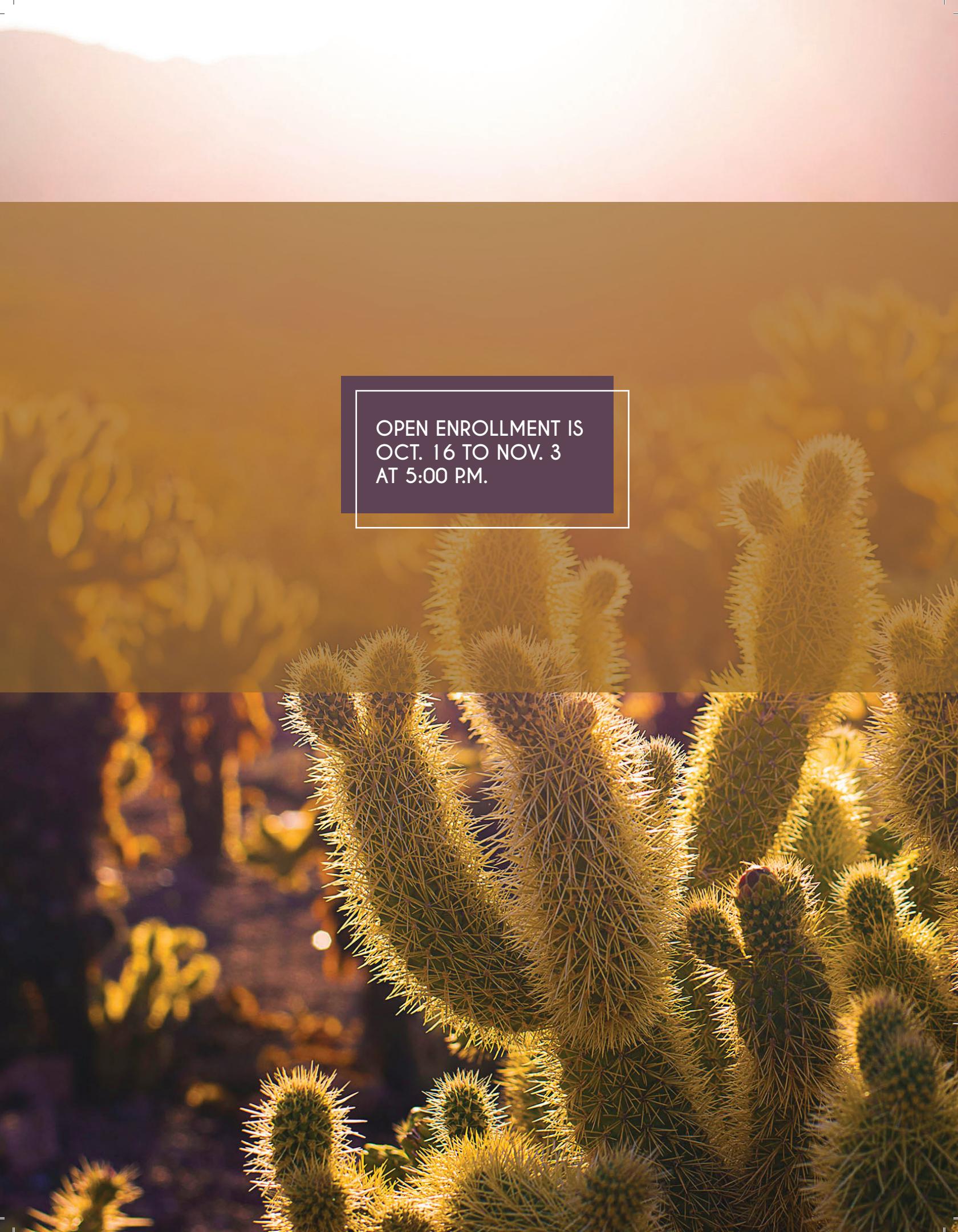




CITY OF PHOENIX  
BENEFITS GUIDE

# 2018 RETIREEs

OPEN ENROLLMENT RUNS  
OCT. 16 TO NOV. 3  
AT 5:00 P.M.



OPEN ENROLLMENT IS  
OCT. 16 TO NOV. 3  
AT 5:00 P.M.



**City of Phoenix**

**2018  
Retiree  
Benefits Guide**

January 1 to December 31, 2018

This Benefits Guide provides important information for City of Phoenix retirees and survivors.

Please maintain an accurate mailing address with the City of Phoenix. Civilian retirees should contact the COPERS office at 602-534-4400 and sworn public safety retirees should contact the Benefits Office at [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov) to update an address or phone number.

Questions about City sponsored coverage, MERP, and the public safety subsidy should be directed to the City of Phoenix Benefits Office at (602) 262-4777 or [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov).

Summary plan descriptions, coverage certificates, policies and contracts prevail when questions of coverage arise.

Thank you.

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# Retiree Benefits Program Summary

## FOR NON-MEDICARE RETIREES AND SURVIVORS

### Medical, Pharmacy and Vision Coverage

Single or family coverage is available. Plan choices are HMO, PPO and Savers Choice Health Plan. The City pays a portion of the premium (\$105 or \$375 per month) based on single or family coverage. Pharmacy coverage is bundled with your medical coverage. Retail and home delivery options are available. Basic vision coverage is bundled with your medical coverage. Coverage stops at the end of the month in which you turn 65 unless it is pre-established that you are not eligible for Medicare.

## FOR ALL RETIREES AND SURVIVORS

### Dental Coverage

You work directly with Cigna's subsidiary, Allegiance, to enroll in and make a monthly premium payment for dental coverage. Single, single plus one, or family coverage is available. Choices are Dental PPO and Dental HMO.

### Legal Insurance

You work directly with ARAG to enroll in and make monthly premium payment for this coverage providing free access to a network of attorneys and resources for a wide variety of personal legal needs.

### Elder Care Services

You and your household members have free, confidential access for counseling and resources.

## IF YOU ARE ENROLLED IN A MEDICARE PART D PLAN

### Catastrophic Rx Reimbursement Program

Retirees and dependents enrolled in a Medicare Part D pharmacy plan can be reimbursed for "Catastrophic Level" out-of-pocket expenses.

## FOR ELIGIBLE RETIREES AND SURVIVORS

### MERP

The Medical Expense Reimbursement Plan is a monthly amount received by direct deposit or check for the purpose of reducing your out-of-pocket healthcare expenses in retirement.



## What's New in 2018

### FOR NON-MEDICARE RETIREES and SURVIVORS

- If you are enrolled in the Savers Choice Plan, your pharmacy benefits in 2018 will be provided by Cigna Pharmacy. Look for a new ID card in the mail in mid-to-late December. You must fill maintenance medications through Home Delivery or get 90-day fills at Fry's, Target, CVS, Walmart or Cigna Medical Group Pharmacies.
- Retiree medical premiums increase an average of **8.4%** January 1<sup>st</sup>.

### FOR ALL RETIREES and SURVIVORS

- If you aren't enrolled in a Cigna dental plan you can enroll between October 16 and November 3, 2017 for a January 1, 2018 effective date. The Dental PPO now includes coverage for implants!
- ARAG Legal Insurance offers expanded coverage at the same price.

### FOR PUBLIC SAFETY RETIREES and SURVIVORS

- Public Safety Retiree Subsidy has new expanded eligibility guidelines. You are eligible for the PSPRS State subsidy if your medical coverage is provided through COBRA, OneExchange, a private broker, direct enrollment with an insurance carrier, or through an employer. See page 36 for details.

# 2018 Non-Medicare Retiree Medical Premium FAQs

## **WHO SETS OUR MEDICAL PREMIUMS?**

The City's medical plan has been self-insured since 2005. The City sets the retiree and the employee medical premiums each year.

## **HOW WERE THE INITIAL 2018 RETIREE RATES SET?**

Outside actuaries analyze two years of medical and pharmacy claims data for covered retirees and dependents enrolled in 2017. Future claim costs are projected. Local and national trends for medical and pharmacy costs are factored into the calculations. After this process was complete, it was concluded that a 23.4% rate increase was needed to pay anticipated claims.

## **WHAT IS THE FINAL RATE INCREASE FOR 2018?**

The preliminary rate increase was 23.4% as explained, above. A decision to use a portion of the Retiree Rate Stabilization Fund further reduced the rate increase to 11.9%. A decision to use a portion of the Health Care Benefits Trust Reserves further reduced the rate increase to 8.4%.

**The final average rate increase for 2018 is 8.4%.**

## **WHAT IS THE RETIREE RATE STABILIZATION FUND?**

This fund was established in 2007 in response to the Federal GASB 45 changes that separated employees and actives into two groups for premium setting purposes. Fifteen million dollars was set aside to use when large increases to retiree rates were needed. A portion of this fund was used to reduce the charges in 2016 and the actual premium amount needed to cover 2016 retiree claims, and 25% was used in 2017 to significantly reduce the retiree premium. 11.5% of the remaining fund is being used in 2018 to reduce the retiree premium.

## **I'VE DECIDED TO CONTINUE MY CURRENT MEDICAL PLAN COVERAGE WITH THE CITY. DO I NEED TO DO ANYTHING?**

If you are currently enrolled in a City retiree medical plan and you decide to continue that coverage for 2018, you don't need to do anything, your enrollment rolls forward. **If you are adding or dropping dependents or changing medical plans, you must contact the Benefits Office during Open Enrollment, between October 16 and November 3 between 8 a.m. and 5 p.m. Arizona Time at 602-262-4777.**

# Retiree Medical Plans

## For Non-Medicare Retirees and Dependents



The Cigna HMO continues to offer a large provider network in Arizona and in other states. The Arizona provider network includes Cigna Medical Group Clinics, the local Mayo Clinic and Hospital and the Cancer Treatment Centers of America facility in Goodyear, Arizona. Each year you will pay the first \$350 (single coverage) or \$700 (family coverage) of your covered hospitalization, whether inpatient or outpatient. Office visits, urgent care, emergency room visits, etc. continue to have the same co-pays you know today. Out-of-network coverage is available *only* for medical emergencies. Prescription coverage is provided by Cigna Pharmacy. Basic vision coverage is included.



The PPO offers a large local and national provider network that includes Mayo Clinic and Hospital and Cancer Treatment Centers of America. Out-of-network coverage is available at higher out-of-pocket costs. Each year you will pay the first \$1,000 (single coverage) or \$2,000 (family coverage) of your covered in-network medical services. After the deductible is met, you will pay 20% of the negotiated rate for covered medical services until you reach the annual maximum out-of-pocket amount. A separate and higher deductible and coinsurance apply to covered services provided out of network. Prescriptions coverage is provided by Cigna Pharmacy. Basic vision coverage is included.



The Savers Choice High Deductible Health Plan offers the same national provider network as the PPO, but there is no out-of-network coverage except for medical emergencies. Each year you will pay the first \$1,500 (single coverage) or \$3,000 (family coverage) of covered medical and pharmacy services. After the deductible is met, covered medical services cost you \$0 and prescriptions revert to standard co-pays for the remainder of the calendar year. Prescription coverage is provided by Cigna Pharmacy. Basic vision coverage is included.

## Non-Medicare Retiree Medical Plan Comparison Chart 2018

Coverage Features	HMO	PPO		Savers Choice High Deductible Health Plan
Network(s)	Cigna Open Access	BCBS National Network	N/A	BCBS National Network
Coverage applies to	In-Network Only	In-Network	Out-of-Network	In-Network Only
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$350 Single, \$700 Family	\$1,000 Single, \$2,000 Family	\$2,000 Single, \$4,000 Family	\$1,500 Single, \$3,000 Family
Coinsurance	None	20%	40%	0%
Calendar Year Out of Pocket Maximum (includes deductible)	\$6,600 Single, \$13,200 Family	\$3,500 Single \$7,000 Family	\$5,500 Single \$11,000 Family	\$3,000 Single \$6,000 Family
Not Subject to Deductible and Coinsurance	Preventive Care	Preventive Care	Everything subject to deductible and coinsurance	Preventive Care
Out-of-network Coverage	Emergency Services/Urgent Care	Emergency Services/Urgent Care	See this column	Emergency Services/Urgent Care
Referral Required to see a Specialist?	No	No	No	No
Mental Health Provider Network	Cigna Behavioral Health	PPO Network	Non-PPO Provider	PPO Network
Pre-existing Condition Limitations	None	None	None	None
Prenatal Office Visits	\$25 for 1 <sup>st</sup> visit, \$0 thereafter	\$25 for 1 <sup>st</sup> visit, \$0 thereafter	Plan pays 60% of the BCBS allowed amount after the calendar year deductible is met. The difference between the allowed amount and the amount charged is the member's responsibility.	Plan pays 100% of the contracted rate after the calendar year deductible is met.
Office Visit, Primary Care	\$25			
Office Visit, Specialist	\$40			
Office Visit, Mental Health	\$25			
Outpatient Surgery	Subject to Deductible. After deductible, \$100 per incident.			
Inpatient Hospitalization	Subject to Deductible. After deductible, \$150 per day, \$450 maximum.			
Lab and X-rays	\$0 (Subject to Deductible when in a hospital or surgical center.)			
Urgent Care	\$50			
Emergency Room	\$150			
Chiropractic (Up to 30 visits per year)	\$40			
Hearing Exam	\$25 or \$40	\$25 with an optometrist	Not Covered	Member pays for prescriptions until deductible is met, then \$10/\$25/\$40 co-pays.
Hearing Aids	90% coverage every other year per ear. Deductible is not applicable.			
Vision Exam (every 12 months)	\$25 with an optometrist	\$20/\$35/\$50	Not Covered	Member pays for prescriptions until deductible is met, then \$10/\$25/\$40 co-pays.
Pharmacy	\$20/\$35/\$50			

# 2018 Premiums

Monthly 2018 Retiree Medical Premiums For Non-Medicare Retirees			
	Full Premium <i>for those who receive PEHP</i>	Qualified City Contribution	Reduced Premium <i>for those who receive MERP</i>
<b>HMO</b>			
<b>Single</b>	\$1,086.89	\$105	<b>\$981.89</b>
<b>Family</b>	\$3,132.42	\$375	<b>\$2,757.42</b>
<b>PPO</b>			
<b>Single</b>	\$1,028.73	\$105	<b>\$923.73</b>
<b>Family</b>	\$2,964.72	\$375	<b>\$2,589.72</b>
<b>HDHP</b>			
<b>Single</b>	\$898.12	\$105	<b>\$793.12</b>
<b>Family</b>	\$2,588.32	\$375	<b>\$2,213.32</b>

Monthly 2018 Retiree Dental Premiums For All Retirees		
	Dental PPO	Dental HMO
Single Coverage	\$57.36	\$36.16
Single Plus One	\$116.38	\$59.08
Family	\$166.01	\$98.20

Monthly 2018 Legal Insurance Premium For All Retirees	
Expanded Coverage	\$24.40/month

# Cigna Medical HMO

For Non-Medicare Retirees and Dependents

See the Medical Comparison Chart on page 5

## **Cigna HMO**

Cigna provides access to a large statewide network of physicians and facilities that includes the Cigna Medical Group Clinics (CMG), Scottsdale Mayo Clinic and Hospital, the Cancer Treatment Center of America in Goodyear, and more. A small number of naturopaths are included in the network. Only emergency medical services are covered outside the network.

Out-state-coverage is available for those living outside Arizona. Contact the City's onsite Cigna representative at (602) 495-5724 if you live outside Arizona and have questions about utilizing the Cigna provider network.

## **Deductibles continue in 2018**

A deductible is the amount you pay out-of-pocket before coverage begins. *This deductible does not apply to vision or pharmacy coverage.* This deductible applies only to medical services. The amount you pay toward your deductible is based on contracted rates.

### **What does the Deductible apply to?**

The deductible applies only to covered services you receive while hospitalized whether inpatient or outpatient. This does include surgical centers and similar facilities. The deductible does not apply to office visits, urgent care visits, emergency room visits, etc.

## **Four Ways to Track Your Deductible Balance**

- Your deductible can be tracked online. First, you must register at [mycigna.com](http://mycigna.com).
- Your deductible can be tracked using a free smart phone app called myCigna. First, you must register at [mycigna.com](http://mycigna.com).
- You will receive Explanation of Benefit (EOB) Forms in the mail or online after every medical service. These will tell you the status of your deductible.
- You can call Cigna's customer service at 1-800-244-6224.

## **Pharmacy co-pays are the same for 2018**

Tier	Retail	Home Delivery
Generic	<b>\$20 / 30-day supply</b>	<b>\$40 / 90-day supply</b>
Preferred Name Brand	<b>\$35 / 30-day supply</b>	<b>\$70 / 90-day supply</b>
Non-Preferred Name Brand	<b>\$50 / 30-day supply</b>	<b>\$100 / 90-day supply</b>

## **Get Mail Order Pricing at Certain Retailers**

Obtain a 90-day medication fill at these retail locations and pay two co-pays instead of three:

- CVS
- Target
- Walmart
- Access Health (including Benzer, Marcs, Big Y, Marsh Drugs, and Snyder Drug)
- Kroger (including Fry's, Fred Meyer, Pick N Save, and Harris Teeter)
- Cardinal Health (including Freds, Medicine Shoppe, and Medicap)
- Good Neighbor Pharmacies (including Super Rx, Family Pharmacy, and King Kullen)



# BlueCross/BlueShield Medical PPO

For Non-Medicare Retirees and Dependents

See the Medical Comparison Chart on page 5

## The PPO Provider Network

The PPO network is a large, national network that includes the Mayo Clinic and Hospital and the Cancer Treatment Centers of America. Behavioral health services and basic vision coverage are included. Out-of-network coverage is also available.

→ Annual Deductible and Coinsurance Continue in 2018 ←

Tier	In-Network Deductible	In-Network Coinsurance	Maximum Out-of-Pocket In-Network
Single	\$1,000	20% coinsurance	\$3,500
Family	\$2,000	20% coinsurance	\$7,000
See page 5 for out-of-network amounts			

## What is a Deductible?

A deductible is the amount you pay out-of-pocket before coverage begins. *This deductible does not apply to vision or pharmacy coverage.* This deductible applies only to medical services. The amount you pay toward your deductible is based on contracted rates.

## What is a Contracted Rate?

Every provider in the network has agreed to accept an amount from BCBSAZ as payment in full for services. This includes office visits, lab work, diagnostic testing, hospitalization, and more. You should not be asked to pay more than this contracted rate. Doctor's offices will typically file your claim with BCBSAZ before sending you a bill to be sure they are charging you the correct amount. Hospitals will typically ask for some or all your deductible up front.

Please note that out-of-network providers do not have an agreement with BCBSAZ. That means you could pay more than the out-of-network deductible and coinsurance amount. Use in-network providers to avoid paying more than necessary. There is no out-of-network coverage for preventive care and vision services.

### **What do I owe after the deductible is paid in full?**

After you've paid your annual deductible, you will pay 20% of the contracted rate until you reach the annual maximum out-of-pocket amount. After that, your medical services are provided at no cost to you for the remainder of the calendar year. The next January 1<sup>st</sup> the deductible begins again.

### **Tracking Your Deductible and Coinsurance Balance**

Your deductible and coinsurance can be tracked online. First, register at azblue.com and then you can review your deductible and coinsurance balances. You can also use a free smart phone app called AZBlue. You will receive Explanation of Benefit (EOB) Forms in the mail or online after every medical service. These will tell you the status of your deductible and coinsurance. And you can call BlueCross/BlueShield customer service at (602) 864-4857.

## **Pharmacy Co-Pays Stay the Same for 2018**

Pharmacy coverage is provided through Cigna Pharmacy. Out-of-pocket costs for pharmacy do not apply to your deductible.

Tier	Retail	Home Delivery
Generic	\$20 / 30-day supply	\$40 / 90-day supply
Preferred Name Brand	\$35 / 30-day supply	\$70 / 90-day supply
Non-Preferred Name Brand	\$50 / 30-day supply	\$100 / 90-day supply

### **Home Delivery Pricing at Certain Retailers**

You can obtain a 90-day medication fill at these retail locations and pay two co-pays instead of three:

- CVS
- Target
- Walmart
- Access Health (including Benzer, Marcs, Big Y, Marsh Drugs, and Snyder Drug)
- Kroger (including Fry's, Fred Meyer, Pick N Save, and Harris Teeter)
- Cardinal Health (including Freds, Medicine Shoppe, and Medicap)
- Good Neighbor Pharmacies (including Super Rx, Family Pharmacy, and King Kullen)



# Savers Choice Health Plan

## High Deductible Plan

### For Non-Medicare Retirees and Dependents

\*\*\*\*\* 2018 CHANGE - PRESCRIPTION COVERAGE PROVIDED BY CIGNA \*\*\*\*\*

The Savers Choice High Deductible Health Plan offers a national provider network that includes the Mayo Clinic and Hospital and the Cancer Treatment Centers of America. Only emergency medical services are covered outside the network.

Tier	Deductible	Coinurance	Maximum Out-of-Pocket
Single	\$1,500	No coinsurance	\$3,000*
Family	\$3,000	No coinsurance	\$6,000*

\*You pay the full cost of prescriptions until the deductible is fulfilled. After meeting the annual deductible, Rx co-pays (\$10/\$25/\$40) go toward the maximum out-of-pocket amount.

**All covered medical, pharmacy and vision expenses** are your responsibility until the deductible is met. You will be charged for services at contracted rates. Contracted rates are lower than regular rates charged by a physician, lab, hospital, etc.

**After the deductible is met for the year** covered medical care is provided at no cost to the employee or covered family member. Prescriptions are provided at co-pay levels: \$10 Generic, \$25 Preferred Name Brand and \$40 Non-preferred Name Brand. *You can obtain a 90-day medication fill at certain retail locations and pay two co-pays instead of three (see page 12).*

### Four Ways to Track Your Deductible Balance

- Your deductible and coinsurance can be tracked online at azblue.com. You must be registered at azblue.com to review this information.
- Your deductible and coinsurance can be tracked using a free smart phone app called AZBlue. First, you must register at azblue.com.
- You will receive Explanation of Benefit (EOB) Forms in the mail or online after every medical service. These will tell you the status of your deductible and coinsurance.
- You can call BlueCross/BlueShield customer service at (602) 864-4857.

# Pharmacy Coverage provided by Cigna Pharmacy in 2018



Beginning January 1, 2018, pharmacy coverage is provided through Cigna Pharmacy. You will receive a new Cigna Pharmacy ID Card in the mail in mid-to-late December. Don't forget to give the new ID card to your pharmacist.

Out-of-pocket costs for pharmacy **do** apply to your deductible.

## 2018 Pharmacy Rates

Tier	Retail	Home Delivery
Generic	\$20 / 30-day supply	\$40 / 90-day supply
Preferred Name Brand	\$35 / 30-day supply	\$70 / 90-day supply
Non-Preferred Name Brand	\$50 / 30-day supply	\$100 / 90-day supply

### Home Delivery Pricing at Certain Retailers

You can obtain a 90-day medication fill at these retail locations and pay two co-pays instead of three:

- CVS
- Target
- Walmart
- Access Health (including Benzer, Marcs, Big Y, Marsh Drugs, and Snyder Drug)
- Kroger (including Fry's, Fred Meyer, Pick N Save, and Harris Teeter)
- Cardinal Health (including Freds, Medicine Shoppe, and Medicap)
- Good Neighbor Pharmacies (including Super Rx, Family Pharmacy, and King Kullen)



# Medicare Part D

## Catastrophic Coverage Level

### Rx Reimbursement

Medicare Retirees, Survivors and Dependents

Medicare eligible retirees and their Medicare eligible dependents may qualify for reimbursement of their Medicare Part D pharmacy coverage expenses while in the “catastrophic coverage” level. There are four levels of coverage in Medicare Part D:

<b>1. Deductible</b>	<b>2. Co-Pays</b>	<b>3. Coverage Gap</b>	<b>4. Catastrophic Coverage</b>
This could be \$0 or more, depending on your plan.	You pay a co-pay and your Part D plan pays its share for each covered drug until the combined amount reaches a certain level.	You pay a percentage of your prescription costs until you and your plan have paid a combined dollar amount and you are out of the “donut hole.”	You pay a percentage of your prescription cost or a co-pay until the end of the calendar year. The more expensive your medication, the more you pay.

↑ This is what the City will reimburse up to \$25,000 per year.

If you are enrolled in a Medicare Part D plan, and you have incurred expense in the Catastrophic Coverage level, please contact the City of Phoenix Benefits Office at (602) 262-4777. You'll be provided with a claim form to fill out and we'll need documentation from your Part D plan such as Explanation of Benefits Forms. Please note, an EOB is not a Medicare Summary Notice.

Reimbursement occurs through the MERP program. After your reimbursement claim has been approved, you will receive payment via check or direct deposit in the same way you receive your MERP payment. If you don't receive MERP, we will create a MERP account for this purpose.

If you have any questions, please contact us at [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov) or (602) 262-4777.

# Cigna Retiree Dental Plans

## All Retirees and Eligible Dependents

### What's New for 2018

- The Dental PPO plan includes coverage for implants in 2018.
- The Dental PPO annual maximum benefit is \$1,500 per person per year.
- Dental PPO premium rates increase 20% due to the low number of retirees and dependents enrolled in this plan.
- Dental HMO rates increase 3.50%.

*If you retired in the past 18 months and enrolled in the City's COBRA dental coverage, ignore the dental coverage information in this book and continue paying your monthly COBRA premiums. When your COBRA coverage expires, you will have the opportunity to enroll in this coverage within 31 days or during the next Open Enrollment period.*

#### **IMPORTANT**

You enroll directly with **Allegiance** and you pay premium to Allegiance each month. This is not COBRA coverage. This is Cigna dental coverage. Allegiance is a subsidiary of Cigna handling enrollment and payment for this dental coverage.

**If you are already enrolled in this coverage,** it automatically continues in 2018 unless you take action by completing the Dental Enrollment/Change Form on page 16 and mail it to Allegiance by November 3, 2017.

**If you don't have this coverage today, and want to enroll in it,** complete the Dental Enrollment/Change Form on page 16 and mail it to the address at the bottom of the form no later than November 3, 2017.

**Premium payment** must be made directly to Allegiance via check, cashier's check, or automatic payment from a checking or savings account. To set up automatic payment complete the form on page 18 and forward it to Allegiance.

#### **Enrollment and premium payment questions**

Allegiance 1-800-259-2738

#### **Coverage and dental network questions**

Cigna Dental 1-800-244-6224

## Cigna RETIREE DENTAL PLANS

The City of Phoenix offers retirees two different dental plans. The Dental PPO can be used anywhere in the U.S. and has generous in and out-of-network coverage. The Dental HMO can be used only with a network dentist. Dentists in rural areas are typically not found in this network. Find dentists online at [mycigna.com](http://mycigna.com). Find premiums on page 6.

Retiree Dental Plan Comparison Chart				
	DENTAL PPO		DENTAL HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Dentists	Dentists in the Cigna Core Network	Any licensed dentist	Dentists in the Cigna Dental Care Network	
Deductible	\$50 per person per calendar year to a maximum of \$150 per family. Deductible does not apply to preventive services.		No deductible	
Preventive Dental Services <i>Exam, cleaning, x-rays, sealants to age 14, fluoride to age 19.</i>			No charge	<b>There is no out of network coverage. You must receive services from a dentist in the Cigna Dental Care Network.</b>
Basic Dental Services <i>Fillings, extractions, root canals, oral surgery, periodontics</i>	Plan pays 80% of covered charges	Plan pays 80% of Reasonable and Customary covered charges	See the Dental HMO Coverage and Fee Schedule	
Major Dental Services <i>Implants, crowns, bridges, dentures</i>				
Maximum Annual Benefit	Cigna will pay up to \$1,500 per member per calendar year for covered services.		No maximum for most covered dental procedures	
Orthodontia	Plan pays 80% of covered charges up to a lifetime maximum of \$1,500	Plan pays 80% of Reasonable and Customary covered charges to a lifetime maximum of \$1,500	See the Dental HMO Coverage and Fee Schedule	
Orthodontia Benefit	\$1,500 benefit per person/lifetime			



Retiree or Survivor

# Cigna Dental Enrollment/Change Form

Cigna Health and Life Insurance Company



<input type="checkbox"/> Open Enroll. <input type="checkbox"/> Change	Employer Name and Address: <b>City of Phoenix</b> 251 W. Washington St., 7 <sup>th</sup> Floor, Phoenix AZ 85003				
Cigna Account No. 2464882	Div/Branch/Loc/Class ALL RETIREES	Network ID N/A	Branch Code RET	CDH Group No N/A	Dental Benefit Option RDHMO / RDPPD
Type of Change:	Effective Date			Last Day of Coverage	
<input type="checkbox"/> Add Retiree <input type="checkbox"/> Cancel Retiree <input type="checkbox"/> Add Dependent <input type="checkbox"/> Cancel Dependent <input type="checkbox"/> Address Change <input type="checkbox"/> Other					
<b>Retiree/Survivor Information</b>					
Retiree/Survivor Name:			Social Security No		
Retiree DOB	Home Phone	Alt. Phone	Email Address	Employee ID No	
Address:					
<b>DENTAL</b>					
Select a Plan	Single Coverage	Plus One Coverage		Family Coverage	
Cigna Dental HMO	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cigna Dental PPO	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>ACTION REQUESTED</b>					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>NAME AND SOCIAL SECURITY NUMBER REQUIRED</u>		Gender	DATE OF BIRTH ____/____/____	Retiree
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>NAME AND SOCIAL SECURITY NUMBER REQUIRED</u>			DATE OF BIRTH ____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> Child
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>NAME AND SOCIAL SECURITY NUMBER REQUIRED</u>			DATE OF BIRTH ____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> Child
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>NAME AND SOCIAL SECURITY NUMBER REQUIRED</u>			DATE OF BIRTH ____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> Child
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>NAME AND SOCIAL SECURITY NUMBER REQUIRED</u>			DATE OF BIRTH ____/____/____	<input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> Child
<b>SIGNATURE</b>					
Signature		Date			
The information provided above is true and correct to my knowledge, and I accept the provisions on the reverse side of this form.					

**MAIL THIS COMPLETED FORM TO:**

**ALLEGIANCE COBRA Services, Inc. P.O. Box 2097 Missoula, MT 59806**

## **PROVISIONS**

In Arizona, the Cigna Dental Care (DHMO) product is provided through Cigna Dental Health Plan of Arizona, Inc. The Cigna Dental PPO plan is underwritten or administered by Cigna Health and Life Insurance Company with network management services provided by Cigna Dental Health, Inc. and certain of its operating subsidiaries. The Cigna Traditional (Indemnity) plan is underwritten and/or administered by Cigna Health and Life Insurance Company.

I understand that this authorization will remain in effect until I send written notice revoking it to Cigna or for such shorter period as required by law. I understand that to the extent this authorization applies to information collected in connection with this application for coverage, the authorization is valid for a period of thirty (30) months. I further understand that to the extent this authorization applies to information collected in connection with a claim for benefits under the Plan, the authorization is valid for and with respect to services received during the term of coverage under the Plan. Until revoked by me or by operation of law, this authorization remains in effect and may be relied on by Cigna and other parties.

I accept the coverage/insurance benefits provided by this group plan and authorize the processing of my enrollment in the coverage as indicated on this form. I authorize payment of benefits to the participating provider.

I authorize any participating office to release records and billing information concerning me or my covered dependents to Cigna Dental Health Plan of Arizona, Inc. and Cigna Health and Life Insurance Company for purposes of plan administration or for the purpose of validating and determining benefits payable. I further authorize Cigna Dental Health Plan of Arizona and/or Cigna Health and Life Insurance Company to release any record or information concerning me or my covered dependents to its designee, for purposes of plan administration and customer service.

## **FRAUD WARNING**

Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

*"Cigna" and "Cigna Dental Care" are registered service marks, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and service are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Cigna Health and Life Insurance Company, and Cigna Dental Health, Inc. and its subsidiaries.*



## PREMIUM ACH AGREEMENT AND DISCLAIMER

### Please complete and return with a *voided check* from your checkbook

I authorize Allegiance COBRA Service, Inc. and the Financial Institution listed below to initiate electronic withdrawal from my designated Bank account in conjunction with my monthly Premium payments. This authority is to remain in effect until Allegiance COBRA Services, Inc. has received written notification from me of its termination in such time and manner as to afford Allegiance COBRA Services, Inc. and the Financial Institution reasonable opportunity to act on it. I understand this authorization is for monthly Retiree Premium payments only.

By completing this ACH premium agreement, as the Account Holder I hereby agree to the following.

1. Allegiance COBRA Services, Inc. is not a bank or financial institution and is acting only in the capacity of providing services for electronic withdrawal of my retiree premium payments. Allegiance COBRA Services, Inc. is not subject to state or federal banking laws and regulations.
2. The monthly premium due will be withdrawn from my bank account on the monthly premium due date, which is the first of each month. If the first day of the month falls on a weekend, the withdrawal will be processed on the first business day of the month.
3. I will make sufficient funds available in my designated bank account on the date that premium is due to be processed, as indicated above, to allow for a full payment of the premium.
4. If sufficient funds are not available on the date of the ACH withdrawal, this agreement will terminate immediately and replacement funds will be required to be paid by cashier's check or money order, within the allowable grace period designated on the insufficient funds notification, and no further ACH withdrawals will be made. Allegiance will notify me of this requirement in writing within 3 business days of receiving notification of insufficient funds from my Financial Institution. I will be required to complete a new ACH Agreement to re-activate any future electronic withdrawals.
5. Allegiance COBRA Services, Inc. shall have no responsibility or liability for any loss of retiree health benefits as a result of unavailability of funds when due.
6. Allegiance COBRA Services Inc. may cancel this agreement at any time with 10 days prior notice for any action that in our judgment may expose Allegiance COBRA Inc. to fees, penalties or fines that are the result of acts or omissions of the Account Holder, or because of repeated failure of the Account Holder to fully fund the account in a manner which causes the ACH withdrawal to be rejected.
7. I may cancel this agreement at any time with written notification to Allegiance. Notice must be in writing and received by Allegiance no later than 10 days prior to the next scheduled payment withdrawal.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### ATTACH A VOIDED PERSONAL CHECK OR SAVINGS WITHDRAWAL FORM



**MAIL THIS COMPLETED FORM TO:**

**ALLEGIANCE COBRA Services, Inc. P.O. Box 2097 Missoula, MT**

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# Legal Insurance

All Retirees and Eligible Dependents  
AragLegalCenter.com Access Code 16922phx

## Free

- Legal advice and representation
- ID theft services
- Tax Services (unlimited via phone)
- Estate Administration and Closing (9 hours)
- Dissolution of Marriage (15 hours)
- Inheritance Rights (6 hours)



**\$24.40 per month**

Single and family coverage is the same rate

Enroll or Disenroll using the form on the last page of this book.

Legal insurance gives you access to a national network of certified attorneys to provide a wide range of legal services at no cost. Visit a network attorney in his or her office or talk to a network attorney, identity theft case manager or financial counselor on the phone. Online resources such as videos, DIY documents for every state, and helpful tools like calculators are also available when you enroll. You may use this benefit for yourself, your spouse, your domestic partner, or your children to age 26.

## Coverage Includes:

### Minor Traffic Offenses (unlimited)

Covered traffic offenses do not include charges of driving while impaired by or under the influence of drugs or alcohol; non-moving violations such as parking tickets, equipment violations, etc.

### Post Decree Modifications (8 hours)

Legal services for an insured for a motion brought by you to modify a final decree for child custody or child visitation.

### State Tax Audit

Legal services for an insured involving state taxing authority audits related to your personal tax return where the initial written notice is received after your coverage effective date and while your coverage is in effect.

## **Tax Services**

This service provides members year-round access to experienced tax specialists. Members can call toll-free for one-on-one consultation if they have questions or need advice regarding their personal, non-business related tax matters. Services include:



- Tips for state or federal filing of personal taxes
- Explanation of tax law changes
- Research on complex personal tax matters
- Advice regarding IRS audits and notifications
- Review of last year's personal tax return
- Personal tax return preparation for \$50\*

*\*For each tax preparation, federal or state, limited to returns that include forms 1040, 1040A or 1040EZ. Schedule A (itemized deductions), Schedule B (interest and ordinary dividends) with 15 or fewer entries, and Schedule D (Capital Gains and Losses) with 15 or fewer entries. Any return with additional schedules or with more than 15 entries in Schedule B or D shall be prepared and billed at a rate of \$60 per hour.*

## **Credit Records Correction**

Legal services for an insured related to correcting inaccuracies or misrepresentations on your credit record.

### **Dissolution of Marriage – Contested (up to 15 hours)**

Legal services rendered to the named insured in a divorce, legal separation and/or an annulment of marriage. Advice, negotiations, office work and court representation.

### **Dissolution of Marriage – Uncontested**

Legal services rendered to the named insured in an uncontested divorce, legal separation or annulment of marriage.

### **Estate Administration and Closing (up to 9 hours)**

Legal services provided to you in administering an insured's estate or an insured's parent's estate under which you inherit while your coverage is in effect. Insured must be named administrator of the estate and must inherit an asset.

### **Expungement**

Legal services for an insured for the expungement of a criminal record.

### **Inheritance Rights Protection (up to 6 hours)**

Legal services for an insured claiming the right to inherit from or assert a claim against a deceased person's estate.

## **LEGAL INSURANCE EXCLUSIONS**

*The City of Phoenix Legal Insurance Plan does not provide benefits for the following listed items. Any legal matter that occurs or is initiated prior to the member's plan effective date will be considered excluded and no benefits will apply. If you have questions, please call (800) 247-4184.*



1. Legal services arising out of your profession, business interests, investment interests, occupation, employment, workers or unemployment compensation, relocation requirements, patents or copyrights.
2. Legal services for the benefit of a person other than you or legal services for a person other than the named insured against the interests of another insured under the same Certificate.
3. Costs related to title insurance, title search, title abstracting and any costs other than attorney fees.
4. Legal representation in class actions, interventions, judgments or appeals.
5. Legal representation deemed by us to be lacking merit or representation that is, in the judgment of the providing attorney, in violation of attorney ethics rules.
6. Legal services related to any court action, which is or can be brought in Small Claims Court or a similar court of limited jurisdiction.
7. Legal disputes involving insurance contracts or related to structural damages, noise, visual or other intangible hindrances arising out of or affecting real estate property.
8. Legal services which are eligible to be paid by another party, allowed to be paid by law, involving punitive damage claims or other matters normally handled by contingency fee.
10. Legal services for matters against ARAG or the City of Phoenix.

**Do you have questions  
about this Legal Insurance?**

**Call 1-800-247-4184**

**or go online to**

**AragLegalCenter.com**

**Access Code 16922phx**

# Elder Care Resources and Counseling Services

## All Retirees

Caring for an aging relative can be an enormous responsibility, and it's often difficult to know where to turn for help. Retirees and their household members can turn to ComPsych Guidance Resources for elder care resources and counseling services.

One phone call puts you in touch with a credentialed care manager who specializes in the medical care of older adults. The care manager will come to your loved one's home to learn more about their situation and needs. After providing an assessment, the care manager will work with family members to develop a customized support plan. Together, you can consider housing options, home health services, safety management, health management, social engagement, nutritional counseling, cognitive monitoring, mental health and grief counseling, and more. Call the number, below, to get started.

For more information

24/7 Access

**(844) 819-4775**  
**TDD (800) 697-0353**

Online: [guidanceresources.com](http://guidanceresources.com)  
App: GuidanceResources® Now  
Web ID: PhoenixEAP

# Mid-Year Changes

Use eCHRIS Self-Service or call the Benefits Office to add or remove dependents within **31 days** of a Life Event. Life Events include:

- Birth or adoption of a child
- Marriage
- Becoming eligible for a qualified domestic partnership
- Divorce
- Legal separation
- Terminating a qualified domestic partnership
- Loss of other group coverage
- Gaining legal custody of a child
- Death of a dependent

Stepchildren are not eligible for coverage when the retiree divorces or legally separates from the parent.

**You are responsible to repay the City of Phoenix for any claim expense incurred by the ineligible dependent. When necessary, repayment is made by withholding monthly MERP money until the claim amount is paid in full.**

Waiting too long to remove an ineligible dependent can mean a lost COBRA enrollment opportunity.

# Benefits Eligibility

Who can be enrolled in City of Phoenix benefits?

## **Retirees may enroll these family members in City Benefits**

- Your legally married spouse, which includes a legally married same-sex spouse.
- Your qualified domestic partner
  - Eligible children may be enrolled to age 26. Eligible children are:
    - The retiree's biological child.
    - The retiree's adopted child or child placed for adoption.
    - The retiree's stepchild while the employee is legally married to the stepchild's parent. When a legal separation or divorce occurs, the stepchild is no longer eligible.
    - The retiree's qualified domestic partner's biological child while the qualified domestic partnership is approved and intact.
    - A child living with the retiree for whom the retiree has legal custody or court approved guardianship may be covered until the custody or guardianship expires.
  - A child enrolled in the City's medical and/or dental plan the day before he or she turns 26, is primarily supported by the retiree and incapable of self-sustaining employment due to permanent disability may be eligible for coverage beyond age 26. An application and medical information must be provided to Cigna or BlueCross/BlueShield within 31 days of the child turning age 26. Contact the City's onsite Cigna or BlueCross/BlueShield representative at (602) 262-4777 for information.

The City of Phoenix Benefits Office will request documentation that establishes an enrolled dependent's eligibility for benefits. Failure to provide adequate or timely documentation will prevent or delay enrollment or the removal of dependents from coverage.



Cigna®



BlueCross  
BlueShield  
of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

# BlueCross/BlueShield & Cigna Representatives are Here for You.

These representatives work in the City Benefits Office to assist you with medical, dental, pharmacy claims, and coverage issues.

[Linda.Sawyer@phoenix.gov](mailto:Linda.Sawyer@phoenix.gov) - 602-495-5724 for Cigna medical and dental issues

[Sylvia.macias@phoenix.gov](mailto:Sylvia.macias@phoenix.gov) - 602-534-5165 for BlueCross/BlueShield issues

[Kim.Baker@phoenix.gov](mailto:Kim.Baker@phoenix.gov) - 602-534-5370 for Cigna pharmacy issues

*Enrollment and eligibility determinations are made by the Benefits Office. Medical premium rates are set by the City of Phoenix.*

# OneExchange

## All Retirees

All retirees and their family members can call OneExchange for assistance in finding non-Medicare and/or Medicare coverage wherever they live in the United States.

If you are currently enrolled with OneExchange, your existing coverage will roll over to 2018. If your plan or insurance carrier is not available in 2018, you will be notified via mail or email that you must make another election for 2018.

The non-Medicare healthcare exchange will see some changes in 2018. United Healthcare and Humana will exit from many states, to include Arizona, and BlueCross/BlueShield of Arizona will exit from Maricopa and Pinal counties.

If you didn't enroll through OneExchange last year but want to check it out for 2018, please call them during the Enrollment dates that apply to you, below. The best times to call are in the afternoon, mid-week, and earlier in the enrollment period.

### ENROLLMENT DATES

Non-Medicare Exchange	Medicare Exchange
1-844-824-7658 <a href="http://www.oneexchange.com/phoenix">www.oneexchange.com/phoenix</a>	1-844-824-7657 <a href="http://www.medicare.oneexchange.com/phoenix">www.medicare.oneexchange.com/phoenix</a>
<b>November 1 to December 15</b> for a January 1 effective date  December 16 to January 15 (for a February 1 effective date)  January 16 to January 31 (for a March 1 effective date)  Call 6:00 a.m. to 7:00 p.m. MT	<b>October 15 to December 7</b> for a January 1 effective date  Call 6:00 a.m. to 7:00 p.m. MT

# Things to Know About the Medicare Annual Enrollment Period

- You can switch from one Medicare Advantage plan to another with no underwriting considerations.
- You can switch from a Medicare Supplement plan to a Medicare Advantage plan with no underwriting considerations.
- Are you thinking about switching from a Medicare Advantage plan to a Medicare Supplement (Medigap) plan? Underwriting will probably be necessary.
- When you switch from one Medicare Supplement (Medigap) plan to another, underwriting will probably be required.
- You can switch your Part D pharmacy plan with no underwriting considerations.

## What is Medical Underwriting?

Medical underwriting is a health insurance term referring to the use of medical or health information in the evaluation of an applicant for coverage and determination of premium amount charged.

# Arizona State Retirement System

## Medicare and Non-Medicare Coverage for Public Safety Retirees and Survivors

Sworn public safety retirees and survivors have access to the retiree benefits offered by the Arizona State Retirement System (ASRS) through the Public Safety Personnel Retirement System (PSPRS), both of which are state agencies.

The ASRS, created in 1953, is a state agency providing retirement benefits, long-term disability benefits, and other benefits to employees of the state, municipalities, universities, community colleges, school districts and other political entities. It has 683 employer participants and total membership of more than 578,000. There are almost 138,000 retired members or survivor beneficiaries.

Currently, civilian employees from Phoenix cannot access ASRS retiree benefits. A conversation about including Phoenix in the ASRS retiree benefits program is underway. A State Statute change would be required before this can be considered.

Find retiree benefits information online

[www.azasrs.gov](http://www.azasrs.gov)

Click **Retirees** and select **Healthcare**.





AREA AGENCY ON AGING  
REGION ONE, INCORPORATED



## MEDICARE OPEN ENROLLMENT

### October 15 – December 7

**Enrollment Changes  
Take Effect  
January 1, 2018**

During this time  
Medicare recipients can:

- Learn about Medicare choices for 2018
- Compare different plans
- Apply for extra help with prescription drug costs

**BRING WITH YOU:**

- A complete list of your current prescriptions
- Your red, white & blue Medicare Card

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**SHIP Benefits  
Assistance Counselors  
are available to answer  
your questions.**

**602-264-HELP (4357)**



## **Medicare Annual Enrollment Assistance offered at Area Agency on Aging**

**Receive one-on-one counseling assistance  
to evaluate your current Prescription Drug  
Plan or Medicare Advantage Plan!!**

Tuesday, November 7<sup>th</sup> from 9AM–3PM  
Wednesday, November 22<sup>nd</sup> from 9AM–3PM  
Wednesday, December 6<sup>th</sup> from 9AM–3PM

**1366 E. Thomas Rd., Suite 200  
Phoenix, AZ 85014**

**RSVP today at 602-241-6118**

For a complete list of Annual Enrollment presentations  
throughout the valley please call  
**602-264-4357** or visit [www.aaaphx.org](http://www.aaaphx.org)



AREA AGENCY ON AGING  
REGION ONE, INCORPORATED



# Healthcare Costs in Retirement

The City of Phoenix provides benefits-eligible retirees with resources to reduce out-of-pocket healthcare costs in retirement. Read this section for details about each of these programs.



## DID YOU RETIRE BETWEEN 1989 AND 2007?

Benefits eligible retirees may receive Medical Expense Reimbursement Plan (MERP) payments each month.

**MERP**

### WERE YOU WORKING FOR THE CITY ON AUGUST 1, 2007?

If you were within 15 years of service retirement on August 1, 2007, you are eligible to receive Medical Expense Reimbursement Plan (MERP) payments each month. If you were more than 15 years from service retirement on August 1, 2007, you became eligible for a Post-Employment Health Plan (PEHP) account at that time.

## WERE YOU HIRED ON OR AFTER AUGUST 1, 2007?

You became eligible for a Post-Employment Health Plan (PEHP) account when you enrolled in the City's employee medical plan and had premiums deductions taken from your paycheck.

**PEHP**

## WHILE EMPLOYED, DID YOU ENROLL IN THE HIGH DEDUCTIBLE HEALTH PLAN WITH A HEALTH SAVINGS ACCOUNT?

**HSA**

Since 2013, the City has offered employees a high deductible plan with a health savings account (HSA) and annual City contribution. The HSA is a nest egg to use for out-of-pocket healthcare expenses when retired.

## ARE YOU ENROLLED IN THE CITY'S RETIREE MEDICAL PLAN?

MERP-eligible retirees enrolled in the City's retiree medical plan have reduced premiums thanks to the Qualified City Contribution, an amount that has reduced the full premium by \$90 to \$375 per month since 2007.

## ARE YOU A SWORN PUBLIC SAFETY RETIREE?

You may be eligible for a State-funded monthly subsidy (Premium Benefit) to reduce your monthly premium expense by \$100 to \$260 per month.

**PSPRS**

# MERP

## Medical Expense Reimbursement Plan

The City of Phoenix Medical Expense Reimbursement Plan (MERP) offsets your medical premiums and/or other out-of-pocket medical expenses. There are several different types of MERP, as explained in this section.

### Basic MERP

Basic MERP provides eligible retirees with a monthly amount to offset out-of-pocket medical expenses such as medical premiums, deductibles, co-pays, dental care and vision care. Eligible retirees receive Basic MERP whether or not they are enrolled in the City retiree medical plan. MERP is paid via direct deposit into the same account you receive your pension payment each month or by check via U.S. mail. You are encouraged to receive MERP via direct deposit for security reasons and the added convenience of having it automatically deposited into your account. Basic MERP is tax-free when it is used for eligible health expenses in the same calendar year in which it is received. Eligible expenses are incurred by you and/or your spouse and include health plan premiums, co-pays, deductibles and coinsurance for medical, pharmacy, dental and vision expenses. You may choose to receive MERP as taxable income.

Basic MERP	
Criteria	Monthly MERP
Under age 60, or over age 60 less than 5 years of credited City service*	\$117
With 5 – 14 years of active credited City service	\$135
With 15 – 24 years of active credited City service	\$168
With 25 years or more of active credited City service	\$202
All sworn Fire Fighter retirees without regard to years of service	\$202
Middle Managers and Executives retiring on or after 7/1/06	\$202
General City Supervisory and Professional retiring on or after 7/1/07	\$202
Police Supervisory and Professional retiring on or after 7/1/07	\$202

### Basic MERP and Survivors

Effective January 1, 2016, a surviving spouse or qualified domestic partner receives the retiree's Basic MERP payments after the retiree's passing when the survivor is the retiree's pension beneficiary. Prior to January 1, 2016 the survivor needed to be the pension beneficiary and be enrolled in the City retiree medical coverage at the time of passing.

### MERP While Enrolled in City Employee Medical Coverage

When a retiree is re-employed with the City, or a surviving spouse works for the City, MERP is not paid while enrolled in City employee medical coverage. Upon separation from the City, MERP will be paid.

## Category MERP

Non-sworn employee groups have negotiated an additional \$100 per month in MERP payable when they are retired and meet the criteria described below.

Category MERP				
Employee Group	Supervisory & Professional, Middle Manager, Executive, City Manager	Unit 1	Unit 3 & Unit 8	Unit 2
Effective Date #1	Retired 7/1/98 – 6/30/09	Retiring on or after 7/1/06	Retired 7/1/07 – 6/30/09	Retiring on or after 7/1/09
Criteria	Not Medicare eligible and enrolled in <u>family</u> City medical coverage	Enrolled in City retiree medical coverage or medical coverage through OneExchange	Not age 65 and enrolled in <u>family</u> City medical coverage	Enrolled in City retiree medical coverage or medical coverage through OneExchange
Effective Date #2	Retired on or after 7/1/2009	Retired on or after 7/1/2009	Not age 65 and enrolled in <u>family or single</u> City retiree medical coverage or medical coverage through OneExchange	Enrolled in City retiree medical coverage or medical coverage through OneExchange
Criteria	Not Medicare eligible and enrolled in <u>family or single</u> City retiree medical coverage or medical coverage through OneExchange			
When Category MERP Ends	Ends when medical coverage is waived <b>or</b> upon Medicare eligibility	Ends when medical coverage is waived	Ends when medical coverage is waived <b>or</b> when retiree turns 65	Ends when medical coverage is waived <b>or</b> when retiree turns 65

## Supplemental MERP

If your monthly pension is less than \$2,084, you may qualify for Supplemental MERP, intended to offer additional assistance to retirees with smaller pensions. Please see the table, below.

Supplemental MERP	
Gross Annual Pension Amount	Supplemental MERP
Up to \$10,000	\$50/month
\$10,001 - \$15, 000	\$40/month
\$15,001 - \$20,000	\$25/month
\$20,001 - \$25,000	\$10/month

If you qualify for Supplemental MERP, it is added to your Basic MERP amount each month. If you receive more than one City pension (as a retiree and a survivor, for example) they are added together to determine eligibility.

## The Qualified City Contribution

The Qualified City Contribution is a benefit to MERP-eligible retirees enrolled in the City's retiree medical plan. It reduces the full retiree premium by a fixed amount each month.

This benefit began in 2007 after the City implemented changes associated with GASB 45 (Federal Government Accounting Standards Board Statement 45). The Qualified City Contribution amount has ranged from \$90 to \$375 per month in the past. In 2018, single coverage is reduced by \$105 per month and family coverage is reduced by \$375 per month.

## PEHP Post-Employment Health Plan

PEHP replaces MERP for employees who were hired on or after August 1, 2007 and employees who were more than fifteen years away from service retirement on August 1, 2007.

PEHP is a \$150 per month employer contribution into an account administered by Nationwide Retirement Services when the employee is enrolled in the City's employee medical plan and having premium deductions taken from his or her paycheck. PEHP accounts can be invested in a variety of ways. Employees cannot contribute to PEHP.

After separating from the City, a PEHP account holder may use PEHP funds to reimburse out-of-pocket healthcare expenses such as premiums, co-pays, deductibles and coinsurance.

To review investments, assistance with submitting claims and update your contact information contact Nationwide's customer service at 1-800-891-4749 or to meet with a Nationwide Retirement Specialist contact the local office at 602- 266-277 or visit them at 4747 N Seventh St., Ste 418, Phoenix, AZ 85014.

## HSA

### Health Savings Account

Since 2013, the City has offered employees a high deductible health plan called the Savers Choice Plan, which comes with an IRS-approved health savings account. The City contributes to the HSA each year and employees may contribute from their City payroll earnings on a pre-tax basis up to the annual IRS-established maximum amount. Funds are not taxed when used for qualified healthcare expenses.

Many employees contribute more than they spend each year building a savings account to use for out-of-pocket healthcare expenses when they retire. The HSA balance over \$2,000 can be invested to help savings grow. Investment income is not taxed.

Retirees who do not already have an HSA can set up and contribute to an individual health savings account until they become Medicare-eligible. Contact your bank or financial advisor for information. Contact Nationwide's customer service for further assistance at 1-800-891-4749.

## HELPs Act

Public Law 109-280 Sec. 845  
Public Safety Retirees

If you are an eligible public safety retiree, you can elect to reduce your taxable income when distributions made from an eligible retirement plan are used to pay the premiums for health insurance or long-term care insurance. The premiums can be for coverage for you, your spouse, or dependents. You can exclude from income the smaller of the insurance premiums or \$3,000. An eligible retirement plan is a governmental plan that is

- A qualified trust
- A section 403(a) plan
- A section 403(b) annuity, or
- A section 457 plan.

If you are enrolled in a retiree United Healthcare plan through the State of Arizona, or enrolled in a retiree plan through the City of Phoenix, your premiums are deducted from pension checks and you are automatically eligible for this tax reduction. If you are enrolled through another source, you may use your 457 plan to pay premiums and reduce your taxable income



**City of Phoenix**

## Public Safety Subsidy

### Public Safety Retirees and Survivors

Public safety retirees and survivors may be eligible for a monthly premium benefit (subsidy) from the State of Arizona to reduce the cost of retiree health coverage. This subsidy is administered according to State Statute 38-857. Monthly amounts are below:

Monthly Public Safety Subsidy Amount				
Without Medicare		With Medicare A & B		Combination
Retiree Only <b>\$150.00</b>	Retiree & Dependents <b>\$260.00</b>	Retiree Only <b>\$100.00</b>	Retiree & Dependents <b>\$170.00</b>	At least one with Medicare, others without <b>\$215.00</b>

- Public safety retirees and survivors enrolled in United Healthcare retiree medical coverage and/or Assurant Dental retiree coverage through the State of Arizona automatically have their premiums reduced by the subsidy amount before they are deducted from their monthly pension check.
- Those enrolled in City of Phoenix retiree benefits automatically see their premiums reduced before the deduction is taken from their monthly pension check..
- All other public safety retirees and survivors who qualify for the subsidy will receive it through the MERP monthly payroll process after they have provided necessary documentation. Eligibility for the subsidy is based on State Statute 38-857.

Mid last year, the City of Phoenix Benefits Office agreed to assume the administrative responsibilities associated with providing this monthly subsidy amount to the City's eligible public safety retirees and survivors. This expands the number of public safety retirees who can now receive this State subsidy. **You are eligible for the PSPRS State subsidy if your medical coverage is provided through COBRA, OneExchange, a private broker, direct enrollment with an insurance carrier or by an employer.**

Find the Retiree Letter and Agreement Form with subsidy requirements on the next page.



## City of Phoenix

Dear City of Phoenix Public Safety Retiree:

Your pension system, the Public Safety Personnel Retirement System (PSPRS), is regulated by the State of Arizona. Retirees are eligible to receive a “premium benefit” otherwise known as a **subsidy** to reduce your individual medical premiums while you are retired. The following table shows the monthly subsidy amount you could qualify to receive based on single or family coverage and Medicare status:

Monthly State Subsidy (Premium Benefit) Amount For Reducing Premium Payment				
Without Medicare		With Medicare A & B		Combination
Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	At least one with Medicare, others without
\$150.00	\$260.00	\$100.00	\$170.00	\$215.00

Pursuant to state law, retirees under this system are eligible to receive a health insurance premium benefit (subsidy) to offset the cost of health care. Arizona State legislation has made the subsidy available to retirees if the former employer (City of Phoenix) assumes the administrative functions associated with the payment.

The City Manager directed the City of Phoenix Benefits Office to assume this responsibility in 2016. The Benefits Office will provide you with this subsidy amount each month along with your MERP payment when you provide us with all the necessary documentation. Payments are on a going forward basis.

You are eligible for the PSPRS State subsidy if your medical coverage is provided through COBRA, OneExchange, a private broker, direct enrollment with an insurance carrier or by an employer. Your subsidy will be automatic (you don't need to take any action) when you are enrolled in a medical plan through the City of Phoenix (retiree coverage or COBRA), and when you are enrolled in ASRS (state) coverage.

**Evidence of enrollment and premium amount is required every year.**

You must provide satisfactory evidence of enrollment in a medical health insurance plan. *The retiree and spouse may both be enrolled in the same plan as a Family or separately (each with individual coverage).* Please consider the following when completing the subsidy agreement form and submitting documentation:

- Standard Medicare Part A, B and D premiums are not applicable for the subsidy benefit.
- To receive family subsidy, the dependent's coverage must also be documented.
- A copy of a pay stub showing medical insurance deductions along with a copy of your insurance card or a letter from your HR representative confirming coverage, effective date and cost is needed as documentation when enrolled in employer coverage

Satisfactory evidence is NOT	Satisfactory evidence IS
Your medical ID card	A letter or notice from your medical plan confirming your enrollment for the year.
A copy of a check	A letter or notice of monthly premium amount.
A copy of your bank statement	Pages from your policy showing name(s), enrollment date and monthly premium amount.

- The City of Phoenix will provide the Premium Benefit (subsidy) received by Phoenix from PSPRS on behalf of the retiree monthly, not to exceed the premium being charged to the retiree. The subsidy will be added to the retiree's monthly MERP amount. If a retiree does not currently receive MERP, a monthly payment in the amount of the subsidy will occur.
- The subsidy will stop, and repayment may be required, when the Benefits Office does not receive satisfactory proof of plan enrollment and monthly premium amount by the deadline requested.
- **Retirees must keep the City of Phoenix Benefits Office promptly advised of their current address, telephone number and any change in circumstances relating to enrollment status and premium amounts at 602-262-4777 or [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov). Overpayments resulting from changes not reported to the Benefits office by the retiree will be recovered through the retiree's MERP benefit.**
- The parties hereto expressly covenant and agree that in the event of a dispute arising from this agreement, each of the parties waives any right to a trial by jury. In the event of litigation, the parties hereby agree to submit to a trial before the Court. The parties hereto further expressly covenant and agree that in the event of litigation arising from this agreement, neither party shall be entitled to an award of attorney fees, either pursuant to the Contract, pursuant to A.R.S. Section 12-341.01 (A) and (B), or pursuant to any other state or federal statute.

Please forward your signed and completed subsidy agreement form along with evidence of coverage including effective date and monthly premium via one of these options:

Mail	Email	Fax
City of Phoenix Benefits Office 251 W. Washington Street, 7 <sup>th</sup> Floor Phoenix, AZ 85003	<a href="mailto:Cianna.Rodriguez@Phoenix.gov">Cianna.Rodriguez@Phoenix.gov</a>	(602) 534-2848 Attention: Cianna

The sooner the requested documentation is received; the sooner subsidy may begin! We cannot include the subsidy amount in your monthly MERP payment until all the documentation requirements are satisfied:

- 1) A completed and signed Agreement,
- 2) Satisfactory evidence of current medical plan enrollment, and
- 3) Satisfactory evidence of effective date and current medical plan premium.

Please contact Cianna Rodriguez directly at 602-262-4721 or [Cianna.Rodriguez@Phoenix.gov](mailto:Cianna.Rodriguez@Phoenix.gov) with any subsidy related questions.

***Please do not contact the Public Safety Personnel Retirement System (PSPRS) Office with questions about this subsidy payment.***

**This subsidy is administered by the City of Phoenix Benefits Office.**

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## 2017/18 PUBLIC SAFETY SUBSIDY AGREEMENT FORM

<b>Monthly State Subsidy (Premium Benefit) Amount For Reducing Premium Payment</b>				
<b>Without Medicare</b>		<b>With Medicare A &amp; B</b>		<b>Combination</b>
Retiree Only <b>\$150.00</b>	Retiree & Dependents <b>\$260.00</b>	Retiree Only <b>\$100.00</b>	Retiree & Dependents <b>\$170.00</b>	At least one with Medicare, others without <b>\$215.00</b>

### RETIREE/SURVIVOR SECTION

Retiree/Survivor Full Name:		Date of Birth: / /	Last 4 of SSN:
Phone Number:		Email Address: @	
New Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address:		

### RETIREE/SURVIVOR HEALTH PLAN INFORMATION

Coverage through ASRS? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which type? Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/>	Single <input type="checkbox"/> Family <input type="checkbox"/>
Retiree Medicare Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retiree's Medical Insurance Carrier:	Coverage Effective Date:
		Monthly Premium: \$

Does your dependent or spouse pay a premium for Individual Coverage? Yes  No   
If "Yes" continue to Dependent section. If no, please sign and date bottom of form to complete subsidy application.

### SPOUSE/DEPENDENT SECTION

Spouse/Dependent Full Name:	Date of Birth: / /
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### SPOUSE/DEPENDENT HEALTH PLAN INFORMATION

Coverage through ASRS? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which type? Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/>	Single <input type="checkbox"/> Family <input type="checkbox"/>
Dependent Medicare Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dependent's Medical Insurance Carrier:	Dependent's Coverage Effective Date:
		Dependent's Monthly Premium: \$

Retiree/Survivor Signature	Date:
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**MAIL THIS COMPLETED FORM TO:**

City of Phoenix Benefits Office  
Attn: Subsidy  
251 W. Washington Street, 7<sup>th</sup> Floor  
Phoenix AZ 85003

**FAX THIS COMPLETED FORM TO:**

(602) 534-2848

**EMAIL THIS COMPLETED FORM TO:**

Cianna.Rodriguez@phoenix.gov

**Questions? Please contact the City of Phoenix Benefits Office at (602) 262-4721**

**PLEASE MAKE A COPY OF THIS AGREEMENT FOR YOUR RECORDS**



## **NOTICE OF PRIVACY PRACTICES**

This notice describes how health plan medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes conditions on how a group health plan may use and disclose your individual health information, referred to here as “protected health information.” It also gives you certain rights with respect to that information.

This notice describes the privacy practices of the following health plans:

### **The City of Phoenix Employee Medical, Dental, Flexrap and Prescription Drug Plans**

The plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations, as described below. These plans are collectively referred to as “the Plan” in this notice, unless specified otherwise.

It is important to note that HIPAA’s privacy rules only apply to health plans. Different policies may apply to other City of Phoenix sponsored programs, such as life insurance and disability.

### **The Plan’s Responsibilities**

The Plan is required by law to maintain the privacy of your protected health information and to inform you about:

- The Plan’s practices regarding the use and disclosure of your protected health information;
- Your rights with respect to your protected health information;
- The Plan’s duties with respect to your protected health information;
- Your right to file a complaint about the use of your protected health information; and
- Whom you may contact for additional information about the Plan’s privacy practices.

The Plan will follow the terms of this notice, as it may be updated from time to time. The Plan reserves the right to change the terms of its privacy policies at any time and to make new provisions effective for all health information that the Plan maintains.

### **How the Plan May Use or Disclose Your Health Information**

The privacy rules generally allow the use and disclosure of your health information without your written authorization for purposes of Treatment, Payment and Health Care Operations. Here are some examples of what this encompasses:

- **Treatment** includes providing, coordinating, or managing health care by a health care provider or doctor. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share health information about you with physicians who are treating you.*
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*

- **Health Care Operations** include activities by the Plan such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and the claims and appeal process. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development.  
*For example, the Plan may use information about your claims to review the effectiveness of wellness programs.*

The Plan will only disclose the minimum information necessary with respect to the amount of health information used or disclosed for these purposes. In other words, only information relating to the task being performed will be used or disclosed. Information not required for the task will not be used or disclosed.

The Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

#### **How the Plan May Share Your Health Information with the City of Phoenix**

The Plan may disclose your health information without your written authorization to certain employees of the City of Phoenix who have been identified as performing plan administration functions. These employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

In addition, the HIPAA rules allow information to be shared between the Plan and City of Phoenix, as follows:

- The Plan may disclose “summary health information” to City of Phoenix if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan.  
Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information has been removed.
- The Plan may disclose to City of Phoenix information as to whether an individual is participating in the Plan, or has enrolled or disenrolled in a health benefit option offered by the Plan.
- The Plan may disclose to City of Phoenix information about retirees that is necessary to enable City of Phoenix to receive payment of the retiree prescription drug subsidy from the Centers from Medicare and Medicaid Services.

**In addition, you should know that City of Phoenix cannot and will not use health information obtained from the health plans for any employment-related actions.** However, health information collected by City of Phoenix from sources other than the Plan, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

**Other Allowable Uses or Disclosures of Your Health Information.** Generally, the Plan may disclose your protected health information to a friend or family member that you have identified as being involved in your health care or payment for that care. In the case of an emergency, information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). In addition, your health information may be disclosed without authorization to your legal representative. Your spouse may receive information if you do not restrict or object and either parent of a minor child may receive information if you do not restrict or object.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

As required by law	Disclosures to federal, state or local agencies in accordance with applicable law.
Workers' compensation	Disclosures to workers' compensation or similar programs in accordance with federal, state or local laws.
To prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety; includes disclosures to assist law enforcement officials in identifying or apprehending an individual in certain circumstances.
Public health activities	Disclosures for public health reasons, including: (1) to a public health authority for the prevention or control of disease, injury or disability; (2) a proper government or health authority to report child abuse or neglect; (3) to report reactions to medications or problems with products regulated by the Food and Drug Administration; (4) to notify individuals of recalls of medication or products they may be using; (5) to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.
Victims of abuse, neglect, or domestic violence	Disclosures to report a suspected case of abuse, neglect, or domestic violence, as permitted or required by applicable law.
Judicial and administrative proceedings	Disclosures in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request, or other lawful process.
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes.
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project.
Health oversight activities	Disclosures to comply with health care system oversight activities, such as audits, inspections, or investigations and activities related to health care provision or public benefits or services.
Specialized government functions	Disclosures to facilitate specified government functions related to the military and veterans, national security or intelligence activities; disclosures to correctional facilities about inmates.
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made.

### **Your Individual Rights**

You have the following rights in connection with your health information that the Plan maintains. These rights are subject to certain limitations, described below. Remember, the City of Phoenix does not generally receive or

maintain individually identifiable health information from the Plan. In most cases, you should direct your requests to your medical or dental plan service representative.

**Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse.** *You have the right to request a restriction or limitation on the Plan's use or disclosure of your health information. For example, you have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care.*

Because the Plan only uses your health information to administer the Plan, and to comply with the law, it may not be possible to agree to your request. Except as provided in the next paragraph, the Plan is not required to agree to your request for restriction. However, if the Plan agrees, the Plan will comply with the restriction unless the information is needed to provide emergency treatment to you.

Except as required by law, the Plan will comply with your restriction request where: (1) the disclosure is to the Plan for purposes of carrying out payment or health care operations (and not for treatment purposes), and (2) the protected health information pertains solely to a health care item or service for which the health care provider has been paid in full out-of-pocket.

**Right to receive confidential communications of your health information.** You have the right to request that the Plan communicate with you about your health information at an alternative address or by alternative means if you think that communication through normal processes could endanger you in some way. For example, you may request that the Plan only contact you at work and not at home.

**Right to inspect and copy your health information.** You have the right to inspect or obtain a copy of your health information contained in records that the Plan maintains for enrollment, payment, claims determination, or case or medical management activities, or that the Plan uses to make enrollment, coverage or payment decisions. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage.

**Right to amend your health information that is inaccurate or incomplete.** With certain exceptions, you have a right to request that the Plan amend your health information if you believe that the information the Plan has about you is incomplete or incorrect. You must include a statement to support the requested amendment. The Plan will notify you of its decision to grant or deny your request.

**Right to receive an accounting of disclosures.** You have the right to a list of certain disclosures of your health information. The accounting will not include: (1) disclosures made for purposes of Treatment, Payment or Health Care Operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosure for national security purpose; and (6) disclosures incident to other permissible disclosures.

You may receive information about disclosures of your health information going back for six (6) years from the date of your request, but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules became effective). You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

**Right to be notified of a breach.** You have the right to be notified in the event that the Plan or a Business Associate discovers a breach of unsecured protected health information.

**How to Exercise Your Rights in This Notice**

To exercise your rights listed in this notice, you should contact the City of Phoenix HIPAA Privacy Office at (602) 262-4777 or [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov)

**Additional Information**

If you have questions regarding this notice or the subjects addressed in it, you may contact the Benefits Office at (602) 262-4777.

**Complaints**

If you believe that your privacy rights have been violated, you may file a written complaint with the HIPAA Privacy Officer in the Benefits Office at 135 N. Second Avenue, Phoenix, AZ 85003.

You may also file a complaint with the regional Office for Civil Rights of the United States Department of Health and Human Services. Information on how to file a complaint is available on the Department of Health and Human Services website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). You will not be retaliated against for filing a complaint.

**Women's Health and Cancer Rights Act of 1998 (WHCRA)**

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, the City of Phoenix Medical Plans provide(s) coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

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# ARAG® Legal Plan Enrollment Form



Please mail completed form to:

ARAG®, Attention: Eligibility, 400 Locust Street, Suite 480, Des Moines, IA 50309  
Or fax 515-246-8816

**City of Phoenix**

For assistance to complete  
this form, call 800-247-4184.

## 4. PAYMENT INFORMATION (Please Check One)

**Monthly Electronic Funds Transfer (ETF) from Checking Account**  
(Include a blank, voided check with this form.)

**Monthly Electronic Funds Transfer (EFT) from Savings Account**

Bank Routing Number

Savings Account Number

**Credit Card**

Visa     Mastercard     Discover

Account Number

Expiration Date:    CID Number (Last three numbers on the signature line of your credit card.)

Month	Year

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Name as it Appears on Card

## 5. SUBMIT FORM

Please mail completed form to:

ARAG®,  
Attention: Eligibility  
400 Locust Street,  
Suite 480  
Des Moines, IA 50309

Or, fax completed form to:

515-246-8816

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 800-247-4184.





City of Phoenix  
Human Resources Department  
Benefits Division  
251 W. Washington St.  
Phoenix, AZ 85003

Presort  
First Class  
U.S. Postage  
PAID  
Phoenix, AZ  
Permit 968

## IMPORTANT BENEFITS INFORMATION INSIDE!

This guide includes information  
for Non-Medicare and Medicare  
eligible retirees.