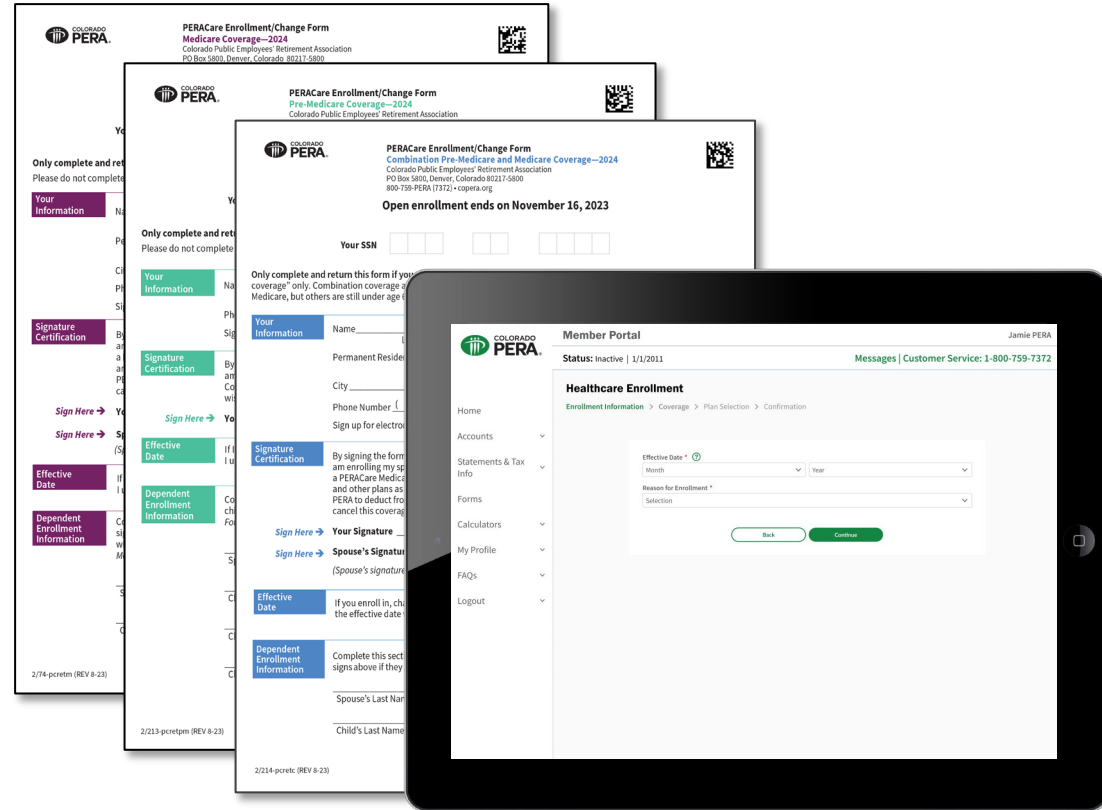


TruHearing

Savings on hearing aids and batteries

Call **1-866-929-3827**
for more information

Submit All New Enrollments to PERA



Online | Mail

Enrollments may be submitted up to 90 days prior to effective date

Meeting Feedback





More Information

- PERACare Booklets
- PERA Customer Service
 - 1-800-759-7372
- copera.org
 - With links to carrier websites