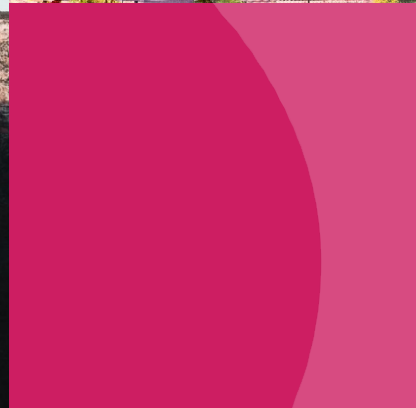


City of Phoenix

2022 BENEFITS GUIDE FOR RETIREES



**THIS BENEFITS GUIDE
PROVIDES IMPORTANT
INFORMATION FOR CITY
OF PHOENIX RETIREES
AND SURVIVORS.**

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WELCOME!

YOUR 2022 CITY OF PHOENIX RETIREE BENEFITS

The City of Phoenix appreciates the contributions that our retirees have made in making our City a great place to live, work, and play. We are committed to supporting the health and well-being of our retirees and their eligible dependents with sustainable, valuable, and comprehensive health care coverage. This 2022 Retiree Benefits Guide provides highlights of the City of Phoenix retiree health plans effective January 1, 2022. Please keep in mind that summary plan descriptions, coverage certificates, policies, contracts, and similar documents prevail when questions of coverage arise.

IMPORTANT TO NOTE:

- Non-Medicare health plan premiums include a “Plus One” tier that can save couples hundreds of dollars each month. See page 7 for details.
- Couples with one Medicare individual and one non-Medicare individual have options for coverage. See page 6 for details.
- If you are eligible for Medical Expense Reimbursement Plan (MERP), your MERP payments continue, and the City’s retiree medical premiums are reduced by a Qualified City Contribution amount each month.
- If you are a public safety retiree, you automatically qualify for the monthly State subsidy (Premium Benefit) and the HELPS Act when you enroll in a City retiree medical plan. See pages 13–15 for details.
- If you are enrolled in a Medicare pharmacy plan, you have the Catastrophic Rx benefit available to reduce high-dollar prescription drug costs that qualify. See page 31 for details.

TO UPDATE YOUR ADDRESS OR PHONE NUMBER

Please maintain an accurate mailing address with the City of Phoenix. To update an address or phone number:

- General City retirees should contact the City of Phoenix Employees’ Retirement System (COPERS) office at 602-534-4400
- Sworn public safety retirees should contact the City of Phoenix Benefits Office at benefits.questions@phoenix.gov

WHAT'S NEW IN 2022?

The City of Phoenix is committed to providing its retirees with sustainable and valuable health care coverage. In 2022, City retirees and their eligible dependents will have access to a variety of Medicare and non-Medicare health plans — plus dental plans, a vision plan, legal plans, and pet insurance. The City remains committed to taking steps to positively impact the health of its retirees and their families by offering competitive and viable health plans.

NON-MEDICARE MEDICAL PLANS

The City of Phoenix is implementing an overall premium rate increase of 15% on non-Medicare medical plans. It was a difficult, yet necessary, decision that has been made in the interest of sustainability and protection of our retiree medical plans. By making changes in medical plan rates and designs, the City hopes to offset rising health care costs so that generous benefits can be offered to our valued retirees for years to come. Specific plan changes are outlined below:

Navigate HMO – Deductible increased to \$700 (for individuals), along with increases in copays for some services.

HDHP – Replaced with a Catastrophic Plan with higher deductible and annual out-of-pocket maximum, but with more generous coinsurance and the most modest premium increase.

Choice Plus PPO – Increases in deductible (\$1,500 for individual) and annual out-of-pocket maximum (\$4,000 for individual). The PPO plan has the largest premium increase but retains the option of using out-of-network providers.

Choice HSA – Deductible, annual out-of-pocket maximum, and coinsurance remains the same as last year.

ADDITIONAL VALUABLE RETIREE BENEFITS

The City of Phoenix is pleased to continue to offer dental and vision coverage options for all retirees with no premium increase compared to last year. Plan designs are consistent with last year. To support your health and well-being, the Rally® Wellness Platform, Real Appeal® Weight Loss Program, and ComPsych® Elder Care Case Management Support are available to all City of Phoenix retirees. In addition, retirees can enhance their financial wellness by enrolling in low cost Pet Insurance and Legal Insurance programs.

MEDICARE PART D MEDICATIONS

The percentage of Medicare Part D drugs covered by the City sponsored plans are as follows:

- AARP® MedicareRx Preferred = 74%
- AARP® MedicareRx Saver Plus = 65%
- AARP® MedicareRx Walgreens = 66%

NEW 457(b) FEATURE

If you have a balance in your City of Phoenix Nationwide Retirement Solutions 457(b) account, you may have the option to obtain a loan from your 457(b) account. Contact Nationwide's customer service for more information at 1-800-891-4749.

IMPORTANT INFORMATION FOR RETIREES

American Rescue Plan Act Health Insurance Cost Savings

The City of Phoenix acknowledges that premium rate increases can be distressing, especially for our retirees. The City appreciates your contribution and is committed to supporting your health and well-being. Because financial wellness is an important consideration for retirees, the City wants to keep you informed about opportunities to get needed health benefits in cost-effective ways.

The American Rescue Plan Act (ARPA) has extended eligibility for Affordable Care Act (ACA) health insurance subsidies through 12/31/2022. By removing the income cap for health insurance premium tax credits, *everyone* exploring buying health insurance through the public exchange can be considered for a subsidy.

Older Americans may be able to enjoy significant subsidies as they typically pay higher premiums and have a lower income. Subsidies can be applied to any plan chosen from the public exchange. Depending on your situation, you may be able to get a significant subsidy for a plan with generous benefit offerings.

If you will start on Medicare prior to 12/31/2022, taking advantage of the generous ARPA subsidies may provide significant health insurance cost savings for you before you make the switch to Medicare.

For younger retirees, it may be wise to stay up to date on ARPA subsidy information as lawmakers are discussing the possibility of extending the current ARPA subsidy structure beyond 2022.

For more information and ARPA subsidy updates:

Visit: <https://www.healthcare.gov/more-savings/>

Call: 800-318-2596

OVERVIEW OF BENEFIT PROGRAMS

BENEFIT	WHO IS ELIGIBLE*	SEE PAGE...
UnitedHealthcare Non-Medicare Medical and Pharmacy Plans	Eligible Retirees and Dependents under age 65, and those over age 65 who do not qualify for Medicare	17
AARP/UHC Supplemental Medicare Plans	Eligible Retirees and Dependents age 65 and older enrolled in Medicare Part A and B	29
AARP/UHC Pharmacy Drug Plans	Eligible Retirees and Dependents age 65 and older	31
Cigna Dental Plans	All Eligible Retirees and Eligible Dependents	33
Davis Vision Plan	All Eligible Retirees and Eligible Dependents	35
Elder Care Resources	All Eligible Retirees	37
MetLife Pet Insurance	All Eligible Retirees	37
ARAG Legal Plan	All Eligible Retirees	38

*Deferred retirees are not eligible to participate in City-sponsored benefits

WHO'S ELIGIBLE FOR COVERAGE

ELIGIBLE RETIREES

- Retired from City due to credited service or approved medical retirement

ELIGIBLE DEPENDENTS

- Your legally married spouse, which includes a legally married same-sex spouse
- Your qualified domestic partner
- Your children up to age 26 if they are your:
 - Biological child, adopted child, or child placed with you for adoption
 - Stepchildren while you are legally married to their parent
 - Qualified domestic partner's biological children while the qualified domestic partnership is approved and intact
 - Children living with you for whom you have legal custody or court approved guardianship may be covered until the custody or guardianship expires
 - For children to be enrolled in a health plan, either the retiree or their non-Medicare eligible spouse or partner must be enrolled
 - Children are automatically removed from coverage the last day of the month in which they turn 26

Children may be eligible for coverage beyond age 26 if they are enrolled in the City's medical and/or dental plan the day before they turn 26, are primarily supported by you, and are incapable of self-sustaining employment due to permanent disability. An application and medical information must be provided to UnitedHealthcare within 31 days of the child turning age 26. For more information, contact the City's Benefits Office at 602-262-4777 or email benefits.questions@phoenix.gov

COUPLES WITH A COMBINATION OF MEDICARE AND NON-MEDICARE STATUS

Good news! The City of Phoenix retiree medical plans accommodate most Medicare/non-Medicare family combinations, which means if you and your spouse/qualified domestic partner each have different Medicare/non-Medicare status, you can tailor coverage to your needs:

- Each of you can enroll in different Medicare Supplement Plans, or
- One can enroll in a Medicare Plan and the other can enroll in a non-Medicare Plan

For dental and vision plans, the retiree must be enrolled in coverage to extend coverage to eligible dependents.

IMPORTANT NOTE!

The non-Medicare Spouse or qualified domestic partner of a Medicare retiree can enroll in a City Retiree non-Medicare medical plan, **whether or not** the retiree is enrolled in a City plan. Premium payments must be deducted from your monthly pension check.

PAYING FOR YOUR HEALTH PLANS

2022 PREMIUMS

The City will offer the convenience of paying your monthly premiums for medical, dental, and/or vision coverage from your monthly pension checks. You must have sufficient pension to cover monthly premium amounts.

2022 MONTHLY MEDICAL PLAN PREMIUMS NON-MEDICARE RETIREES			
	Full Premium* (PEHP Premium)	Qualified City Contribution	Reduced Premium (MERP Premium)
CATASTROPHIC PLAN			
Single	\$802.55	\$105	\$697.55
Retiree +1	\$1,685.35	\$375	\$1,310.35
Family	\$2,126.75	\$375	\$1,751.75
CHOICE HSA			
Single	\$935.89	\$105	\$830.89
Retiree +1	\$1,965.37	\$375	\$1,590.37
Family	\$2,480.11	\$375	\$2,105.11
NAVIGATE HMO			
Single	\$1,068.03	\$105	\$963.03
Retiree +1	\$2,242.86	\$375	\$1,867.86
Family	\$2,830.28	\$375	\$2,455.28
CHOICE PLUS PPO			
Single	\$1,206.35	\$105	\$1,101.35
Retiree +1	\$2,533.33	\$375	\$2,158.33
Family	\$3,196.82	\$375	\$2,821.82

*Public Safety retirees should also deduct the amount of Premium Benefits (State Subsidy) they receive for their "bottom line" cost.

2022 MONTHLY DENTAL PLAN PREMIUMS – ALL RETIREES

	Cigna Dental PPO	Cigna Dental HMO
Single	\$61.60	\$28.16
Retiree +1	\$135.26	\$51.08
Family	\$197.20	\$90.20

2022 MONTHLY VISION PLAN PREMIUMS – ALL RETIREES

	Davis Vision Plan
Single	\$11.55
Retiree +1	\$21.83
Family	\$26.57

2022 MONTHLY LEGAL PLAN PREMIUMS – ALL RETIREES

	ARAG Legal Plan*
Value Plan	\$12.00
Full Plan	\$24.40

*Enrollment and premium payments are handled directly through ARAG Legal Insurance.

MEDICARE SUPPLEMENT PLANS AND MEDICARE PHARMACY PLANS

At the time of printing, rates have not been released by CMS/Medicare. Rates will be available in the AARP/UHC enrollment guide. You can contact AARP/UHC directly and ask to have an AARP/UHC enrollment guide mailed to your home. **For questions regarding Medicare coverage, please call the AARP/UHC customer service group at 844-488-3960.**

REDUCING YOUR OUT-OF-POCKET HEALTH CARE COSTS

The City of Phoenix provides financial resources to help eligible retirees reduce the cost of their health care, whether it's your premium or your out-of-pocket cost. You may be eligible for one or more of these programs.

AT-A-GLANCE

PROGRAM NAME	WHO ARE YOU?	WHAT YOU'RE ELIGIBLE TO RECEIVE	LEARN MORE
Post-Employee Health Plan (PEHP)	You were hired as of August 1, 2007 or later, or You were more than 15 years away from pension eligibility as of August 1, 2007.	If you were enrolled in a City-sponsored employee health plan, you can use accumulated City PEHP contributions to pay for post-employment health expenses.	Page 10
Medical Expense Reimbursement Plan (MERP) – includes Basic MERP, Supplemental MERP, and for General City retirees, Category MERP	You retired between Aug. 1988 and July 2007, or You were working for the City on August 1, 2007 and on that date were within 15 years of City service retirement.	MERP payments are made directly to you or your pension survivor each month to help pay for medical premiums and/or other out-of-pocket health care expenses.	Page 11
Qualified City Contribution (QCC)	You are a MERP-eligible retiree enrolled in a City-sponsored retiree medical plan.	An amount from the City MERP Trust reduces the full premium amount of City-sponsored retiree medical plans since 2007.	Page 13
Public Safety Personnel Retirement System (PSPRS) Premium Benefit*	You are a public safety retiree.	A state-funded monthly subsidy (Premium Benefit) reduces your monthly premium expense by \$100 to \$260 per month.	Page 14
HELPS Act* (Public Law 109-280 Sec. 845)	You are a public safety retiree.	If you choose, you receive a reduction in your taxable income, when distributions made from an eligible retirement plan are used to pay the premiums for health insurance. You can exclude from income the smaller of the insurance premiums or \$3,000.	Page 16

*See "Public Safety Retiree Information" on pages 13-15 for more details about these money-saving programs available to Public Safety Retirees.

POST EMPLOYMENT HEALTH PLAN (PEHP)

Since 2007 the City has provided a \$150 per month contribution to a PEHP account when an eligible employee elects to enroll in a City-sponsored employee health plan. Funds can be used to cover qualified post-employment health expenses.

Eligible employees are those who:

- Were hired as of August 1, 2007, or later
- Were more than 15 years away from pension eligibility as of August 1, 2007

A variety of investment options are available for PEHP funds. Contributions are initially automatically defaulted to an American Funds Target Retirement Date Fund that correlates to the employee's 65th birthday. Employees cannot contribute to their PEHP account.

Employees enrolled as a dependent of another City employee are not eligible for PEHP, nor when enrolled under COBRA.

For more information about the Post Employment Health Plan, go to go to phoenixdcp.com or email questions to dcp.benefits@phoenix.gov.

MEDICAL EXPENSE REIMBURSEMENT PLAN (MERP)

The City of Phoenix Medical Expense Reimbursement Plan (MERP) offsets your medical premiums and/or other out-of-pocket health care expenses. You are eligible for MERP if:

- You retired between August 1988 and July 2007, or
- You were working for the City on August 1, 2007 and on that date were within 15 years of City service retirement. There are several different types of MERP, which are described below.

BASIC MERP

Eligible retirees receive Basic MERP whether or not they are enrolled in a City retiree medical plan. MERP is paid via check or direct deposit into the same account you receive your pension payment each month.

- Basic MERP provides eligible retirees with a monthly amount to offset out-of-pocket health expenses such as medical premiums, deductibles, copays, dental care, vision care, etc.
- **Basic MERP is tax-free, if you use all of it for eligible health expenses in the same calendar year in which you receive it. If you do not use all the Basic MERP you receive for health expenses, you should return the remainder to the City of Phoenix or declare it as income and pay taxes accordingly.**

See the table below for the Basic MERP amount you may receive.

BASIC MERP	
ELIGIBILITY	MONTHLY MERP AMOUNT
Under age 60, or over age 60 with less than 5 years of credited City service	\$117
With 5 to 14 years of active credited City service	\$135
With 15 to 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

CATEGORY MERP

Retirees from certain Benefit Categories and who are enrolled in City retiree medical coverage may receive an additional \$100 per month in Category MERP. The table below explains when a retiree from each Benefit Category is eligible for Category MERP and is organized in date order from left to right.

CATEGORY MERP				
EMPLOYEE GROUP	SUPERVISORY & PROFESSIONAL, MIDDLE MANAGER, EXECUTIVE, CITY MANAGER	UNIT 3 & UNIT 8	UNIT 1	UNIT 2
Effective Date #1	Retired 7/1/98 – 6/30/09	Retired 7/1/07 – 6/30/09	Retiring on or after 7/1/06	Retiring on or after 7/1/09
Criteria	Not Medicare eligible and enrolled in family City retiree medical coverage	Not age 65 and enrolled in family City retiree medical coverage		
Effective Date #2	Retired on or after 7/1/2009	Retired on or after 7/1/2009	Enrolled in City retiree medical coverage	Enrolled in City retiree medical coverage
Criteria	Not Medicare eligible and enrolled in City retiree medical coverage	Not age 65 and enrolled in City retiree medical coverage		
When Category MERP Ends	Ends if City retiree medical coverage is waived or upon Medicare eligibility	Ends if City retiree medical coverage is waived or when retiree turns 65	Ends if City retiree medical coverage is waived	Ends if City retiree medical coverage is waived or when retiree turns 65

SUPPLEMENTAL MERP

You may qualify for a Supplemental MERP amount in addition to other types of MERP benefits. If you qualify, Supplemental MERP is added to your Basic MERP each month.

Supplemental MERP is based on your gross annualized pension amount and is intended to offer additional assistance to retirees with smaller pensions. See the table below.

SUPPLEMENTAL MERP	
GROSS ANNUALIZED PENSION AMOUNT	SUPPLEMENTAL MERP AMOUNT
Up to \$10,000	\$50/month
\$10,001 – \$15,000	\$40/month
\$15,001 – \$20,000	\$25/month
\$20,001 – \$25,000	\$10/month

Qualifications for Supplemental MERP are based on your pension amount each year. If you receive more than one City pension (as a retiree and a survivor, for example) they are combined together to determine eligibility.

QUALIFIED CITY CONTRIBUTION FOR MERP RECIPIENTS

The Qualified City Contribution is another way the City helps reduce retiree premiums. The Qualified City Contribution (QCC) amounts for 2022 are:

Non-Medicare, Single	\$105 per month
Non-Medicare, Plus One or Family	\$375 per month
Medicare Supplement Plans (except for Fire retirees)	\$30 per month
Medicare Supplemental Plans for Fire retirees	\$90 per month

PUBLIC SAFETY RETIREE INFORMATION

In addition to the City-sponsored benefit plans, Public Safety retirees and survivors have health plan options available through the Arizona State Retirement System (ASRS), which provides retiree coverage for the Public Safety Personnel Retirement System (PSPRS). You can find the ASRS retiree health plan information online at www.azasrs.gov.

Please note: if you are enrolled in a State plan, whether medical, dental, or vision, **you are not eligible for equivalent coverage through the City of Phoenix**. If you cancel coverage through ASRS, you may enroll in the City of Phoenix plans.

REDUCING YOUR OUT-OF-POCKET HEALTH CARE COSTS

PUBLIC SAFETY SUBSIDY (PREMIUM BENEFIT)

If you are a retiree of the state-regulated Public Safety Personnel Retirement System (PSPRS), you may be eligible to receive a “premium benefit,” otherwise known as a subsidy, to offset medical premium costs while you are retired. You are eligible for the PSPRS State subsidy if your medical coverage is provided through COBRA, direct enrollment with an insurance carrier, or by an employer.

The City administers the PSPRS State Subsidy where City retirees are enrolled in a City medical plan.

HOW MUCH IS THE PSPRS STATE SUBSIDY?

The following table shows the maximum 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 \$150	Retiree & Dependents \$260	Retiree Only \$100	Retiree & Dependents \$170	At least one with Medicare, others without \$215

WHAT IS NOT ELIGIBLE FOR REIMBURSEMENT

The following health coverage does not qualify for the PSPRS subsidy:

- Medicare Part A, B, and D premiums are not applicable.
- Vision and Dental coverages do not apply to the City's administration.
- When the retiree is a dependent on a spouse's or domestic partner's coverage.

No action is required if you are enrolled in a City of Phoenix retiree medical plan or an ASRS Retiree medical or dental plan. The subsidy is automatically applied to reduce your premium(s) before it is deducted from your pension checks.

REQUIRED DOCUMENTATION

If you have medical coverage from a source other than the City of Phoenix or ASRS, you are required to provide documentation to the City's Benefits Office when you initially apply and during the annual audit. To receive the PSPRS State subsidy, you will be asked to provide verification of your coverage and the premium amount for the coverage. Please look for information in the mail around March/April requesting the required documentation for the annual renewal of your subsidy.

QUESTIONS

Please contact the Public Safety Subsidy Coordinator at 602-262-4777 or email benefits.questions@phoenix.gov.

Please do not contact the PSPRS Office with questions about this subsidy payment. This subsidy payment is administered by the City of Phoenix Benefits Office.

KEEP YOUR ADDRESS UPDATED

It is important to keep your address current with the Benefits Office to ensure you receive all applicable mailings sent to you by the City. Public safety retirees may update their address in writing by sending an email to benefits.questions@phoenix.gov.

HELPS ACT

(Public Law 109-280 Sec. 845)

If you are an eligible public safety retiree, you can elect to reduce your taxable income when you use eligible retirement plan distributions 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 medical plan through ASRS or enrolled in a retiree plan through the City of Phoenix, your premiums are deducted from your pension checks and you are automatically eligible for this tax reduction. If you are enrolled through another source, you may use funds from your 457 plan to pay premiums and reduce your taxable income. Please contact the local ASRS office at 602-266-2733 to learn more.

NON-MEDICARE HEALTH PLANS

Every plan offers generous coverage and broad provider networks.



The City is pleased to offer four distinct medical plan options for non-Medicare retirees:

- Choice HSA
- Choice Plus PPO
- Navigate HMO
- Catastrophic Plan

All four plans feature UHC pharmacy benefits, in-network savings, and free in-network preventive care.

MEDICAL COVERAGE LEVELS

You have three coverage levels to choose from when enrolling in City-sponsored retiree health plans:

- Retiree
- Retiree Plus One
- Retiree Plus Family

ABOUT CHOICE HSA AND PPO TIER 1 PROVIDERS

- Tier 1 physicians are doctors and specialists who are recognized for providing the greatest value for your health benefits. UHC updates their Tier 1 providers annually. Please visit www.myuhc.com to search for a Tier 1 provider.
- Tier 1 lab and X-ray are freestanding lab and X-ray facilities (not hospital-based).
- Tier 1 outpatient surgery benefits are paid when services are performed at an ambulatory surgery center or physician's office.

FINDING UHC NETWORK PROVIDERS

Visit www.myuhc.com and select the plan you're interested in and click **Search the Provider Network** to review providers.

ATTENTION - RETIREES WHO ARE ENROLLED IN MEDICARE PART B BEFORE REACHING AGE 65:

If you enroll in one of the City's non-Medicare health plans, Medicare will be your primary insurance. The City's health plan will be your secondary and will only pay 20% of your health costs. It will very likely be more cost-effective to enroll in a Medicare Advantage or Supplement plan instead. You can consider switching to a Medicare Supplement through UHC/AARP when you reach age 65. Please contact the Benefits Office if you are in this situation and have questions. Please note that retirees and/or their spouses will be removed from non-Medicare medical coverage the last day of the month prior to their 65th birthday month. For example, if a retiree becomes Medicare eligible as of 9/1/2021, their coverage under the non-Medicare medical plan would terminate as of 8/31/2021.

COMPARING THE PLANS

	NAVIGATE HMO	CATASTROPHIC PLAN	CHOICE HSA**	CHOICE PLUS PPO
UHC NETWORK	NAVIGATE	UHC TIER 1 & BROAD	UHC TIER 1 & BROAD	UHC TIER 1 & BROAD
Nationwide network (includes Mayo and Banner)	✗	✓	✓	✓
Smaller, Arizona-only network	✓	✗	✗	✗
Save when using Premium Tier 1 providers in the Choice and Choice Plus networks	✗	✓	✓	✓
Can use out-of-network providers	✗*	✗*	✗*	✓
Must use a Primary Care Physician (PCP) to coordinate care and obtain referrals to specialists	✓	✗	✗	✗
Can open an HSA	✗	✗	✓	✗
Annual in-network deductible for individual coverage	\$700	\$5,000	\$1,500	\$1,500
Cost for in-network physician/PCP office visit	\$35	\$40	10% - 20% after deductible	10% - 20% after deductible
Lowest to highest premiums	High	Lowest	Low	Highest

*Except for emergencies

**For HSA information, see page 27

NAVIGATE HMO PLAN KEY FEATURES

	NAVIGATE HMO
NETWORK	NAVIGATE
Coverage applies to...	In-Network Only
Lifetime Maximum Benefit	Unlimited
Health Savings Account?	No
Calendar-year Deductible (Embedded)	\$700 Single \$1,400 Family
Coinsurance	Plan pays 100% or 90%
Calendar-Year Out-of-Pocket Maximum (includes deductible)	\$6,600 Single \$13,200 Family
Out-of-Network Coverage?	Emergency services only
PCP Selection Required?	Yes
Referral Required to See Specialist?	Yes
Preventive Care	Plan pays 100%
Office Visit, Primary Care	\$35
Office Visit Specialist	\$50
Office Visit, Mental Health	\$35
Virtual Visits (Telemedicine)	\$0
Out-Patient Procedure or Surgery	Deductible, \$150 copay, then 100%
In-Patient Hospitalization	Deductible, \$250 copay per day, max. \$450
Labs and X-rays	100%
CT, PET, MRI, Nuclear Medicine	Plan pays 90% after deductible
Urgent Care Visit	\$75

	NAVIGATE HMO
NETWORK	NAVIGATE
Coverage applies to...	In-Network Only
Emergency Room Visit	\$200
Rehabilitative Services (Speech, Physical and Occupational Therapies)	\$35 copay
Chiropractic	\$40 with a referral \$60 without a referral
Hearing Aids	Plan pays 90% after deductible every 2 years per ear
Vision Exam	\$25 (every calendar year)
Pharmacy	\$20 Tier 1 \$35 Tier 2 \$50 Tier 3 2.5x for mail order Pharmacy costs help fulfill deductible

The Navigate HMO Plan may be for you if you like:

- **Low deductibles**
- Low coinsurance
- The convenience of working with a Primary Care Physician who will coordinate your care

CATASTROPHIC PLAN KEY FEATURES

	CATASTROPHIC PLAN
NETWORK	UHC (TIER 1 & BROAD)
Coverage applies to...	In-Network Only
Lifetime Maximum Benefit	Unlimited
Health Savings Account?	No
Calendar-Year Deductible (Embedded)	\$5,000 Single \$10,000 Family
Coinsurance	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)
Calendar-Year Out-of-Pocket Maximum (includes deductible)	\$7,500 Single \$15,000 Family
Out-of-Network Coverage?	Emergency services only
PCP Selection Required?	No
Referral Required to See Specialist?	No
Preventive Care	Plan pays 100%
Office Visit, Primary Care	\$40
Office Visit, Specialist	\$60
Office Visit, Mental Health	\$40
Virtual Visits (Telemedicine)	\$0
Outpatient Procedure or Surgery	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)

	CATASTROPHIC PLAN
NETWORK	UHC (TIER 1 & BROAD)
Coverage applies to...	In-Network Only
Inpatient Hospitalization	Plan pays 80% after deductible
Lab and X-rays	Plan pays 90% or 80% after deductible (depending on type of lab)
CT, PET, MRI, Nuclear Medicine	
Urgent Care Visit	\$75
Emergency Room Visit	Plan pays 80% after deductible
Rehabilitative Services (Speech, Physical and Occupational Therapies)	\$40 copay
Chiropractic	\$60 with a referral \$80 without a referral
Hearing Aids	Plan pays 90% after deductible every 2 years per ear
Vision Exam	\$40 (every calendar year)
Pharmacy	\$20 Tier 1 \$35 Tier 2 \$50 Tier 3 2.5x for mail order Pharmacy costs help fulfill deductible

The Catastrophic Plan may be for you if you like:

- **Low premiums**

CHOICE HSA PLAN KEY FEATURES

	CHOICE HSA
NETWORK	UHC (TIER 1 & BROAD)
Coverage applies to...	In-Network Only
Lifetime Maximum Benefit	Unlimited
Health Savings Account?	Yes
Calendar-Year Deductible (True Family—Not Embedded)	\$1,500 Single \$3,000 Family
Coinsurance	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)
Calendar-Year Out-of-Pocket Maximum (includes deductible)	\$4,000 Single \$7,900 Family
Out-of-Network Coverage?	Emergency services only
PCP Selection Required?	No
Referral Required to See Specialist?	No
Preventive Care	Plan pays 100%
Office Visit, Primary Care	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)
Office Visit, Specialist	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)
Office Visit, Mental Health	Plan pays 90% after deductible
Virtual Visits (Telemedicine)	\$0 after deductible
Outpatient Procedure or Surgery	Plan pays 90% after deductible at ambulatory surgical center or doctor's office Plan pays 80% after deductible at hospital-based surgical center


	CHOICE HSA
NETWORK	UHC (TIER 1 & BROAD)
Coverage applies to...	In-Network Only
Inpatient Hospitalization	Plan pays 80% after deductible
Lab and X-rays	Plan pays 90% or 80% after deductible (depending on type of lab)
CT, PET, MRI, Nuclear Medicine	
Urgent Care Visit	Plan pays 90% after deductible
Emergency Room Visit	Plan pays 80% after deductible
Rehabilitative Services (Speech, Physical and Occupational Therapies)	Plan pays 90% after deductible
Chiropractic	Plan pays 80% after deductible
Hearing Aids	Plan pays 80% after deductible every 2 years per ear
Vision Exam	Plan pays 90% after deductible (every calendar year)
Pharmacy	Pay contracted rate for pharmacy costs until the deductible is met; then costs shift to copays. Pharmacy costs help fulfill the deductible.

The Choice HSA Plan may be for you if you like:

- Low out-of-pocket maximums
- The convenience and **tax benefits** of using a HSA to pay for deductibles and qualified health care related expenses.

CHOICE PPO PLAN KEY FEATURES

	CHOICE PLUS PPO	
NETWORK	UHC (TIER 1 & BROAD)	
Coverage applies to...	In-Network	Out-of-Network
Lifetime Maximum Benefit	Unlimited	
Health Savings Account?	No	
Calendar-Year Deductible (Embedded)	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Coinsurance	Plan pays 90% or 80%	Plan pays 60%
Calendar-Year Out-of-Pocket Maximum (includes deductible)	\$4,000 Single \$7,900 Family	\$ 8,000 Single \$15,800 Family
Out-of-Network Coverage?	Yes	
PCP Selection Required?	No	
Referral Required to See Specialist?	No	
Preventive Care	Plan pays 100%	Not covered
Office Visit, Primary Care	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)	Plan pays 60% after deductible
Office Visit, Specialist	Plan pays 90% after deductible (Tier 1) Plan pays 80% after deductible (Broad UHC network)	Plan pays 60% after deductible
Office Visit, Mental Health	Plan pays 90% after deductible	Plan pays 60% after deductible
Virtual Visits (Telemedicine)	\$0	N/A

	CHOICE PLUS PPO	
NETWORK	UHC (TIER 1 & BROAD)	
Coverage applies to...	In-Network	Out-of-Network
 Outpatient Procedure or Surgery	Plan pays 90% after deductible at ambulatory surgical center or doctor's office Plan pays 80% after deductible at hospital-based surgical center	Plan pays 60% after deductible
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Lab and X-rays	Plan pays 90% after deductible at freestanding lab	Plan pays 60% after deductible; pre-authorization may be required
CT, PET, MRI, Nuclear Medicine	Plan pays 80% after deductible at hospital-based lab	
Urgent Care Visit	Plan pays 90% after deductible	Plan pays 60% after deductible
Emergency Room Visit	Plan pays 80% after deductible	Plan pays 80% after deductible (and must notify the Plan)
Rehabilitative Services (Speech, Physical and Occupational Therapies)	Plan pays 80% after deductible	Plan pays 60% after deductible
Chiropractic	Plan pays 80% after deductible	Plan pays 60% after deductible
Hearing Aids	Plan pays 80% after deductible every 2 years per ear	Plan pays 60% after deductible every 2 years per ear
Vision Exam	\$25 (every calendar year)	Plan pays 60% after deductible once per year
Pharmacy	\$20 Tier 1 \$35 Tier 2 \$50 Tier 3 2.5x for mail order	N/A

The Choice Plus PPO Plan may be for you if you like using out-of-network providers and don't mind paying extra for that preference.

HEALTH SAVINGS ACCOUNT (HSA)

If you are enrolled in the Choice HSA Plan, you can open a Health Savings Account (HSA) through any HSA custodian such as any bank, credit union, insurance company, brokerage, or other Internal Revenue Service (IRS)-approved financial institution which offers HSAs—or you can keep funding the one you are already enrolled in. An HSA can be used to pay for qualified medical, prescription drug, dental, vision, and over-the-counter health expenses. **You may also use HSA funds to pay for certain Medicare premiums and long-term care expenses.**

WHO'S ELIGIBLE TO OPEN AN HSA ACCOUNT?

- Must be enrolled in the City's Choice HSA Plan or other high deductible health plan.

WHO'S NOT ELIGIBLE TO OPEN AN HSA ACCOUNT?

- Cannot be enrolled in other medical coverage, including a spouse's group health plan, Medicare, or receiving health care through the VA.
- Cannot be claimed as a dependent on someone else's tax return.
- You cannot use an HSA to pay for health care expenses incurred by a domestic partner.

Benefits of HSAs:

Pay for health care expenses

You can use your HSA to pay for medical, prescription drug, dental, vision, and over-the-counter expenses. For a list of qualified health care expenses, see [IRS Publication 969](#).

Enjoy tax savings

With an HSA, you can enjoy tax savings on contributions, interest earned (once HSA reaches a certain amount), and paying for qualified health care expenses.

Fund your future

Money left in your HSA at the end of each year rolls over to the next year. You can use your HSA to fund qualified medical expenses during retirement. Once you turn 65 years of age, funds may be used for non-medical purposes (regular income taxes apply).

Important Note: Be sure to review IRS rules before making contributions and distributions.

CONTRIBUTING TO AN HSA

You can contribute to your HSA after-tax as long as you meet IRS rules for eligibility. Contact your financial advisor for information.

For 2022, HSA contribution limits are:

- \$3,650 for single coverage
- \$7,300 for family coverage
- \$1,000 additional "catch up" amount, if you are 55 or older

WELLNESS PROGRAMS FOR NON-MEDICARE ENROLLEES

Our retirees continue to make positive contributions to the City of Phoenix long after they have left employment. We offer retiree wellness programs to support you and your family as you continue to live a healthy, active, and productive life.

Rally® Wellness Platform:

Use this fun, interactive wellness platform to set smart healthgoals, develop healthy habits, and stay on track to better health. Download the Rally app to review your health actions, track your progress, and view your rewards. Earn Rally coins by completing missions and challenges and even by logging in once a day.



Real Appeal® Weight Loss Program:

Real Appeal is a free, online weight loss program available to you and eligible family members through your health benefits plan. The program offers a variety of services to help you reach your ideal weight:

- Transformation Coach and online group sessions
- Digital tools to help track your food, activity, and weight loss progress
- A Success Kit with recipes, scales, workout DVDs, and more – shipped right to your door!



Rally® Wellness Platform

Visit: Rallyhealth.com

Download the Rally Health app

Real Appeal® Program

Visit: Realappeal.com

Call: 844-924 7325

MEDICARE HEALTH PLANS

The City offers AARP/UnitedHealthcare Supplement Plans for Medicare-eligible retirees and/or their spouse/QDP over the age of 65. Additionally, a Qualified City Contribution (QCC) discount of \$30 or \$90 retirees would apply towards a retiree and/or their spouse/QDP supplement plan enrollment. NOTE: The premium reduction is received when the retiree completes the authorization form required to connect the supplement premium to their monthly pension for deduction.

RETIREE GROUP	QCC
General City	\$30.00
Police	\$30.00
Fire (Unit 5)	\$90.00

ATTACHING COVERAGE TO YOUR CITY OF PHOENIX PENSION

To receive the QCC premium discount for a new supplement enrollment for a retiree and/or their spouse/QDP, retirees must elect to have the supplement plan premium(s) deducted via pension by completing a “Retiree Authorization to Deduct Medicare Premiums” form. Additionally, AARP/UnitedHealthcare pharmacy plan premium can be attached for pension deduction although the QCC discount is only for supplement plans. Contact the Benefits Office at 602-262-4777 for questions on how to complete the form.

KEY ITEMS TO REMEMBER ABOUT THE AARP/UnitedHealthcare Supplement Plan Options

- Must be at least 65 years old to enroll
- Must be enrolled in Medicare Part B prior to beginning enrollment process for a supplement policy
- Medicare Part B premiums, other insurance carriers outside of AARP/UnitedHealthcare, or Advantage plans cannot be linked to your pension for deduction
- An authorization form is required to link AARP/UnitedHealthcare supplement premium(s) to your pension. No action is needed for supplement plans already attached

To be eligible for these plans, you or your spouse/QDP must be an AARP member.

AARP MEMBERSHIP

UnitedHealthcare will pay for your first year of membership if you are a new enrollee into an AARP/UnitedHealthcare plan. If you are a current AARP member and need to renew your membership, please contact AARP at 888-687-2277.

NEW TO MEDICARE

Becoming Medicare eligible opens many options for your health care coverage. Your initial opportunity to enroll into Medicare Part A and Part B begins 3 months before your 65th birthday, includes your birthday month, and 3 months after you’ve turned 65. It is imperative to enroll into Part B during the initial eligibility period to avoid premium penalties being applied by Centers for Medicare & Medicaid Services (CMS). Often, those currently receiving Social Security will be automatically enrolled. For more information on enrolling into Medicare, please visit [medicare.gov](https://www.medicare.gov) or call 800-633-4227.

ENROLLMENT PERIOD:

The AARP/UHC Medicare Supplement plan is available to enroll at any time during the year.

The **Prescription Drug Plan** enrollment is only available during the Medicare Open Enrollment period of **October 15th through December 7th** or with a special election period (SEP), as determined by Medicare enrollment guidelines.

SUPPLEMENT AND PHARMACY COVERAGE ARE SEPARATE CHOICES

The AARP/UnitedHealthcare supplement plans offered are individual policies based on your own eligibility and do not include pharmacy coverage. Pharmacy coverage is independent of your supplemental policy, which enables you to enroll through AARP/UnitedHealthcare for supplemental and pharmacy or choose a different company for either. **Only AARP/UnitedHealthcare supplements and/or pharmacy enrollments can be attached to your monthly pension.**

If you enroll after your initial Medicare eligibility period, underwriting may occur when you apply to change from one Medicare plan to another, or from one insurance company to another. Everyone has the right to apply for coverage, however, please do not cancel your current medical plan unless you are notified by AARP/UHC that your application was accepted, and you have been enrolled for 2022. Please contact AARP/UnitedHealthcare for questions regarding their underwriting process at 844-488-3960.

MEDICARE HEALTH PLAN ENROLLMENT

THERE ARE THREE WAYS TO ENROLL

1. Online:

- For medical coverage, you may enroll online through www.AARPMedicareplans.com
- For Medicare Part D prescription drug coverage, enroll at www.AARPMedicareplans.com

2. By paper:

- For medical coverage, complete the enrollment form. The enrollment form for medical coverage is in the AARP/UHC enrollment guide. The enrollment packet can be requested by calling AARP/UHC at 844-488-3960
- For Medicare prescription drug coverage, complete the appropriate form for Medicare Part D prescription drug coverage from AARP/UHC. These forms are included in the AARP/UHC enrollment packet that can be requested at the number listed above for medical coverage

3. By phone:

- For medical benefits coverage and pharmacy benefits coverage, call AARP/UHC at 844-488-3960, 8:00 a.m. to 8:00 p.m., 7 days a week

WITH MEDICARE – MEDICAL AND PHARMACY ARE SEPARATE DECISIONS

Please note that for Medicare retirees, the decision for medical and pharmacy coverage are separate decisions. You can choose to enroll in just the Medicare Supplement, just pharmacy, or both. This means the coverage is considered stand-alone and they do not need to be through the same insurance company. **Only a Medicare supplement through AARP/UnitedHealthcare will be eligible for the QCC discount off premiums.**

MEDICARE PHARMACY BENEFITS

Three Medicare Part D prescription drug plans are available to you through AARP/UHC. Pharmacy benefit plans do not require underwriting. Please note that information shown below is for 2021. 2022 information is not available at time of printing.

HOW EACH PLAN DIFFERS:	THE AARP® MEDICARE® RX PREFERRED (PDP)	THE AARP® MEDICARE® RX SAVER PLUS (PDP)	THE AARP® MEDICARE® RX WALGREENS (PDP)
Annual Prescription Drug Deductible	\$0	\$445	\$0 for Tiers 1 & 2 \$445 for Tiers 3, 4, and 5
Network of Preferred Pharmacies <small>(get highest retail coverage when you use a preferred pharmacy)</small>	Plans uses a broad network of preferred pharmacies including Walgreens, Walmart, Kroger, and more	Plan uses a broad network of preferred pharmacies including Walgreens, Walmart, Kroger, and more	You pay your plan's lowest copays when you fill your prescriptions at your neighborhood Walgreens

To check whether the medication you're currently taking is covered under your new plan, go to www.MyAARPMedicare.com or call Customer Service with questions at 844-488-3960.

ID CARDS

Once you're enrolled in medical and prescription drug coverage, you may receive up to three identification cards:

1. If you are a new AARP member, you'll receive an AARP card.
2. All approved medical plan participants will receive a UHC medical ID card.
3. If you enroll in a Medicare Part D prescription drug plan, you'll receive a separate prescription drug ID card.

CATASTROPHIC RX REIMBURSEMENT PROGRAM

Retirees and spouses/QDP enrolled in a Medicare Part D pharmacy plan may qualify for reimbursement of their prescription drug coverage expenses that fall into the “catastrophic coverage” level. There are four levels of Medicare Part D coverage:

LEVEL 1 DEDUCTIBLE	LEVEL 2 COPAYS	LEVEL 3 COVERAGE GAP	LEVEL 4 CATASTROPHIC COVERAGE
You first pay 100% for medication costs until you meet the annual deductible. This could be \$0 or more, depending on your plan.	You pay a copay 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.”	<p>You pay a percentage of your prescription cost or a copay until the end of the calendar year. The more expensive your medication, the more you pay.</p> <p>This is what the City will reimburse up to \$25,000 per year.</p>

Important:

If you are enrolled in a Medicare Part D plan, and you have incurred expenses at the Catastrophic Coverage level, please contact the City of Phoenix Benefits Office at benefits.questions@phoenix.gov to request a claim form. You will need to submit the completed form along with documentation from your Part D plan, such as Explanation of Benefits (EOB) Forms. An EOB is not the same as a Medicare Summary Notice.

If you have any questions, please contact the City’s Benefits Office at benefits.questions@phoenix.gov or 602-262-4777.

RETIREE DENTAL PLANS

Now is the time to get caught up on dental care! The COVID-19 pandemic caused an increase in stress-related dental problems as well as a decreased utilization of dental care benefits. The City of Phoenix offers **two dental plan options for retirees**, so you can preserve your teeth and your smile for years to come!

CIGNA DENTAL PPO	CIGNA DENTAL HMO
<ul style="list-style-type: none"> - National PPO network of dentists - In-network and out-of-network care is covered, but you may pay more with an out-of-network dentist - Calendar year deductible - Deductible waived for preventive services - All services covered at 80% - Maximum annual benefit per member, \$2,000/calendar year 	<ul style="list-style-type: none"> - In-network services covered only—if electing the Dental HMO, be sure your dentist is a network provider. Your assigned dentist must be located within 20 miles of your residence address for coverage to apply - No deductible - No maximum for most covered services - Free preventive care - Patient Charge Schedule (PCS) for dental services

PRIMARY CARE DENTIST (PCD) FOR CIGNA DENTAL HMO

Under the Cigna Dental HMO, all of your dental care is coordinated by a Primary Care Dentist (PCD). Each covered family member will be assigned to a network dentist upon enrollment, but you can change the assignment by calling Cigna Dental at 800-244-6224. If you contact Cigna Dental by the 20th of the month, your assigned dentist will be changed by the 1st of the next month. When searching for a dentist, select from the Cigna Dental Care Access Plus network.

DENTAL COVERAGE LEVELS

You have three coverage levels to choose from when enrolling in dental benefits:

Monthly Rates	PPO	HMO
Retiree	\$61.60	\$28.16
Retiree + One	\$135.26	\$51.08
Retiree + Family	\$197.20	\$90.20

FOR MORE INFORMATION OR TO FIND AN IN-NETWORK DENTIST:



Call: 800-244-6224

Visit: www.myCigna.com

DENTAL PLAN COMPARISON

	CIGNA DENTAL PPO		CIGNA DENTAL HMO**
	In-Network	Out-of-Network	In-Network Only
Dentists	Total Cigna DPPO Network	Any licensed dentist in the U.S.	Cigna Care Network
Network Features	Large, national network of dentists and dental specialists		Smaller, local-only network of dentists with fewer dental specialists
Calendar Year Deductible	\$50 individual \$150 family <i>(Deductible does not apply to preventive services)</i>		None
Calendar Year Benefits Maximum	\$2,000		No maximum formost covered services
Diagnostic & Preventive Care Cleanings, exams, X-rays: 2 per calendar year	Plan pays 80% of covered charges (no deductible)	Plan pays 80% of Reasonable & Customary Charges* (no deductible)	No charge
Basic Restorative Care Extractions, fillings, root canals, oral surgery, repairs to bridges, crowns, and dentures	Plan pays 80% of covered charges (after deductible)	Plan pays 80% of Reasonable & Customary Charges* (after deductible)	Based on Dental HMO Coverage and Fee Schedule
Major Restorative Care Implants, inlays and onlays, bridges, crowns, and dentures	Plan pays 80% of covered charges (after deductible)	Plan pays 80% of Reasonable & Customary Charges* (after deductible)	
Implants	Plan pays 80% of covered charges (after deductible)	Plan pays 80% of Reasonable & Customary Charges* (after deductible)	

*Reasonable & Customary Charges: The average fee charged by a particular type of health care practitioner within a geographic area. **Cigna DHMO plan is not available in the following states: AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY.

RETIREE VISION PLAN

WITH DAVIS VISION

Your eyes are your window to the world, so keeping them healthy is a wise investment of your resources. You may enroll in a vision plan that provides coverage toward one pair of glasses or contact lenses once each calendar year.

The vision plan provides coverage for exams and a wide selection of frames and lens options to include progressive lenses, tinted lenses, transition lenses, and polycarbonate lenses. The network includes the following vision providers, as well as many independent providers:

- Nationwide Vision
- Visionworks
- America's Best Contacts & Eyeglasses
- Walmart
- Sam's Club
- JCPenney Optical
- Eyeglass World

FOR MORE INFORMATION, OR TO FIND AN IN-NETWORK PROVIDER:

Call: 877-923-2847
(client code: 9613)

Visit:
<https://davisvision.com/members>
(client code: 9613)



VISION COVERAGE LEVELS

You have three coverage levels to choose from when enrolling in vision benefits:

Monthly Rates

Retiree	\$11.55
Retiree + One	\$21.83
Retiree + Family	\$26.57

VISION CARE SERVICE	BENEFIT (IN-NETWORK)
Eye Exam	\$10 copay
Materials	Included
Frame Allowance	\$175 retail value at participating Walmart, Costco, Sam's Club, and other retail locations
LENSES	
Single Vision Lenses	Included
Bifocal Lenses	Included
Trifocal, Lenticular Lenses	Included
Standard & Premium Progressive Lenses	Included
Polycarbonate Lenses (adult and children)	Included
Standard Scratch Resistant Coating	Included
Premium Scratch Resistant Coating	\$30 copay
Standard Tint (all gradients)	Included
Standard Anti-Reflective Coating	Included
Transitions	Included
Ultraviolet Coating	Included
CONTACT LENSES	
Elective	\$175 allowance
Medically Necessary	Included with prior approval
Standard Contact Lens Fit and Follow-Up	Included
Specialty or First-Time Contact Lens Fit and Follow-Up	\$60 allowance plus 15% discount on overage
FREQUENCY	
Eye Examination	Once every calendar year
Lenses, Contact Lenses	Once every calendar year
Frames	Once every calendar year
Sunglasses	Free at Prime Eye locations (Limitations apply)

ELDER CARE SUPPORT

It's been a tough year. The City of Phoenix understands that pandemic living has not been easy for anyone, especially for our retirees. You and your family may have experienced anxiety and separation from loved ones. The City is committed to supporting the well-being of our retirees and their family members in these difficult days and beyond.

Elder Outreach is available to you through ComPsych Guidance Resources. One phone call puts you in touch with a credentialed care manager who specializes in the medical care of older adults. The Elder Care Specialist will come to your home to assess your needs and develop a customized support plan. Together, you can consider your housing options, home health services, safety management, health management, social engagement, nutritional counseling, cognitive monitoring, mental health, grief counseling, and more.

GET THE SUPPORT YOU NEED!

ComPsych Guidance Resources

Call: (844) 819-4775

TDD (800) 697-0353

Visit: guidanceresources.com (WebID: PhoenixEAP)

Download the app: **GuidanceNow®**

COMPSYCH®
GuidanceResources®Worldwide

PET INSURANCE

Your pet is an important part of your everyday life and a source of companionship and emotional support. Investing in pet insurance can ease the burden of making medical decisions that can have a big financial and emotional impact on you and your family. The City offers pet insurance at a group discount through MetLife Pet Insurance.

- Call MetLife to elect a coverage level customized to your needs, and **say you are from the City for a 10% rate discount!**
- Rates will vary based on elected deductible, benefit maximum, and your pet's species, age, breed, and ZIP
- Use any licensed veterinarian or animal hospital
- Up to 100% coverage for ear infections, prescriptions, rashes, poisoning, broken bones, cuts, cancer, diabetes, allergies, X-rays, surgery, and hospitalization
- You may also elect up to 100% coverage for exams, vaccinations, spaying or neutering, and dental care
- Elect pet insurance anytime during the calendar year. Premiums are paid by you directly to MetLife (premiums are not paycheck deductible)

**For more information,
Call MetLife:
(855) 270-7387
Press 1 to enroll**

LEGAL INSURANCE

Retirement is an important time to get your legal affairs in order. ARAG provides a national network of attorneys available to you, your spouse or domestic partner, and children under age 26, to call on for a wide variety of legal needs. This includes having a network attorney review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation, and represent you in court. Elect legal insurance during open enrollment. Enrollment lasts for one calendar year.

- Value Plan (\$12.00/month) — the most commonly used legal services
- Full Plan (\$24.40/month) — for a wide variety of legal services plus ID theft protection and tax preparation assistance

Both plans offer affordable access to attorneys for legal services useful to retirees, such as Will Preparation, Estate Planning, and Family Law.

FULL PLAN INCLUDES THESE SERVICES

- Identity theft insurance
- Full-service identity restoration
- Credit monitoring
- Internet surveillance
- Lost wallet services
- Tax services
- Caregiving Support
- Financial Counseling



Legal Insurance

HOW TO ENROLL

To sign up for either legal plan, enroll directly through ARAG. ARAG will bill you each month for your premium. Coverage is applicable for the entire calendar year and may only be terminated during open enrollment by contacting ARAG directly.

FOR MORE INFORMATION

Contact ARAG

Call: 800-247-4184

Visit: [AragLegalCenter.com](https://www.AragLegalCenter.com)
(Access Code: 16922phx)

HOW TO ENROLL IN RETIREE BENEFITS

IMPORTANT DATES 2021

Retiree Benefit	Enrollment Period
AARP/UHC Medicare Supplement plan	Any time of year
Retiree Medicare Part D Prescription Drug Plans	Oct. 15th - Dec. 7th (or with a special election period as determined by Medicare enrollment guidelines)
Retiree Non-Medicare Health Plans	Oct. 18th - Nov. 12th by 5 PM MT
Retiree Dental & Vision Plans	Oct. 18th - Nov 12th by 5 PM MT
Elder Care Support, Pet/Legal Insurance	Any time of year

TO ENROLL IN A NON-MEDICARE MEDICAL PLAN, DENTAL PLAN, OR VISION PLAN:

Call the Benefits Office

Phone number: 602-262-4777 (open between 8 AM to 5 PM)

E mail: benefits.questions@phoenix.gov

TO ENROLL IN A MEDICARE MEDICAL OR PHARMACY PLAN:

Call AARP/UHC at 844-488-3960

Please see Medicare enrollment information on the next page!

TO ENROLL IN THE LEGAL PLAN:

Call ARAG Legal at 800-247-4184 (Access Code: 16922phx)

Pay monthly premiums directly to the vendor

TO ENROLL IN PET INSURANCE:

Call MetLife Pet Insurance at 800-GET-MET8

Pay monthly premiums directly to the vendor



MEDICARE HEALTH PLAN ENROLLMENT

THERE ARE THREE WAYS TO ENROLL

Online:

- For medical coverage, you may enroll online through <https://www.AARPMedicareplans.com>
- For Medicare Part D prescription drug coverage, enroll at <https://www.AARPMedicareplans.com>

By paper:

- For medical coverage, complete the enrollment form. You can also request an enrollment packet by calling AARP/UHC at 844-488-3960.
- For Medicare prescription drug coverage, complete the appropriate form for Medicare Part D prescription drug coverage from AARP/UHC. **These forms are in the AARP/UHC enrollment packet, which can be obtained by calling 844-488-3960.**

By phone:

- For medical benefits coverage and pharmacy benefits coverage, call AARP/UHC at 844-488-3960, 8:00 a.m. to 8:00 p.m., 7 days a week.

TIPS FOR COMPLETING YOUR AARP/UHC ENROLLMENT FORM

To ensure you fill out your enrollment form completely, have your health history information on hand, such as:

- Your Medicare information, including your Medicare number
- A list of all medications you're currently taking
- Surgeries and hospitalizations you've had for the last two years

IMPORTANT!

If you submit an enrollment application for a Medicare Supplement plan coverage through AARP or UnitedHealthcare, **do not terminate your current Medicare supplement plan until you have been accepted by United Healthcare.** Be sure to respond to calls or inquiries from AARP/UHC promptly, in order to receive a timely application decision.

QUESTIONS?

GET HELP FROM OUR BENEFITS VENDORS

FOR MORE INFORMATION ON	CONTACT	PHONE/WEBSITE/EMAIL
BENEFITS FOR MEDICARE RETIREES		
Medicare Supplement Plans Medicare Pharmacy Plans	UnitedHealthcare	Medicare Supplement: Pre-Enrollee Questions – 844-488-3960 Prescription Drug Plan: Pharmacy Coverage: Pre-Enrollee Questions – 844-488-3960 Post-Enrollee Questions – 800-545-1797 Monday to Friday 8:00 a.m. to 8:00 p.m. www.MyAARPMedicare.com AARP Membership Renewal Line: 888-687-2277
BENEFITS FOR NON-MEDICARE RETIREES		
Medical	UnitedHealthcare	844-585-1273 Monday to Friday 8:00 a.m. to 8:00 p.m. https://phoenix.welcometouhc.com
Pharmacy	OptumRx	800-356-3477 (24/7) www.optumrx.com/public/landing
BENEFITS FOR ALL RETIREES		
Dental	Cigna	800-244-6224 www.myCigna.com
Vision	Davis Vision	877-923-2847 (access code: 9613) www.davisvision.com/members
Elder Care Resources	ComPsych	844-819-4775 or TDD 800-697-0353 www.guidanceresources.com (Web ID: PhoenixEAP) Download the app: GuidanceNow®
Legal Insurance	ARAG Legal	800-247-4184 www.AragLegalCenter.com (Access Code: 16922phx)
Pet Insurance	MetLife	800-GET-MET8

QUESTIONS?

GET HELP FROM OUR BENEFITS TEAM

FOR MORE INFORMATION ABOUT	CONTACT
Public Safety Retirees: Arizona State Retirement System (ASRS) Benefits	Arizona State Retirement System (ASRS) www.azasrs.gov
PSPRS State Subsidy	Paula Whisel 602-495-5459 paula.whisel@phoenix.gov

FOR HELP WITH...	CONTACT
Updating an Address or Phone Number	<ul style="list-style-type: none"> – Civilian retirees should contact the City of Phoenix Employees' Retirement System (COPERS) office at 602-534-4400 – Sworn public safety retirees should contact the City of Phoenix Benefits Office
Resetting an eCHRIS Self-Service Password	Help Desk 602-534-4357 Monday to Friday, 7:00 a.m. to 5:00 p.m.
Questions about: <ul style="list-style-type: none"> • Ordering New ID Cards • Finding a Provider • Submitting a Claim • Updates About a Claim 	Individual Benefits Vendors (see contact information on previous page)
Questions about: <ul style="list-style-type: none"> • Benefits Eligibility • Benefits Enrollment • Change in Benefits • Update a Beneficiary • Unresolved Problem with a Benefits Vendor 	City Benefits Office 602-262-4777 Monday to Friday 8:00 a.m. to 5:00 p.m. benefits.questions@phoenix.gov phoenix.gov/benefits

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City of Phoenix

Human Resources Department
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