

YOUR GUIDE TO

2023 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 2023 plan year!

Open Enrollment is October 1-31, 2022. 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 2023 health benefit information on the DERP website (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 2023.

2023 Highlights

Medical

- Increase to the non-Medicare medical plan rates
- Decrease to the Humana Medicare Advantage plan rates
- No change to the Kaiser Permanente Colorado Senior Advantage plan rate

Dental

- No change to the Cigna and Delta Dental plan rates

Vision

- No change to the VSP vision plan rates

Key Dates

| | |
|----------------------------------|--|
| Saturday, October 1, 2022 | Open Enrollment begins |
| Monday, October 31, 2022 | Last day to make changes Open Enrollment closes at midnight Mountain Time |
| Sunday, January 1, 2023 | Changes are effective at midnight |



TEL (303) 839-5419
FAX (303) 839-9525



777 Pearl St.
Denver, CO 80203



Help@DERP.org
MyDerp.org

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 medical, dental, and/or vision insurance with DERP.

Who can I cover on my plan?

You can enroll eligible dependents if you are 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?

Outside of the Open Enrollment period, you can enroll or make changes to your health insurance when you retire, or when you experience a qualifying life event.

Retirement

When you retire, you can elect to enroll in health insurance within 30 days of receiving your first monthly lifetime DERP Pension Benefit payment. In most cases, your health insurance is effective on your retirement date.

Qualifying Life Events

A qualifying life event is a change in your situation that makes you eligible to update your health insurance outside of DERP's annual 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 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 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 **Next** button to submit your changes.

Once you click the **Next** 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 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 2023 coverage?

The last day to modify your coverage is Monday, October 31, 2022 at midnight Mountain Time.

When will the changes be effective?

Changes are effective Sunday, January 1, 2023.

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

If you want to keep your current plan(s), you do not need to do anything during the Open Enrollment period! Your coverage will remain the same for 2023.

What if I miss the Open Enrollment October 31 deadline?

If you miss the Open Enrollment deadline to make changes to your coverage, you will have to wait until the 2023 Open Enrollment period to make changes unless you experience a qualifying life event.

Questions?

We are here to help you enroll and make benefit selections that are right for you. If you have questions, email 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 amount DERP contributes 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 from DERP. 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 |
| Kaiser Permanente Colorado | | | | |
| HDHP | \$575.26 | \$1,265.57 | \$1,150.52 | \$1,840.49 |
| DHMO | \$687.61 | \$1,512.75 | \$1,375.23 | \$2,200.37 |
| UnitedHealthcare | | | | |
| HDHP (Nationwide) | \$758.80 | \$1,669.37 | \$1,517.61 | \$2,428.17 |
| Colorado Doctors Plan (Colorado Only) | \$787.12 | \$1,731.66 | \$1,574.23 | \$2,518.78 |

| Medicare Medical Plans and Monthly Premiums | |
|--|------------|
| | Per person |
| Humana Medicare Advantage | |
| HMO | \$103.23 |
| PPO – Option M | \$122.33 |
| PPO – Option R | \$147.88 |
| Kaiser Permanente Colorado Senior Advantage | |
| HMO | \$182.23 |

| Dental Plans and Monthly Premiums | | | |
|-----------------------------------|-------------|----------------------|-------------------------------|
| | Member only | Member + 1 dependent | Member + 2 or more dependents |
| Cigna | | | |
| DHMO | \$35.71 | \$71.83 | \$107.89 |
| PPO Low | \$39.46 | \$78.19 | \$120.78 |
| PPO High | \$51.58 | \$102.43 | \$158.36 |
| Delta | | | |
| 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 2023 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 | \$1,030.19 | \$2,060.38 | \$2,915.44 |
| Hawaii | \$905.70 | \$1,811.40 | \$2,717.10 |
| NW Oregon/SW Washington | \$904.26 | \$1,808.53 | \$2,712.79 |

| Medicare Medical Plans and Monthly Premiums | |
|---|------------|
| | Per person |
| California | \$216.73 |
| Hawaii | \$396.09 |
| Mid-Atlantic States | \$241.60 |
| NW Oregon/SW Washington | \$312.53 |

Kaiser Permanente Out-of-State Contact Information

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 Plans

DERP offers 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 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
- Generally, you 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 service 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

(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 | \$576.26 | \$1,265.57 | \$1,150.52 | \$1,840.49 |
| DHMO | \$687.61 | \$1,512.75 | \$1,375.23 | \$2,200.37 |

| Kaiser Permanente Colorado Non-Medicare Plan Comparisons – Covered Services | | |
|---|--------------------------|--|
| | HDHP | DHMO |
| Annual Deductible | | |
| Single | \$1,500 | \$500 |
| Family | \$3,000 | \$1,000 |
| Out of Pocket Maximum | | |
| Single | \$3,000 per individual | \$4,500 per individual |
| Family | \$6,000 per family | \$9,000 per family |
| Services | | |
| 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 (cost dependent 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 |
|---|--|--|
| Services | | |
| 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, maximum of 20 visits per year | 20% after deductible, maximum of 20 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 |
|------------------------------|------------------------------|-------------|
| 30-day supply | | |
| 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 |
| 90-day supply by mail | | |
| 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

Member website: 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) | \$758.80 | \$1,669.37 | \$1,517.61 | \$2,428.17 |
| Colorado Doctors Plan (Colorado only) | \$787.12 | \$1,731.66 | \$1,574.23 | \$2,518.78 |

| UnitedHealthcare Non-Medicare Plan Comparisons – Covered Services | | |
|---|------------------------|------------------------|
| | HDHP | Colorado Doctors Plan |
| Annual Deductible | | |
| Single | \$1,500 | \$500 |
| Family | \$3,000 | \$1,000 |
| Out of Pocket Maximum | | |
| Single | \$3,000 per individual | \$4,500 per individual |
| Family | \$6,000 per family | \$9,000 per family |
| Services | | |
| 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 |
| Services | | |
| Mental Health/Substance Abuse Outpatient Services | 20% after deductible | No charge |
| Physical, Occupational, and Speech Therapy | 20% after deductible, maximum of 20 visits per year | \$75 copay, maximum of 20 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 |
| 30-day supply | | |
| 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 |
| 90-day supply by mail | | |
| 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

DERP offers four Medicare Advantage plans through Humana and Kaiser Permanente for members and their dependents who are eligible for Medicare and are actively enrolled in Parts A and B. All Medicare Advantage plans offered by DERP include Part D, Prescription Drug Coverage. Those who enroll in a Medicare Advantage plan offered by DERP should not enroll in a separate Part D plan as this will cause the member or dependent to be cancelled from the Medicare Advantage plans offered by DERP.

The Humana Health Maintenance Organization (HMO) and Kaiser Permanente Colorado Senior Advantage HMO plans are only available to members living in certain geographic regions while the Humana Preferred Provider Organization (PPO) plans are more flexible and available nationwide. The Humana HMO is a traditional HMO plan where a member must select an in-network primary care physician (PCP) and that PCP works with the member to handle all medical care. When specialists are needed, the PCP may need to provide a referral. Members should refer to their Evidence of Coverage or call their insurance company for assistance. The Humana PPO plans offer members and 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 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 DERP prior to your effective date of enrollment. (Medicare does not allow retroactive enrollments on Medicare Advantage plans.)

Helpful Contacts:

Social Security Administration

ssa.gov

(800) 772-1213

Centers for Medicare and Medicaid Services

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

(866) 584-7389



**Humana
Medicare Advantage**

Seniors have been at the heart of Humana’s care delivery since our founding.

Humana’s commitment to care started in 1961 as a nursing home and hospital company and in 1985, Humana offered its first private Medicare plan.

Now as the 2nd largest Medicare Advantage carrier with 8.5 million members, Humana is a proven industry leader and has a long and successful history of caring for seniors.

Humana

humana.com

(866) 396-8810

Mobile app: MyHumana

Group # varies by residence – refer to your ID card

| Humana Plans and Monthly Premiums | |
|-----------------------------------|------------|
| | Per person |
| HMO | \$103.23 |
| PPO – Option M | \$122.33 |
| PPO – Option R | \$147.88 |



**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 has been highly rated for 13 consecutive years and earned the highest possible rating of 5 out of 5 Stars for 2022.

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 2023! Medicare Explorer - \$1,500 allowance per year for routine and continuing care while traveling outside of Kaiser Permanente service areas
- 20 one-way rides to and from medical appointments each year
- \$70 allowance per quarter for over-the-counter health and wellness supplies

Kaiser Permanente

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 |
| Annual Deductible | N/A | N/A | \$250 | N/A |
| Out of Pocket Maximum | \$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 material benefit every 2 years |
| 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 | \$15 copay; one routine exam per year | \$15 copay; one routine exam every 2 years | \$15 copay; one routine exam every 2 years | \$15 copay |
| Hearing Aids | \$500 credit per ear every 3 years | N/A | N/A | \$1,000 credit per ear every 3 years |

| Humana and Kaiser Medicare Plan Comparisons – Prescription Drugs | | | | |
|--|------------|----------------|----------------|-------------------|
| | Humana | | | Kaiser Permanente |
| | HMO | PPO – Option M | PPO – Option R | Colorado HMO |
| 30-day supply | | | | |
| 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 |
| 90-day supply by mail | | | | |
| Generic | \$30 copay | *see schedule | \$25 copay | \$10-\$30 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 \$4,660 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 \$7,400 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 \$7,400 during the calendar year and will remain in this phase for the rest of the calendar year.

| | 30-day supply | 90-day supply by mail |
|---|--|--|
| Initial Coverage Limit (ICL) Phase | | |
| Generic | \$5 copay | \$10 copay |
| Preferred Brand | \$15 copay | \$30 copay |
| Non-Preferred Brand | \$25 copay | \$50 copay |
| Specialty | \$40 copay | N/A |
| Coverage Gap Phase | | |
| Generic | \$5 copay | \$10 copay |
| Preferred Brand | 25% coinsurance | 25% coinsurance |
| Non-Preferred Brand | 25% coinsurance | 25% coinsurance |
| Specialty | 25% coinsurance | N/A |
| Catastrophic Phase | Greater of \$4.15 for generic/ multiple source drugs (\$10.35 for all others) or 5% coinsurance | Greater of \$4.15 for generic/ multiple source drugs (\$10.35 for all others) or 5% coinsurance |



Dental Plans

DERP offers 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

(800) 244-6224

Mobile app: myCigna

Group #3175056

| Cigna Plan Premiums | | | |
|---------------------|-------------|----------------------|-------------------------------|
| | Member only | Member + 1 dependent | Member + 2 or more dependents |
| Cigna | | | |
| 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 |
| Annual Deductible | | | | | |
| Single | N/A | \$25 | \$25 | \$25 | \$25 |
| Family | N/A | \$75 | \$75 | \$75 | \$75 |
| Annual Maximum Benefit | N/A | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| Covered Providers | Cigna Dental Care HMO Providers | Cigna Dental PPO Network | Cigna Dental PPO Network | Cigna Dental PPO Network | Cigna Dental PPO Network |
| Services | | | | | |
| 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 |
| Services | | | | | |
| 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

(800) 610-0201

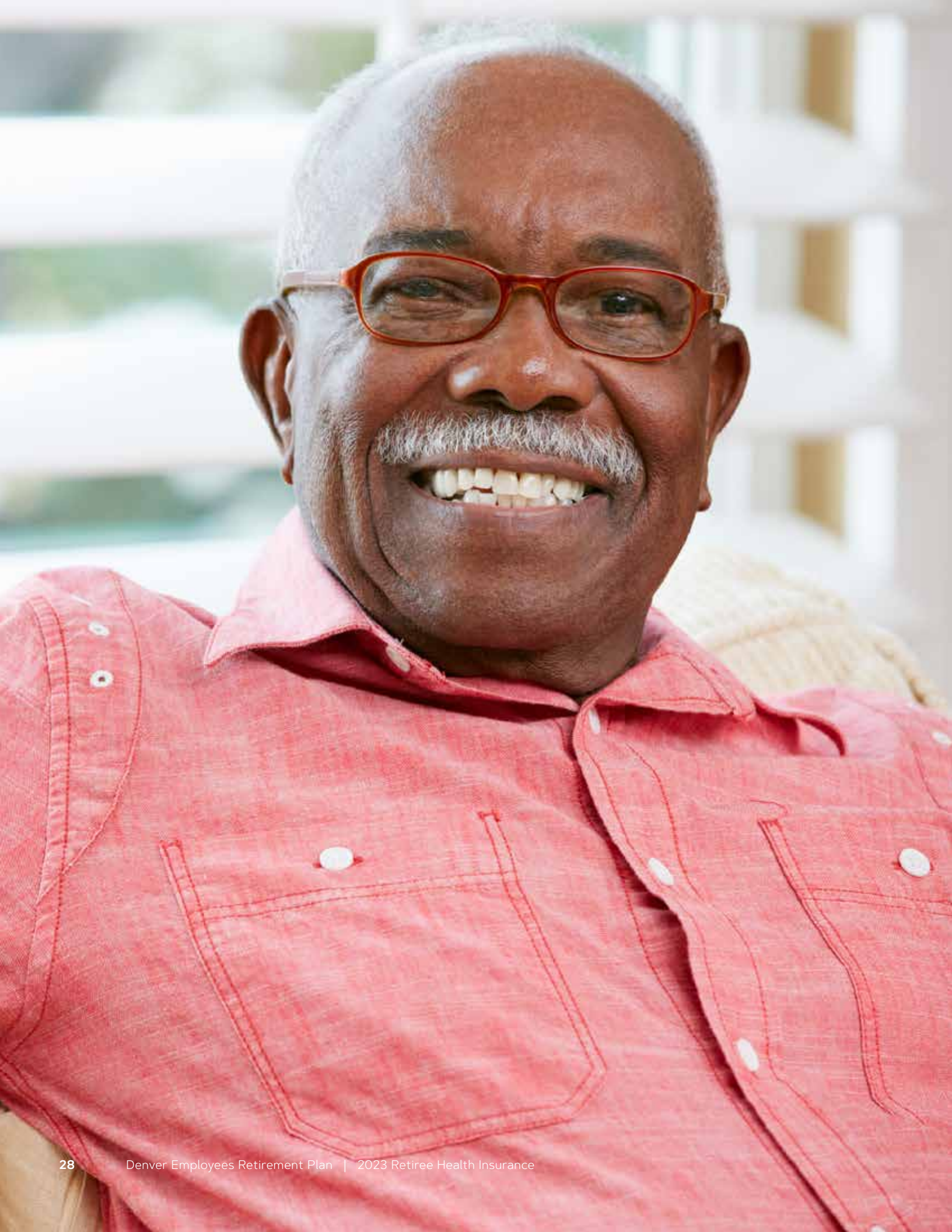
Mobile app: Delta Dental

Group #11356

| Delta Dental Plan Premiums | | | |
|----------------------------|-------------|----------------------|-------------------------------|
| | Member only | Member + 1 dependent | Member + 2 or more dependents |
| Delta | | | |
| 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 |
| Annual Deductible | | | | | |
| Single | N/A | \$25 | \$25 | \$25 | \$25 |
| Family | N/A | \$75 | \$75 | \$75 | \$75 |
| Annual Maximum Benefit | N/A | \$1,250 | \$1,250 | \$2,000 | \$2,000 |
| Covered Providers | 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 |
| Services | | | | | |
| 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 <i>(continued)</i> | | | | | |
|--|--------------------|---|---|---|---|
| | EPO | PPO Low | | PPO High | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Services | | | | | |
| 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 will 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 88 million members worldwide.



VSP

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 |
| Comprehensive Exam *One exam per 12 months | |
| Optometrist (OD) | \$10 copay |
| Standard Lenses (per pair) *One pair of lenses per 12 months | |
| Single Vision | \$25 copay |
| Bifocals | \$25 copay |
| Trifocals | \$25 copay |
| Frames (Standard) *One pair of frames per 24 months | \$160 allowance |
| Contact Lenses (per pair) *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 all 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?

If you are traveling within the United States and have a medical emergency, all DERP medical plans cover your 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 are traveling internationally, medical coverage varies among carriers. If you are traveling and wish to receive non-emergency care (routine care), you should 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?

If you move, notify us of your new address so we can share the change with your insurance carrier(s). You must notify us in writing or you can submit your address change electronically via your 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 DERP, via an alternate carrier, by submitting your request within 30 days of your move date.

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

(866) 396-8810

Mobile app: MyHumana

Group # varies by residence – refer to your ID card

Kaiser Permanente Colorado Non-Medicare

kp.org

(303) 338-3800

Mobile app:

Kaiser Permanente

HDHP Group #75-R74

DHMO Group #75-R75

Kaiser Permanente Colorado Senior Advantage

kp.org

(303) 338-3800

Mobile app:

Kaiser Permanente

Group #90-065

Kaiser Permanente Out-of-State

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

Member website:

myuhc.com

HDHP: (800) 842-5520

CDP: (800) 349-0574

Mobile app:

UnitedHealthcare

mobile app

Group #717340

Dental Plans:

Cigna

cigna.com

(800) 244-6224

Mobile app: myCigna

Group #3175056

Delta Dental

deltadentalco.com

(800) 610-0201

Mobile app: Delta Dental

Group #11356

Vision Plan:

VSP

vsp.com

(800) 877-7195

Mobile app: VSP

Group #30050633

Other Resources:

Centers for Medicare and Medicaid

cms.gov

(800) 633-4227

SilverSneakers

Silversneakers.com

(866) 584-7389

Social Security Administration

ssa.gov

(800) 772-1213

2023 DERP Pension Benefit Payment Schedule

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

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

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

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

 Retiree Benefit Payment Dates

Your guide to 2023 DERP Retiree Health Insurance is Here!

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

- ✓ Review the 2023 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 1-31, 2022*



Powering Your Future, Together.