

YOUR GUIDE TO

# 2024 DERP Retiree Health Insurance



*Powering Your Future, Together.*



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# Welcome to Open Enrollment!

## It's time to choose your benefit options for the 2024 plan year!

**Open Enrollment is October 2-31, 2023.** This is your opportunity to reflect on your needs and fine-tune your benefits package to match. Take some time to think about the changes you've experienced over the past year or anticipate in the coming year and select the plan(s) that will best meet your needs.

This guide will help you evaluate your health insurance options to make sure you have the coverage that is right for you. You'll also find 2024 health benefit information on the DERP website ([DERP.org](http://DERP.org)) including video presentations from all carriers explaining the benefits their plan provides along with links to their summary of benefits and coverage.

**If you like your current plan(s) you don't need to do anything during the Open Enrollment period! Your coverage will remain the same for 2024.**

## 2024 Highlights

### Medical

- Increase to the non-Medicare medical plan rates
- Increase to the Humana Medicare Advantage plan rates
- Hearing aid coverage on all Humana Medicare Advantage plans
- No change to the Kaiser Permanente Colorado Senior Advantage plan rate
- In-home care for 8-hours per month on Kaiser Permanente Colorado Senior Advantage plan

### Dental

- No change to the Cigna and Delta Dental plan rates

### Vision

- No change to the VSP vision plan rates

## Key Dates

<b>Monday, October 2, 2023</b>	Open Enrollment begins
<b>Tuesday, October 31, 2023</b>	Last day to make changes Open Enrollment closes at midnight Mountain Time
<b>Monday, January 1, 2024</b>	Changes are effective at midnight



# Benefit Eligibility

## Who is eligible to enroll in insurance coverage through DERP?

Members receiving a DERP Pension Benefit, and their eligible dependents, may enroll in a DERP medical, dental, and/or vision insurance plan.

## Who can I cover on my plan?

You can enroll eligible dependents if you're enrolled in a DERP health insurance plan(s).

Eligible dependents include:

- Your spouse
- Your children to age 26
- Your dependent children of any age who are physically or mentally unable to care for themselves (legal documentation is required)

Supporting documents are required to prove dependency. Acceptable documentation includes:

- Spouse: marriage certificate, common-law affidavit, or the first page of your most currently filed federal tax return
- Child: certified birth certificate, guardianship paperwork, or adoption paperwork

## Can I enroll, change plans, or add dependents outside of Open Enrollment?

Yes, you can enroll, or change your health insurance plan and add dependents, outside of the October Open Enrollment period when you experience a qualifying life event.

### **What is a qualifying life event?**

A qualifying life event is a change in your situation that makes you eligible to update your health insurance outside of the annual October Open Enrollment period. A qualifying life event includes:

- Becoming eligible for Medicare
- Change in marital status
- Involuntary loss of previous health insurance
- Change in residence and becoming ineligible for your current health insurance

Changes to your health insurance must be within 30 days of a qualifying event.

Email [Help@DERP.org](mailto:Help@DERP.org) as soon as possible so we can work with you to get the proper paperwork and supporting documentation related to your qualifying life event.

# Enrollment

## How do I make changes to my coverage?

All changes must be made through your MyDERP.org account. Follow these 5 steps:

1. Log in to your [MyDERP.org](https://MyDERP.org) account.
2. Select the **Insurance Enrollment** hyperlink on the left side of the screen.
3. Follow the instructions on the screens to make your selections.
4. Review your enrollment changes.
5. Click the **Submit** button to complete your changes.

Once you click the **Submit** button, you will not be able to make any changes through your MyDERP.org account. If you need to make changes after submitting, email [Help@DERP.org](mailto:Help@DERP.org) or call (303) 839-5419.

Your changes will show in pending status until reviewed and approved by the membership services team. A membership services representative may contact you to clarify your selections and/or for documents to support your selections.

## What's the deadline to make changes to my 2024 coverage?

The last day to modify your coverage is Tuesday, October 31, 2023, at midnight Mountain Time.

## When will the changes be effective?

Changes are effective Monday, January 1, 2024.

## What if I don't want to make any changes?

If you like your current plan(s), you do not need to do anything during the Open Enrollment period! Your coverage will remain the same for 2024.

## What if I miss the Open Enrollment October 31 deadline?

If you miss the Open Enrollment deadline to make changes to your coverage, you'll have to wait until the 2024 October Open Enrollment period to make changes unless you experience a qualifying life event.

## Questions?

We're here to help you enroll and make benefit selections that are right for you. If you have questions, email [Help@DERP.org](mailto:Help@DERP.org) or call (303) 839-5419.

# Key Terms You'll See in this Guide

## **Coinsurance**

After you meet your deductible, you pay a portion of the costs of a covered health care service.

## **Copay**

A fixed dollar amount you pay for a covered health care service.

## **Deductible**

The amount you pay each calendar year for covered health care services before the insurance plan will begin to pay.

## **Medical Emergency**

A medical condition that requires immediate health care services to prevent serious jeopardy to your health.

## **Insurance Premium Reduction (IPR) Benefit**

The dollar amount we contribute toward your monthly insurance premiums. The IPR benefit is based on your years of service and Medicare eligibility. To be eligible for the IPR Benefit, you must be enrolled in group health insurance offered by DERP. In addition, the IPR benefit is only available to members and spouses receiving a joint and survivor benefit. The IPR is \$12.50 per year of service credit, per month, for non-Medicare retirees; \$6.25 per year of service credit, per month, for Medicare retirees.

## **Out-of-pocket maximum**

The most you will pay for covered health care services during the calendar year. All copay, deductible, and coinsurance payments count toward the out-of-pocket maximum. Once you've met your out-of-pocket maximum, your insurance plan will pay 100% of covered health services.

## **PCP or Primary Care Physician**

The doctor who works with you and other doctors to provide, prescribe, approve, and coordinate your medical care and treatment. Our Health Maintenance Organization (HMO) plans and deductible Health Maintenance Organization (DHMO) plans require you to see your PCP before you can see a specialist.

## **Premium**

The amount you pay out of your retirement benefit to be enrolled in the medical, dental, and/or vision insurance plans. Premiums are deducted on a post-tax basis.

## **Preventive Care**

Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. In-network preventive care is covered 100% by all medical plans.

## **Specialist**

A doctor who has special training in a specific kind of medical care, such as a cardiologist or a neurologist. Our Health Maintenance Organization (HMO) plans and deductible Health Maintenance Organization (DHMO) plans require you to see your PCP before you can see a specialist.

# Insurance Plan Premium Summary

The following monthly insurance plan premiums do not include the Insurance Premium Reduction (IPR) benefit you may be eligible to receive. Your premium portion is deducted from your DERP Pension Benefit on a post-tax basis.

Refer to the carrier pages for more information about each plan.

Non-Medicare Medical Plans and Monthly Premiums				
	Member only	Member + spouse	Member + child(ren)	Member + family
<b>Kaiser Permanente Colorado</b>				
HDHP	\$607.14	\$1,335.72	\$1,214.29	\$1,942.50
DHMO	\$733.78	\$1,614.32	\$1,467.56	\$2,348.10
<b>UnitedHealthcare</b>				
HDHP (Nationwide)	\$796.28	\$1,751.84	\$1,592.58	\$2,548.12
Colorado Doctors Plan (Colorado Only)	\$834.35	\$1,835.56	\$1,668.68	\$2,669.91

Medicare Medical Plans and Monthly Premiums	
	Per person
<b>Humana Medicare Advantage</b>	
HMO	\$108.89
PPO - Option M	\$128.03
PPO - Option R	\$153.64
<b>Kaiser Permanente Colorado Senior Advantage</b>	
HMO	\$182.23

Dental Plans and Monthly Premiums			
	Member only	Member + 1 dependent	Member + 2 or more dependents
<b>Cigna</b>			
DHMO	\$35.71	\$71.83	\$107.89
PPO Low	\$39.46	\$78.19	\$120.78
PPO High	\$51.58	\$102.43	\$158.36
<b>Delta</b>			
EPO	\$44.32	\$82.32	\$132.97
PPO Low	\$39.76	\$78.59	\$121.63
PPO High	\$53.33	\$103.84	\$164.66

Vision Plan and Monthly Premiums				
	Member only	Member + spouse	Member + child(ren)	Member + family
VSP	\$5.72	\$11.64	\$10.73	\$19.61



# Kaiser Permanente Out of State Insurance Plans

Kaiser Permanente is available in several states outside of Colorado. Non-Medicare medical plans are offered in California, Hawaii, and NW Oregon/SW Washington. Medicare medical plans are offered in California, Hawaii, Mid-Atlantic States, and NW Oregon/SW Washington.

## Kaiser Permanente Out-of-State Insurance Plan Premiums

The following are the 2024 monthly non-Medicare and Medicare medical plan premiums for each state.

Non-Medicare Medical Plans and Monthly Premiums			
	Member only	Member + 1 dependent	Member + 2 or more dependents
California	\$1,199.25	\$2,398.50	\$3,393.88
Hawaii	\$960.59	\$1,921.17	\$2,881.76
NW Oregon/SW Washington	\$1,004.64	\$2,009.28	\$3,013.91

Medicare Medical Plans and Monthly Premiums	
	Per person
California	\$256.21
Hawaii	\$357.05
Mid-Atlantic States	\$255.61
NW Oregon/SW Washington	\$341.91

## Kaiser Permanente Out-of-State Contact Information

[kp.org](http://kp.org)

Mobile app: Kaiser Permanente

- **California**  
 (800) 464-4000  
 Northern California Group #52040  
 Southern California Group #152053
- **Hawaii**  
 (800) 966-5955  
 Group #3003
- **Mid-Atlantic States**  
 (800) 777-7902  
 Group #14774
- **NW Oregon/SW Washington**  
 (800) 813-2000  
 Group #4749



# Non-Medicare Medical Plans

We offer four non-Medicare medical plan options through two carriers:

- **Kaiser Permanente**
- **UnitedHealthcare**

Kaiser Permanente and UnitedHealthcare offer a High-Deductible Health Plan (HDHP) and a deductible Health Maintenance Organization (DHMO) plan. All plans cover preventative care at 100%. Refer to carrier pages for more information about each plan.

## What's the difference?

### HDHP

- Health care services are offered within a select network of local or national doctors and hospitals depending on the plan
- Lower premium cost
- Higher deductible
- Lower out-of-pocket maximum
- You generally pay the full cost of services until the annual deductible is reached and then pay coinsurance until the out-of-pocket maximum is reached.
- You can set up and use a health savings account (HSA) to help budget out-of-pocket expenses.

### DHMO

- Health care services are offered within a select network of local Colorado doctors and hospitals depending on your provider
- Higher premium cost
- Lower deductible
- Higher out-of-pocket maximum
- You pay for some services in the form of a copay and the full cost for other services until the annual deductible is reached and then pay either copays or coinsurance until the out-of-pocket maximum is reached.

## Kaiser Permanente

With Kaiser Permanente, you're choosing more than just a health plan. You're also choosing nationally recognized, integrated care, delivered in ways that fit into your schedule. The way it's meant to be.

Care and coverage together make things simple and hassle-free. Kaiser primary care providers, specialists, and even pharmacists work as a team to coordinate every aspect of your care. So, you don't have to. And because Kaiser Permanente providers are connected through a single electronic health record, they'll have your medical history at their fingertips.



**KAISER PERMANENTE**®

**Kaiser Permanente Colorado**

[kp.org](http://kp.org)

(303) 338-3800

Mobile app: Kaiser Permanente

HDHP Group #75-R74

DHMO Group #75-R75

Kaiser Permanente Colorado Plans and Monthly Premiums				
	Member only	Member + spouse	Member + child(ren)	Member + family
HDHP	\$607.14	\$1,335.72	\$1,214.29	\$1,942.50
DHMO	\$733.78	\$1,614.32	\$1,467.56	\$2,348.10

Kaiser Permanente Colorado Non-Medicare Plan Comparisons – Covered Services		
	HDHP	DHMO
<b>Annual Deductible</b>		
Single	\$1,600	\$500
Family	\$3,200	\$1,000
<b>Out of Pocket Maximum</b>		
Single	\$3,200 per individual	\$4,500 per individual
Family	\$6,400 per family	\$9,000 per family
<b>Services</b>		
Preventative	No charge	No charge
PCP Office Visit	20% after deductible	No charge per office visit; 20% coinsurance after deductible for other covered services received during visit
Specialist Office Visit	20% after deductible	\$75 copay
Urgent Care	20% after deductible	No charge per office visit; 20% coinsurance for other covered services received during visit
Emergency Room	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% coinsurance
Inpatient Hospital	20% after deductible	20% after deductible
Physician Fees for Surgical/Medical Services	10%-20% after deductible	20% after deductible
Outpatient Surgery (the amount you pay is based on place of service)	10%-20% after deductible	\$500 copay or 20% after deductible
Lab and X-Ray	20% after deductible	\$0-\$25 copay
MRI/CAT/CT/PET	20% after deductible	\$250 copay

**Kaiser Permanente Colorado Non-Medicare Plan Comparisons – Covered Services**  
(continued)

	HDHP	DHMO
<b>Services</b>		
Mental Health/Substance Abuse Outpatient Services	20% after deductible	No charge per office visit; 20% coinsurance for other covered services received during visit
Physical, Occupational, and Speech Therapy	20% after deductible, combined limit of 60 visits per year	20% after deductible, combined limit of 60 visits per year
Chiropractic	20% after deductible, maximum of 20 visits per year	\$30 copay, maximum of 20 visits per year
Durable Medical Equipment	20% after deductible	20% after deductible
Home Health Care	20% after deductible, maximum of 8 hours per day and 28 hours per week	20% after deductible, maximum of 8 hours per day and 28 hours per week
Hospice Care	20% after deductible	No charge
Skilled Nursing Facility	20% after deductible, maximum of 100 days per year	20% after deductible, maximum of 100 days per year

**Kaiser Permanente Colorado Non-Medicare Plan Comparisons – Prescription Drugs**

	HDHP	DHMO
<b>30-day supply</b>		
Generic	\$10 copay after deductible	\$10 copay
Preferred Brand	\$35 copay after deductible	\$35 copay
Non-Preferred Brand	\$60 copay after deductible	\$60 copay
Specialty	Applicable Tier Copay	\$100 copay
<b>90-day supply by mail</b>		
Generic	\$20 copay after deductible	\$20 copay
Preferred Brand	\$70 copay after deductible	\$70 copay
Non-Preferred Brand	\$120 copay after deductible	\$120 copay
Specialty	N/A	N/A

## UnitedHealthcare

United by a Mission. Grounded in our Values. We are a mission-driven organization grounded in values of Compassion, Integrity, Innovation, Performance and Relationships. Helping People Live Healthier Lives And Helping Make The Health System Work Better For Everyone.

## UNITEDHEALTH GROUP®

### UnitedHealthcare

Pre-member website: [whyuhc.com/Denver](http://whyuhc.com/Denver)

Member website: [myuhc.com](http://myuhc.com)

HDHP: (800) 842-5520

CDP: (800) 349-0574

Mobile app: UnitedHealthcare mobile app

Group #717340

UnitedHealthcare Plans and Monthly Premiums				
	Member only	Member + spouse	Member + child(ren)	Member + family
HDHP (Nationwide)	\$796.28	\$1,751.84	\$1,592.58	\$2,548.12
Colorado Doctors Plan (Colorado only)	\$834.35	\$1,835.56	\$1,668.68	\$2,669.91

UnitedHealthcare Non-Medicare Plan Comparisons – Covered Services		
	HDHP	Colorado Doctors Plan
<b>Annual Deductible</b>		
Single	\$1,600	\$500
Family	\$3,200	\$1,000
<b>Out of Pocket Maximum</b>		
Single	\$3,200 per individual	\$4,500 per individual
Family	\$6,400 per family	\$9,000 per family
<b>Services</b>		
Preventative	No charge	No charge
PCP Office Visit	20% after deductible	No charge
Specialist Office Visit	20% after deductible	\$75 copay
Urgent Care	20% after deductible	No charge
Emergency Room	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible
Physician Fees for Surgical/Medical Services	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Lab and X-Ray	20% after deductible	\$25 copay
MRI/CAT/CT/PET	20% after deductible	\$250 copay



UnitedHealthcare Non-Medicare Plan Comparisons – Covered Services <i>(continued)</i>		
	HDHP	Colorado Doctors Plan
<b>Services</b>		
Mental Health/Substance Abuse Outpatient Services	20% after deductible	No charge
Physical, Occupational, and Speech Therapy	20% after deductible, combined limit of 60 visits per year	\$75 copay, combined limit of 60 visits per year
Chiropractic	20% after deductible, maximum of 20 visits per year	20% after deductible, maximum of 20 visits per year
Durable Medical Equipment	20% after deductible	20% after deductible
Home Health Care	20% after deductible, maximum of 60 visits per year	20% after deductible, maximum of 60 visits per year
Hospice Care	20% after deductible	20% after deductible
Skilled Nursing Facility	20% after deductible, maximum of 60 days per year	20% after deductible, maximum of 60 days per year

UnitedHealthcare Non-Medicare Plan Comparisons – Prescription Drugs		
	HDHP	Colorado Doctors Plan
<b>30-day supply</b>		
Generic	\$10 copay after deductible	\$10 copay
Preferred Brand	\$35 copay after deductible	\$35 copay
Non-Preferred Brand	\$60 copay after deductible	\$60 copay
Specialty	N/A	\$100 copay
<b>90-day supply by mail</b>		
Generic	\$25 copay after deductible	\$25 copay
Preferred Brand	\$87.50 copay after deductible	\$87.50 copay
Non-Preferred Brand	\$150 copay after deductible	\$150 copay
Specialty	N/A	\$250 copay



# Medicare Plans

We offer four Medicare Advantage plans through Humana and Kaiser Permanente for you and your dependent(s) who are eligible for Medicare and are actively enrolled in Parts A and B. All of our Medicare Advantage plans include Part D, Prescription Drug Coverage. When you enroll in one of our Medicare Advantage plans you should not enroll in a separate Part D plan as this will cause you or your dependent(s) to be cancelled from the DERP Medicare Advantage plans.

The Humana Health Maintenance Organization (HMO) and Kaiser Permanente Colorado Senior Advantage HMO plans are only available to members living in certain geographic regions. The Humana HMO is a traditional HMO plan where you must select an in-network primary care physician (PCP) and that PCP works with you to handle all your medical care. When specialists are needed, the PCP may need to provide a referral. You should refer to your Evidence of Coverage or call your insurance company for assistance.

The Humana Preferred Provider Organization (PPO) plans are more flexible and available nationwide. These plans offer you and your dependents flexibility with the ability to see providers that are in and out of the Humana network if the provider accepts Medicare patients. No referrals are required on the Humana PPO plans.

## Medicare Eligibility

When you become eligible for Medicare (for most, that is age 65), you are no longer eligible to be enrolled in one of DERP's non-Medicare medical plans. Instead, you become eligible to enroll in one of DERP's Medicare Advantage plans.

Steps to enroll in a DERP Medicare Advantage plan:

1. Contact Social Security and enroll in Medicare Parts A and B three months before your 65th birthday.
2. Email [Help@DERP.org](mailto:Help@DERP.org) to request an enrollment application when you receive your Medicare card showing your entitlement to Parts A and B.
3. Complete and return your application, along with a copy of your Medicare card, to us prior to your effective date of enrollment. (Medicare does not allow retroactive enrollments on Medicare Advantage Medical plans.)

## Helpful Contacts:

### Social Security Administration

[ssa.gov](http://ssa.gov)

(800) 772-1213

### Centers for Medicare and Medicaid Services

[cms.gov](http://cms.gov)

(800) 633-4227

### SilverSneakers

When you enroll in one of our Medicare Advantage plans, you are eligible for SilverSneakers benefits that includes a free basic fitness center membership and access to classes, Senior Advisors, health education, and social activities.

[silversneakers.com](http://silversneakers.com)

(866) 584-7389



### Humana Medicare Advantage

At Humana we give you everything you expect from a healthcare plan, but that’s just our starting point. We then find more ways to help, and more ways to support your health and your goals. That’s human care, and it’s just the way things ought to be.

Your Humana plans include extras to support your overall well-being at no extra cost, including:

- SilverSneakers® health & fitness program
- Go365 by Humana® wellness & reward program
- Humana care management and health coaching
- Humana virtual Neighborhood Center for virtual activities at **HumanaNeighborhoodCenter.com**

#### New for 2024!

Routine Hearing Exam & Hearing Aid Allowance – (all Humana plans)

- \$0 copay for hearing exam and hearing aid evaluations (up to 1 every 2 years)
- \$2,000 hearing aid allowance per ear (every 2 years)

#### Humana

[humana.com](https://www.humana.com)

(866) 396-8810

Mobile app: MyHumana

Group # varies – refer to your ID card

Humana Plans and Monthly Premiums	
	Per person
HMO	\$108.89
PPO – Option M	\$128.03
PPO – Option R	\$153.64



### Kaiser Permanente Colorado Senior Advantage

With Kaiser Permanente, you’re choosing more than just a health plan. You’re also choosing nationally recognized, integrated care, delivered in ways that fit into your schedule. The way it’s meant to be.

The Kaiser Permanente Medicare health plan in Colorado earned the highest possible rating of 5 out of 5 Stars for 2023 for quality and service.

With your Kaiser Permanente Medicare health plan, you not only get your medical and prescription drug coverage all in one plan, you also receive additional benefits:

#### NEW for 2024!

- In-home support: 8-hours of non-medical support each month
- Rx: Mail Order Generics (Tiers 1 & 2) are now \$0
- Enhancement to vision materials benefit: \$200 every year
- Enhancement to hearing aid coverage: \$1,000 credit per ear every two years

#### Kaiser Permanente

[kp.org](https://www.kp.org)

(303) 338-3800

Mobile app: Kaiser Permanente

Group #90-065

Kaiser Permanente Plan and Monthly Premium	
	Per person
HMO	\$182.23



Humana and Kaiser Medicare Plan Comparisons - Covered Services				
	Humana			Kaiser Permanente
	HMO	PPO - Option M	PPO - Option R	Colorado HMO
<b>Annual Deductible</b>	N/A	N/A	\$250	N/A
<b>Out of Pocket Maximum</b>	\$2,500	\$2,500	\$3,500	\$2,500
Covered Services				
Preventative	No charge	No charge	No charge	No charge
PCP Office Visit	No charge	No charge	Deductible then \$15 copay	\$15 copay
Specialist Office Visit	\$25 copay	\$25 copay	Deductible then \$30 copay	\$25 copay
Urgent Care	\$30 copay	\$30 copay	\$30 copay	\$25 copay
Emergency Room	\$65 copay	\$65 copay	\$75 copay	\$75 copay
Ambulance	20% coinsurance up to \$195 per trip	\$50 copay	Deductible then \$50 copay	20% coinsurance up to \$195 per trip
Inpatient Hospital	\$250 copay	\$250 copay	Deductible then \$150 copay per day for days 1-5	\$250 copay
Outpatient Surgery	\$150 copay	\$0-\$125 copay	Deductible then \$0-\$200 copay	\$150 copay
X-Ray, Lab, and Diagnostic Services	No charge	\$0-\$25 copay	Deductible then \$0-\$30 copay	\$0-\$25 copay
MRI/CAT/CT/PET	\$0-\$100 copay	\$0-\$25 copay	Deductible then \$0-\$50 copay	\$100 copay
Mental Health/ Substance Abuse Outpatient Services	\$0-\$15 copay	\$0-\$15 copay	Deductible then \$15-\$50 copay	\$15 copay
Physical, Occupational, and Speech Therapy	\$15 copay	\$15 copay	Deductible then \$40 copay	\$15 copay

Humana and Kaiser Medicare Plan Comparisons – Covered Services <i>(continued)</i>				
	Humana			Kaiser Permanente
	HMO	PPO – Option M	PPO – Option R	Colorado HMO
Covered Services				
Vision Care	\$25 copay per exam; Medicare covered services only; no routine exams	\$25 copay per exam; Medicare covered services only; no routine exams	Deductible then \$30 copay per exam; Medicare covered services only; no routine exams	\$15-\$30 copay per exam; Up to \$200 materials benefit every year
Chiropractic	\$15 copay; Medicare covered services only	\$20 copay; Medicare covered services only	Deductible then \$20 copay; Medicare covered services only	\$15 copay; Maximum of 20 visits per year
Durable Medical Equipment	No charge	No charge	Deductible then no charge	No charge
Oxygen	No charge	No charge	Deductible then no charge	No charge
Home Health Care	No charge	No charge	Deductible then no charge	No charge
Hospice Care	Covered through Original Medicare	Covered through Original Medicare	Covered through Original Medicare	Covered through Original Medicare
Skilled Nursing Facility Care	No charge, maximum of 100 days per year	No charge days 1-20; \$50 copay per day days 21-100	Deductible then no charge days 1-20; \$50 copay per day days 21-100	No charge; maximum of 100 days per year
Hearing Exams	No charge; one routine exam/hearing aid evaluation every 2 years	No charge; one routine exam/hearing aid evaluation every 2 years	No charge; one routine exam/hearing aid evaluation every 2 years	\$15 copay
Hearing Aids	\$2,000 credit per ear, up to 1 per ear every 2 years	\$2,000 credit per ear, up to 1 per ear every 2 years	\$2,000 credit per ear, up to 1 per ear every 2 years	\$1,000 credit per ear every 2 years



Humana and Kaiser Medicare Plan Comparisons – Prescription Drugs				
	Humana			Kaiser Permanente
	HMO	PPO – Option M	PPO – Option R	Colorado HMO
<b>30-day supply</b>				
Generic	\$15 copay	*see schedule	\$15 copay	\$5-\$15 copay
Preferred Brand	\$35 copay	*see schedule	\$30 copay	\$40 copay
Non-Preferred Brand	\$40 copay	*see schedule	\$50 copay	\$60 copay
Specialty	\$60 copay	*see schedule	\$80 copay	\$60 copay
<b>90-day supply by mail</b>				
Generic	\$30 copay	*see schedule	\$25 copay	\$0 copay
Preferred Brand	\$70 copay	*see schedule	\$75 copay	\$80 copay
Non-Preferred Brand	\$80 copay	*see schedule	\$125 copay	\$120 copay
Specialty	N/A	N/A	N/A	N/A

**\* Humana PPO – Option M – Low Rx Plan**

This prescription drug plan has different costs based on what phase you are in.

**Initial Coverage Limit (ICL) Phase**

You will be in the ICL Phase until the drug cost (the amount you pay plus the amount Humana pays) reaches \$5,030 during the calendar year.

**Coverage Gap Phase**

You will be in the Coverage Gap Phase after the ICL amount is met and will remain in the Coverage Gap Phase until your drug cost reaches \$8,000 during the calendar year. (Refer to the Humana Evidence of Coverage for details on the Coverage Gap Phase.)

**Catastrophic Phase**

You will be in the Catastrophic Phase when your total drug cost exceeds \$8,000 during the calendar year and will remain in this phase for the rest of the calendar year.

**New In 2024:** There is no charge for medications in the catastrophic phase.

	30-day supply	90-day supply by mail
<b>Initial Coverage Limit (ICL) Phase</b>		
Generic	\$5 copay	\$10 copay
Preferred Brand	\$15 copay	\$30 copay
Non-Preferred Brand	\$25 copay	\$50 copay
Specialty	\$40 copay	N/A
<b>Coverage Gap Phase</b>		
Generic	\$5 copay	\$10 copay
Preferred Brand	25% coinsurance	25% coinsurance
Non-Preferred Brand	25% coinsurance	25% coinsurance
Specialty	25% coinsurance	N/A
<b>Catastrophic Phase</b>		
	No charge	No charge



# Dental Plans

We offer dental plans through two carriers: Cigna and Delta Dental. Both carriers have three different options of dental coverage. Refer to the plan comparisons for a summary of covered services for each plan.

## Coverage Verification

Every plan is different. It is important to understand the specifics of your dental benefits, especially what is and is not covered. If you think you may need treatment and want to find out what your costs will be, ask your dentist to submit a pre-treatment estimate allowing you to understand your full financial responsibility before committing to services.

## Cigna

At Cigna, we aim to deliver affordable, predictable, and simple health care for our customers, patients, and clients.

Cigna is a global health services company dedicated to improving the health, well-being, and peace of mind of those we serve. With more than 180 million customer and patient relationships in more than 30 countries and jurisdictions, we are able to harness actionable insights that address whole-person health and drive better health outcomes.



### Cigna

[cigna.com](https://cigna.com)

(800) 244-6224

Mobile app: myCigna

Group #3175056

Cigna Plan Premiums			
	Member only	Member + 1 dependent	Member + 2 or more dependents
<b>Cigna</b>			
DHMO	\$35.71	\$71.83	\$107.89
PPO Low	\$39.46	\$78.19	\$120.78
PPO High	\$51.58	\$102.43	\$158.36

Cigna Plan Comparisons					
	Dental Care Access	PPO Low		PPO High	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>					
Single	N/A	\$25	\$25	\$25	\$25
Family	N/A	\$75	\$75	\$75	\$75
<b>Annual Maximum Benefit</b>	N/A	\$1,000	\$1,000	\$1,500	\$1,500
<b>Covered Providers</b>	Cigna Dental Care HMO Providers	Cigna Dental PPO Network	Cigna Dental PPO Network	Cigna Dental PPO Network	Cigna Dental PPO Network
<b>Services</b>					
Diagnostic & Preventative	\$0-\$240 copay	No charge	No charge	No charge	No charge
Restorative (Fillings)	\$0-\$115 copay	30% after deductible; up to annual maximum benefit	30% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*

Cigna Plan Comparisons (continued)					
	Dental Care Access	PPO Low		PPO High	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Services</b>					
Crowns & Bridges	\$12-\$245 copay	50% after deductible; up to annual maximum benefit	50% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*
Endodontics (Root Canals)	\$12-\$245 copay	30% after deductible; up to annual maximum benefit	30% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*
Periodontics (Gum Treatment)	\$24-\$430 copay	30% after deductible; up to annual maximum benefit	30% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*
Prosthetics (Dentures)	\$14-\$425 copay	50% after deductible; up to annual maximum benefit	50% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*
Oral Surgery (Extractions)	\$8-\$185 copay	30% after deductible; up to annual maximum benefit	30% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*
Orthodontics (Braces)	\$50-\$1,584 copay for children up to age 19; \$50-\$2,328 copay for adults	50% after deductible, available to children up to age 19; \$1,000 lifetime maximum benefit	50% after deductible*, available only to children up to age 19; \$1,000 lifetime maximum benefit	50% after deductible, available only to children up to age 19; \$1,250 lifetime maximum benefit	50% after deductible*, available only to children up to age 19; \$1,250 lifetime maximum benefit
Anesthetics	\$73-\$190 copay	30% after deductible; up to annual maximum benefit	30% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*
Implants	Not covered	50% after deductible; up to annual maximum benefit	50% after deductible*; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit	No charge after deductible; up to annual maximum benefit*

\*If you use an out-of-network provider, you may be “balance billed” by your dentist for any charges above Cigna’s contracted PPO fee schedule.



## Delta Dental

Delta Dental of Colorado is a nonprofit dental benefits company with a mission to improve the oral health of the communities we serve. Through our innovative plans, large dentist network, and expert customer service, we make dental care accessible, affordable, and simple, leading to a healthier smile and life. And through our foundation and corporate social responsibility initiatives, we are active in the community, helping expand access to quality dental care and giving to organizations that support our mission of improving the oral health of the communities we serve. Creating healthy Colorado smiles is what drives us.



### Delta Dental

[deltadentalco.com](http://deltadentalco.com)

(800) 610-0201

Mobile app: Delta Dental

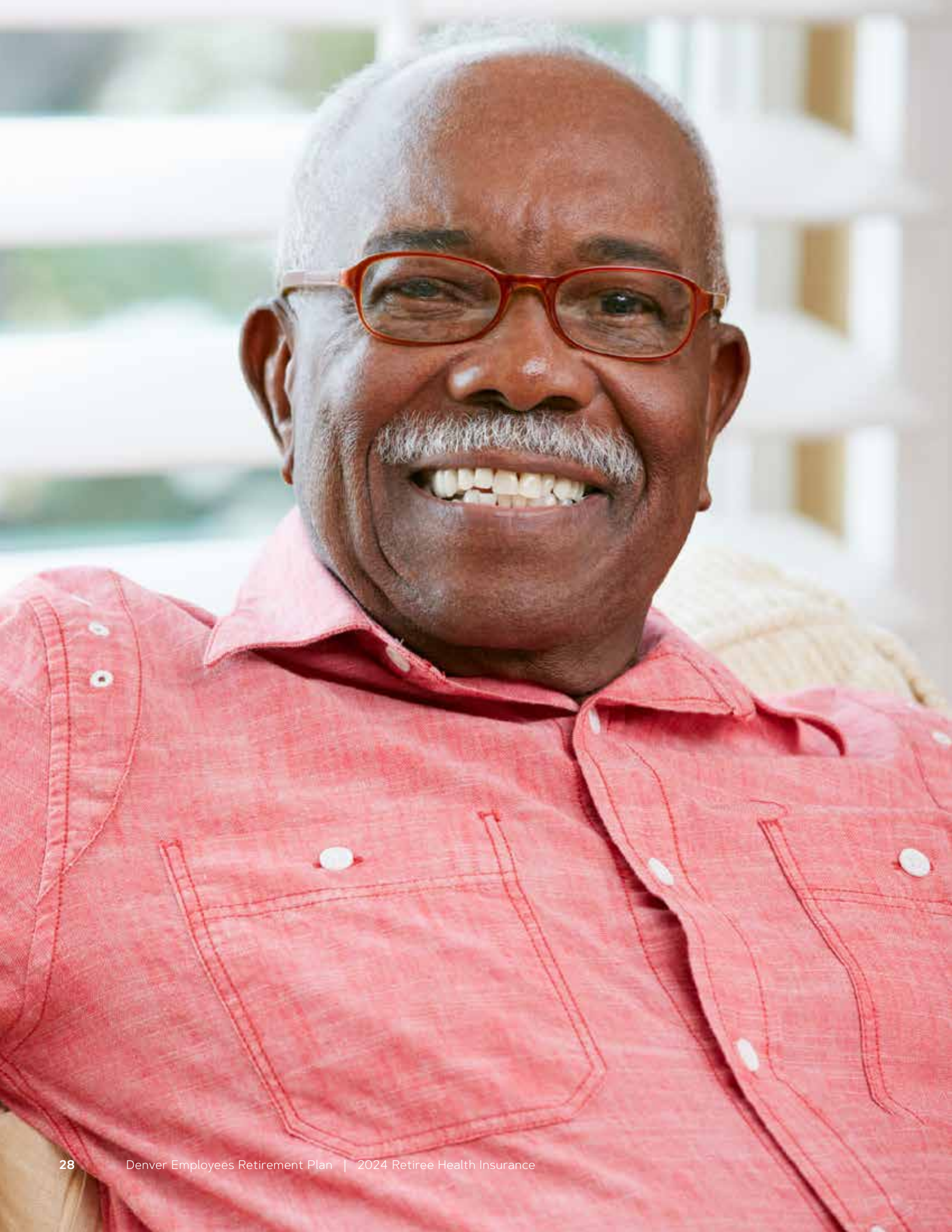
Group #11356

Delta Dental Plan Premiums			
	Member only	Member + 1 dependent	Member + 2 or more dependents
<b>Delta</b>			
EPO	\$44.32	\$82.32	\$132.97
PPO Low	\$39.76	\$78.59	\$121.63
PPO High	\$53.33	\$103.84	\$164.66

Delta Dental Plan Comparisons					
	EPO	PPO Low		PPO High	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>					
Single	N/A	\$25	\$25	\$25	\$25
Family	N/A	\$75	\$75	\$75	\$75
<b>Annual Maximum Benefit</b>	N/A	\$1,250	\$1,250	\$2,000	\$2,000
<b>Covered Providers</b>	Delta Dental PPO Network-Colorado Residents Only	Delta Dental PPO Network-Nationwide	Delta Dental Premier Network-Nationwide	Delta Dental PPO Network-Nationwide	Delta Dental Premier Network-Nationwide
<b>Services</b>					
Diagnostic & Preventative	\$0-\$10 copay	No charge after deductible	20% after deductible; up to annual maximum benefit	No charge after deductible	No charge after deductible
Restorative (Fillings)	\$21-\$73 copay	20% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	10% after deductible; up to annual maximum benefit	20% after deductible; up to annual maximum benefit



Delta Dental Plan Comparisons (continued)					
	EPO	PPO Low		PPO High	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Services</b>					
Crowns & Bridges	\$0-\$295 copay	50% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	40% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit
Endodontics (Root Canals)	\$10-\$297 copay	20% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	10% after deductible; up to annual maximum benefit	20% after deductible; up to annual maximum benefit
Periodontics (Gum Treatment)	\$23-\$284 copay	20% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	10% after deductible; up to annual maximum benefit	20% after deductible; up to annual maximum benefit
Prosthetics (Dentures)	\$16-\$377 copay	50% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	40% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit
Oral Surgery (Extractions)	\$22-\$100 copay	20% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	10% after deductible; up to annual maximum benefit	20% after deductible; up to annual maximum benefit
Orthodontics (Braces)	\$35-\$1,980 copay	50% no deductible; \$1,000 lifetime maximum benefit	50% no deductible; \$1,000 lifetime maximum benefit	50% no deductible; \$1,000 lifetime maximum benefit	50% no deductible; \$1,000 lifetime maximum benefit
Anesthetics	\$8-\$56 copay	20% after deductible; up to annual maximum benefit	20% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	10% after deductible; up to annual maximum benefit
Implants	Not covered	50% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit	50% after deductible; up to annual maximum benefit



# Vision Plan

Eye exams are an important part of overall health for your family. With VSP you get the highest level of care including an annual exam designed to detect signs of health conditions like diabetes and high blood pressure.

## VSP

With a vision of providing access to high-quality, cost-effective eye care to the world, a group of optometrists founded VSP in 1955. More than 60 years later, that vision has evolved into providing world-class products and services to eye care professionals, employers, and more than 80 million members worldwide.



VSP

[vsp.com](https://vsp.com)

(800) 877-7195

Mobile app: VSP

Group #30050633

VSP Plan Premiums			
Member only	Member + spouse	Member + child(ren)	Member + family
\$5.72	\$11.64	\$10.73	\$19.61

VSP Plan Summary	
	In-Network
<b>Comprehensive Exam</b> *One exam per 12 months	
Optometrist (OD)	\$10 copay
<b>Standard Lenses (per pair)</b> *One pair of lenses per 12 months	
Single Vision	\$25 copay
Bifocals	\$25 copay
Trifocals	\$25 copay
<b>Frames (Standard)</b> *One pair of frames per 24 months	\$160 allowance
<b>Contact Lenses (per pair)</b> *In lieu of eyeglass lenses and frames benefit	
Medically Necessary	Covered in full
Elective (Cosmetic)	\$160 allowance
Standard Contact Lens Fitting Fee	\$60 copay

VSP has special pricing for lasik surgery with participating centers which can add up to hundreds of dollars in savings for VSP members.

# Additional Useful Information

## Will I receive new insurance cards?

It depends on the carrier:

### **Kaiser Permanente**

New non-Medicare and Kaiser Senior Advantage subscribers will receive new cards. Need a replacement card? Log in to your Kaiser portal account or call (303) 338-4545.

### **UnitedHealthcare**

All subscribers will receive new cards. Need a replacement card? Log in to your UnitedHealthcare portal account or call (800) 842-5520.

### **Humana**

All subscribers will receive new cards. Need a replacement card? Log in to your Humana portal account or call (866) 396-8810.

### **Cigna**

New DHMO plan subscribers will receive new cards. Need a replacement card? Log in to your Cigna portal account or call (800) 244-6224. PPO subscribers are not issued cards. Your dental office can confirm your coverage directly with Cigna.

### **Delta Dental**

New subscribers will receive new cards. Need a replacement card? Log in to your Delta Dental portal account or call (800) 610-0201.

### **VSP**

Subscribers are not issued cards. Your vision provider can confirm your coverage directly with VSP.

## Do I have insurance coverage when traveling?

Yes, you're covered when traveling within the United States and have a medical emergency. All medical plans cover emergency and urgent care services at the in-network benefit level, even if the facility is not part of your plan's network. If you're traveling and wish to receive non-emergency care (routine care), check with your medical plan first to determine if the cost of that care is covered by your plan.

## What happens to my coverage if I move?

When you move, you must notify us of your new address within 30 days of your move date so we can share the change with your insurance carrier(s). You can submit your address change electronically via your [MyDERP.org](https://myderp.org) account. If you move outside of your plan's service area, your coverage will be cancelled. In most cases, you can continue to have insurance coverage with us, via an alternate carrier.

## When can I cancel my coverage?

You may cancel coverage for yourself and/or any dependent at any time. Cancellations are effective the first of the month following receipt of the request for cancellation. If you cancel coverage for you and/or your dependents during the year, you can re-enroll during the Open Enrollment period in October with a January 1 effective date.



# Contacts

## Medical Plans:

### Humana

[humana.com](https://www.humana.com)

(866) 396-8810

Mobile app: MyHumana

Group # varies by residence – refer to your ID card

### Kaiser Permanente Colorado Non-Medicare

[kp.org](https://www.kp.org)

(303) 338-3800

Mobile app:

Kaiser Permanente

HDHP Group #75-R74

DHMO Group #75-R75

### Kaiser Permanente Colorado Senior Advantage

[kp.org](https://www.kp.org)

(303) 338-3800

Mobile app:

Kaiser Permanente

Group #90-065

### Kaiser Permanente Out-of-State

[kp.org](https://www.kp.org)

Mobile app:

Kaiser Permanente

#### • California

(800) 464-4000

Northern California

Group #52040

Southern California

Group #152053

#### • Hawaii

(800) 966-5955

Group #3003

#### • Mid-Atlantic States

(800) 777-7902

Group #14774

#### • NW Oregon/SW Washington

(800) 813-2000

Group #4749

### UnitedHealthcare

Pre-member website:

[whyuhc.com/Denver](https://www.whyuhc.com/Denver)

Member website:

[myuhc.com](https://www.myuhc.com)

HDHP: (800) 842-5520

CDP: (800) 349-0574

Mobile app:

UnitedHealthcare

mobile app

Group #717340

## Dental Plans:

### Cigna

[cigna.com](https://www.cigna.com)

(800) 244-6224

Mobile app: myCigna

Group #3175056

### Delta Dental

[deltadentalco.com](https://www.deltadentalco.com)

(800) 610-0201

Mobile app: Delta Dental

Group #11356

## Vision Plan:

### VSP

[vsp.com](https://www.vsp.com)

(800) 877-7195

Mobile app: VSP

Group #30050633

## Other Resources:

### Centers for Medicare and Medicaid

[cms.gov](https://www.cms.gov)

(800) 633-4227

### SilverSneakers

[silversneakers.com](https://www.silversneakers.com)

(866) 584-7389

### Social Security Administration

[ssa.gov](https://www.ssa.gov)

(800) 772-1213



# 2024 DERP Pension Benefit Payment Schedule

## January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

## March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				





## Your guide to 2024 DERP Retiree Health Insurance is Here!

It's Open Enrollment and time to choose your benefits options.

- ✓ Review the 2024 DERP Help Benefits Guide
- ✓ Visit DERP.org to watch carrier presentations
- ✓ Email Help@DERP.org with any questions
- ✓ Select the plan(s) that meet your needs
- ✓ Log on to your MyDERP.org account to enroll

*Open Enrollment is  
October 2-31, 2023*



*Powering Your Future, Together.*