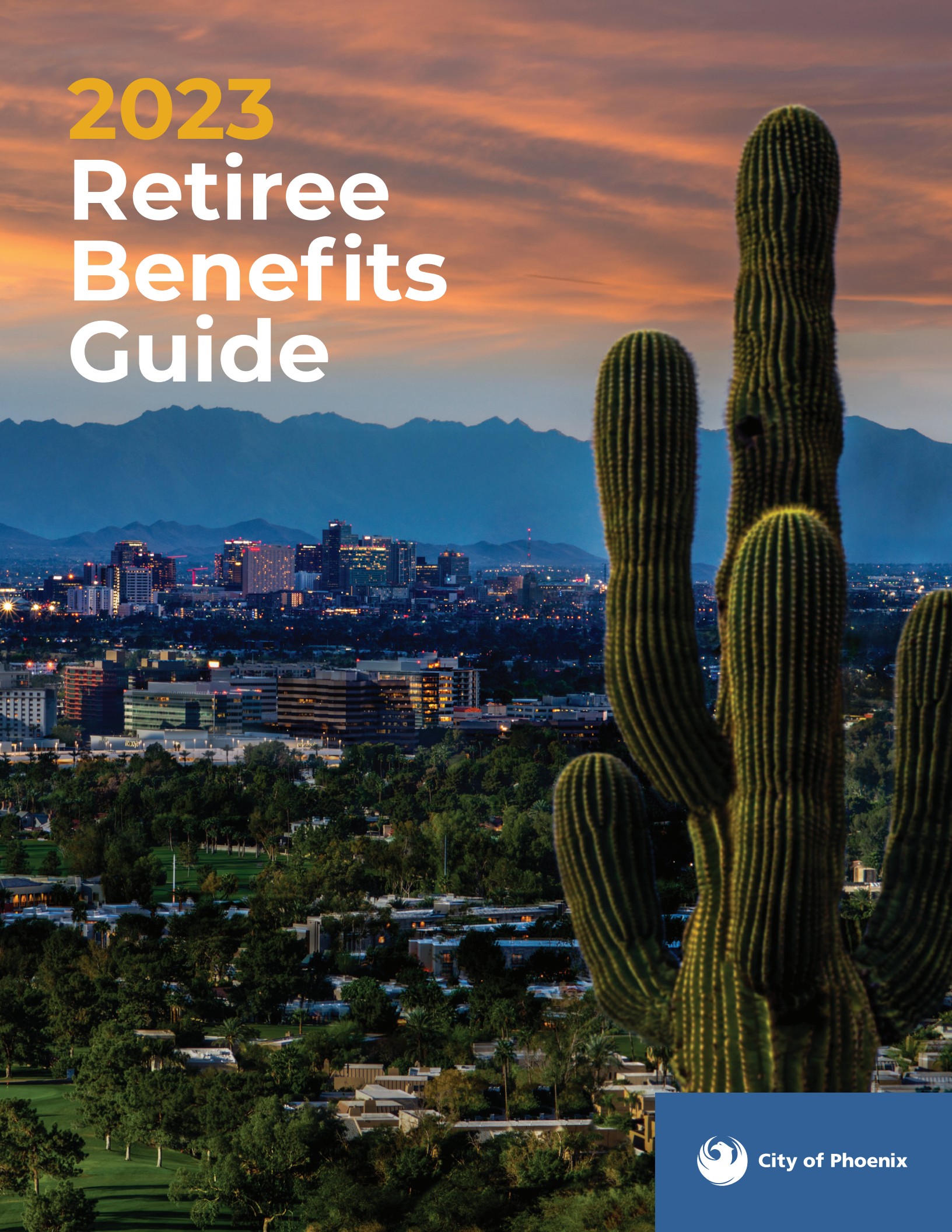


2023 Retiree Benefits Guide



City of Phoenix

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YOUR 2023 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 valuable and comprehensive health care coverage. This 2023 Retiree Benefits Guide provides highlights of the City of Phoenix retiree health plans effective January 1, 2023. 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 8 for details.
- Couples with one Medicare individual and one non-Medicare individual have options for coverage. See page 7 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 15–17 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 34 for details.

UPDATING YOUR CONTACT INFO

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 2023?

The City of Phoenix is committed to providing its retirees with sustainable and valuable health care coverage. In 2023, 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 17% 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. This year there are no changes to our medical plan offerings outlined on Page 18:

Navigate HMO – Deductible remains \$700 (for individuals), with low coinsurance and the convenience of working with a Primary Care Physician who will coordinate your care.

Catastrophic Plan – Deductible remains \$5,000 (for individuals) with low premiums and generous coinsurance.

Choice Plus PPO – Deductible remains \$1,500 (for individuals) and annual out-of-pocket maximum (\$4,000 for individual) with flexibility of using out-of-network providers.

Choice HSA – Deductible remains \$1,500 (for individuals) with low out-of-pocket maximums and the convenience and tax benefits of using a HSA.

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 Non-Medicare Rx Plan

The City of Phoenix is offering Non-Medicare Prescription drug benefits through Elixir Pharmacy. Comprehensive information about **Elixir** benefits can be found on page 30 of this guide.

Open Enrollment Form Now Required!

The City of Phoenix is requiring retirees seeking to **newly elect or make changes** to their Non-Medicare Medical, Dental or Vision coverage for yourself or your spouse/family, to complete a Retiree Open Enrollment Form. **This form is NOT required to stay enrolled in your current benefits**, which roll over. It is only required if you are electing new benefits or making changes to your current selection. The form can be found on page 5 of this guide. You can also complete this form electronically by visiting phoenix.gov/benefitsretiree. If you need assistance completing this form, please contact the Benefits Office at (602) 262-4777.



City of Phoenix Retiree Open Enrollment Form Elections Effective: January 1, 2023		ENROLLMENT TYPE	RETIREMENT	PAYMENT OPTION	MEDICAL REIMBURSEMENT		
		<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> WAIVE ALL COVERAGE	<input type="checkbox"/> GENERAL CITY (COPERS) <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE	<input type="checkbox"/> PENSION DEDUCTION <input type="checkbox"/> DIRECT PAY (INSUFFICIENT PENSION)	<input type="checkbox"/> PEHP <input type="checkbox"/> MERP		
1. EMPLOYEE I. D. #	2. LAST NAME		FIRST NAME		MI	3. DATE OF BIRTH	
4. PHYSICAL ADDRESS		CITY	STATE	ZIP CODE			
5. MAILING ADDRESS		CITY	STATE	ZIP CODE			
6. PHONE NUMBER	7. Last 4 SSN	8. EMAIL					
9. TYPE OF COVERAGE							
<input type="checkbox"/> Retiree ONLY		<input type="checkbox"/> Retiree + 1		<input type="checkbox"/> Spouse ONLY		<input type="checkbox"/> Family AND Retiree	
						<input type="checkbox"/> Family NO Retiree	
10. NON-MEDICARE MEDICAL PLAN SELECTION							
UNITED HEALTHCARE (UHC) MEDICAL PLAN		<input type="checkbox"/> NAVIGATE HMO <input type="checkbox"/> CATASTROPHIC PLAN <input type="checkbox"/> CHOICE HSA <input type="checkbox"/> CHOICE PLUS PPO			<input type="checkbox"/> Waive <input type="checkbox"/> No Change		
11. DENTAL AND VISION PLAN			12. TYPE OF COVERAGE				
CIGNA DENTAL		<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Single <input type="checkbox"/> Retiree + 1 <input type="checkbox"/> Family		<input type="checkbox"/> Waive <input type="checkbox"/> PSPRS Dental <input type="checkbox"/> No Change	
DAVIS VISION		<input type="checkbox"/> Buy Up Vision Plan		<input type="checkbox"/> Single <input type="checkbox"/> Retiree + 1 <input type="checkbox"/> Family		<input type="checkbox"/> Waive <input type="checkbox"/> No Change	
13. PLEASE FILL IN THE INFORMATION BELOW WHEN ENROLLING OR ADDING/REMOVING DEPENDENTS. (USE A BLANK FORM TO ADD ADDITIONAL DEPENDENTS. INCLUDE YOUR NAME AND MARK AS PAGE 2)							
Add or Del	Mark All That Apply	Last Name	First Name	Check Dependent Type	Gender	DOB MM/DD/YYYY	Last 4 of SSN
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> QDP Dep			
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> QDP Dep			
	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> QDP Dep			
Dependent verification documents must be received before January 1, 2023.							
The signature below authorizes the above elections and pension check deductions and VERIFIES MY UNDESTANDING OF THIS INFORMATION.							
14. Signature:				15. Date Signed:			
Received By:		Date:		Entered By:			
Submit this form and dependent verification to: Email: benefits.questions@phoenix.gov Fax: 602-534-2848				Mail to: City of Phoenix Benefits Office – 7th Floor 251 Washington Street Phoenix, AZ 85003			

Greetings from HCBTB Chair

Dear Retirees and Families,

It hardly seems possible that it's been a year serving as the Health Care Benefits Trust Chair. There have been many challenges to face, especially with the continuing efforts to balance increasing premium costs due to inflation in medical, pharmacy and hospital costs with benefit design options. And, as you know, these efforts have been further complicated by the Coronavirus and ongoing testing and management requirements. Many of us have lost family members and friends to this terrible disease or condition are still suffering with long term symptoms. To you, I wish you my sincerest sympathy and improved health.

I wanted to take a moment to look back in time so I could share some history of the pre-65 retirement insurance plans as they stand today. In 2007, the City of Phoenix separated retirees from the active employees because of the risk of losing their AAA+ bond rating. This avoided the City from having to report the unfunded liability of supplementing retirees, per GASB45 (Statement 45 of the Governmental Accounting Standards Board), on the City's balance sheet.

At that time, \$15 million dollars (Retiree Health Stabilization Fund or RHSF) was set aside to assist with subsidizing medical premiums for retirees. The fund went untouched for many years, but eventually, due to increased medical and pharmacy costs, retiree premiums were subsidized. As of today, that fund has been exhausted, however, the Health Care Benefits Trust Fund (HCBTF) has absorbed costs over and above premiums received for several years. This is considered an unfunded liability.

For Plan Year 2023, using an adjusted blend of actual vs. expected medical and drug claims experience and projected increase in health care cost, the premiums for 2023 increase by 17%, with a projected increase in 2024 of another 13% if not more. This trend is expected to continue.

Since the RHSF is exhausted, there is no additional subsidization available, however, with the City Manager's approval, the Health Care Trust will absorb costs/expenditures over and above premiums collected for Plan Year 2023 and 2024. However, recommended premium rate changes based on the projected increase cost and experience of medical and pharmacy claims over the next two years will likely be significant.

We face a difficult challenge; how to provide City retiree's affordable solvent non-Medicare plans without supplementation. We continue to explore options, but the challenge is difficult.

This information is not intended to alarm you, but to inform you of why premiums are increasing so much and to give you advance notice should you want to explore other healthcare options to include products either in the government marketplace or through private insurance agencies.

Open Enrollment for 2023 begins Monday, October 17, 2022, and closes at 11:59 p.m. on Monday, November 14, 2022. Changes you make during this year's open enrollment go into effect on January 1, 2023. If you do nothing during Open Enrollment your current coverage will continue through 2023.

Please double-check your current coverage before making the choice to do nothing during Open Enrollment. Please contact the Benefits Office with any questions at benefits.questions@phoenix.gov or (602) 262-4777.

Regards,

Colleen Ostrander

Health Care Benefits Trust Board Chair



Overview Of Benefit Programs

BENEFIT	WHO IS ELIGIBLE*	SEE PAGE:
UnitedHealthcare Non-Medicare Medical Plans	Eligible Retirees and Dependents under age 65, and those over age 65 who do not qualify for Medicare	19
Elixir Pharmacy Non-Medicare Pharmacy Plans	Eligible Retirees and Dependents under age 65, and those over age 65 who do not qualify for Medicare	31
AARP/UHC Supplemental Medicare Plans	Eligible Retirees and Dependents age 65 and older enrolled in Medicare Part A and B	32
AARP/UHC Pharmacy Drug Plans	Eligible Retirees and Dependents age 65 and older	34
Cigna Dental Plans	All Eligible Retirees and Eligible Dependents	36
Davis Vision by MetLife	All Eligible Retirees and Eligible Dependents	38
Elder Care Resources	All Eligible Retirees	40
MetLife Pet Insurance	All Eligible Retirees	40
ARAG Legal Plan	All Eligible Retirees	41

*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
- 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 & 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

2023 Premiums

The City will offer the convenience of paying your monthly premiums for medical, dental, and/or vision coverage from your monthly pension checks or by direct payment if your pension is not sufficient to cover monthly premium amounts. Please contact the benefits office to set up the direct payment.

2023 MONTHLY MEDICAL PLAN PREMIUMS FOR NON-MEDICARE RETIREES			
	FULL PREMIUM* (PEHP PREMIUM)	QUALIFIED CITY CONTRIBUTION	REDUCED PREMIUM (MERP PREMIUM)
CATASTROPHIC PLAN			
Single	\$938.98	\$105	\$833.98
Retiree +1	\$1,971.86	\$375	\$1,596.86
Family	\$2,488.30	\$375	\$2,113.30
CHOICE HSA PLAN			
Single	\$1094.99	\$105	\$989.99
Retiree +1	\$2,299.48	\$375	\$1,924.48
Family	\$2,901.73	\$375	\$2,526.73
CHOICE PLUS PPO PLAN			
Single	\$1,411.43	\$105	\$1,306.43
Retiree +1	\$2,963.98	\$375	\$2,588.98
Family	\$3,740.28	\$375	\$3,365.28
NAVIGATE HMO PLAN			
Single	\$1,249.60	\$105	\$1,144.60
Retiree +1	\$2,624.15	\$375	\$2,249.15
Family	\$3,311.43	\$375	\$2,936.43

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

2023 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

2023 MONTHLY VISION PLAN PREMIUMS – ALL RETIREES

	DAVIS VISION BY METLIFE
Single	\$11.55
Retiree +1	\$21.83
Family	\$26.57

2023 MONTHLY LEGAL PLAN PREMIUMS – ALL RETIREES

	ARAG LEGAL PLAN*
Value Plan	\$12.00
Buy-Up Plan	\$24.40

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

Medicare Supplement Plans & 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

At-a-Glance

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.

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 12
Medical Expense Reimbursement Plan (MERP) – includes Basic MERP, Supplemental MERP, and for General City retirees, Category MERP	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.	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 13
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 15
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 16
HELPS Act* (Public Law 109-280 Sec. 845)	You are a public safety retiree.	You have the option to reduce your taxable income up to \$3,000 when paying for health care premiums from an eligible retirement account.	Page 18

* See "Public Safety Retiree Information" on pages 15-17 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 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. *MERP is not directly applied*

towards City premium deductions and acts as a reimbursement monthly.

- 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

Medical Expense Reimbursement Plan (MERP)

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 Medicare eligible 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



Medical Expense Reimbursement Plan (MERP)

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 2023 are:

QUALIFIED CITY CONTRIBUTION (QCC) AMOUNTS FOR 2023	
Non-Medicare, Single	\$105 per month
Non-Medicare, Plus One or Family	\$375 per month
Medicare Supplemental Plans (except for Unit 5 Fire retirees)	\$30 per month
Medicare Supplemental Plans for Unit 5 Fire retirees	\$90 per month

Public Safety Retiree Information

Reducing Your Out-Of-Pocket Health Care Costs

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 or by contacting PSPRS Benefits Office at (602) 255-5575.

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.

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 or direct enrollment with an insurance carrier.

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, however, Medicare Supplemental premium does qualify.
- Private 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 February/March 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 Nationwide 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 Elixir pharmacy benefits, in-network savings, and free in-network preventive care in 2023.

Medical Coverage Needs

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

- Retiree
- Retiree Plus One
- Retiree Plus Family



About Tier 1 Providers in Choice and Choice Plus Network

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 9/1/2022, their coverage under the non-Medicare medical plan would terminate as of 8/31/2022.



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 & Banner)	X	✓	✓	✓
Smaller, Arizona-only network	✓	X	X	X
Save when using Premium Tier 1 providers in the Choice and Choice Plus networks	X	✓	✓	✓
Can use out-of-network providers	X	X	X	✓
Must use a Primary Care Physician (PCP) to coordinate care and obtain referrals to specialists	✓	X	X	X
Can open an HSA	X	X	✓	X
Annual in-network deductible for individual coverage	\$700	\$5,000	\$1,500	\$1,500
Cost for in-network physician/PCP office visit	\$35	\$40 co-pay for Tier 1 PCP. \$60 for all other in-network providers (non Tier 1)	10%-20% after deductible	10%-20% after deductible
Lowest to highest premiums	High	Lowest	Low	Highest

*Except for emergencies

**For HSA information, see page 28



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	\$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
CP Selection Required?	Yes
Referral Required to See Specialist?	Yes
Preventive Care	Plan Pays 100%
Office Visit, Primary Care	\$35
Office Visit, Specialist	\$50 copay with referral, \$60 without a referral
Office Visit, Mental Health	\$35
Virtual Visits (Telemedicine)	\$0
Outpatient Procedure or Surgery Inpatient	Deductible, \$150 copay, then 100%
Hospitalization	Deductible, \$250 copay per day, max \$450
Lab and X-rays	100%
CT, PET, MRI, Nuclear Medicine	Plan pays 90% after deductible

Navigate HMO Plan Key Features

	NAVIGATE HMO
NETWORK	NAVIGATE
Coverage applies to...	In-Network Only
Urgent Care Visit	\$75
Emergency Room Visit	\$200
Rehabilitative Services (Speech, Physical & Occupational Therapies)	\$35 copay
Chiropractic	\$35 copay
Hearing Aids	Plan pays 90% after deductible every 2 years per ear
Vision Exam	\$35 (every calendar year)
Pharmacy Benefits by Elixir	\$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
CP Selection Required?	No
Referral Required to See Specialist?	No
Preventive Care	Plan Pays 100%
Office Visit, Primary Care	\$40 Tier 1 - \$60 Broad Network (non Tier 1)
Office Visit, Specialist	\$60 Tier 1 - \$80 Broad Network (non Tier 1)
Office Visit, Mental Health	\$40
Virtual Visits (Telemedicine)	\$0
Outpatient Procedure or Surgery Inpatient	Plan pays 90% after deductible (Free-standing or ambulatory surgical center/office) Plan pays 80% after deductible (Hospital-based center)

Catastrophic Plan Key Features

	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 location, 90% free-standing/office, 80% Hospital-based center)
CT, PET, MRI, Nuclear Medicine	Plan pays 90% or 80% (depending on location, 90% free-standing/office, 80% Hospital-based center)
Urgent Care Visit	\$75
Emergency Room Visit	Plan pays 80% after deductible
Rehabilitative Services (Speech, Physical & Occupational Therapies)	\$40 copay
Chiropractic	\$40 copay
Hearing Aids	Plan pays 90% after deductible every 2 years per ear
Vision Exam	\$40 (every calendar year)
Pharmacy Benefits by Elixir	\$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—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
CP 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 Inpatient	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 Plan Key Features

	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% (depending on location, 90% free-standing/office, 80% Hospital-based center)
CT, PET, MRI, Nuclear Medicine	Plan pays 90% or 80% (depending on location, 90% free-standing/office, 80% Hospital-based center)
Urgent Care Visit	Plan pays 90% after deductible
Emergency Room Visit	Plan pays 80% after deductible
Rehabilitative Services (Speech, Physical & 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 Benefits by Elixir	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 Only	Out-of-Network Only
Lifetime Maximum Benefit	Unlimited	
Health Savings Account?	No	
Calendar-Year Deductible (True Family—Not 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
Outpatient Procedure or Surgery Inpatient	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



Choice PPO Plan Key Features

	CHOICE PLUS PPO	
NETWORK	UHC (TIER 1 & BROAD)	
Coverage applies to...	In-Network Only	Out-of-Network Only
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;
CT, PET, MRI, Nuclear Medicine	Plan pays 80% after deductible at hospital-based lab	pre-authorization may be required
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 & 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 Benefits by Elixir	\$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?

- You 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?

- You cannot be enrolled in other medical coverage, including a spouse's group health plan, Medicare, or receiving health care through the VA.
- You 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 2023, HSA contribution limits are:

- \$3,850 for single coverage
- \$7,750 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 health goals, 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.

[Visit Rallyhealth.com](https://www.rallyhealth.com)

[Download the Rally Health app](#)

Members can also access Rally by visiting myuhc.com > Health Resources > Rally.



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!

[Visit Realappeal.com](https://www.realappeal.com)

[Call \(844\) 924 7325](tel:8449247325)

Members can also access Realy Appeal by visiting myuhc.com > Health Resources > Real Appeal.



Pharmacy Benefits



Drug Tiers

The cost of your prescription drugs under the City's medical plans depends on the tier of the medication:

- Generic drugs contain the same active ingredients as their brand-name equivalents and meet the same federal standards for safety, but typically cost significantly less
- Preferred Brand drugs are brand-name medications that are favored by the prescription plan based on drug effectiveness and cost
- Non-Preferred drugs are brand-name medications generally covered at the highest copay tier level
- Non-formulary drugs are medications that are excluded and are not on a prescription plan's formulary based on drug effectiveness and cost. These medications require prior authorization and will cost more

- Specialty drugs are medications that can be injectable requiring a clinical setting or self-administered, have a high cost, and may require special storage and handling. Many traditional retail pharmacies do not have these medications available. Specialty medications are generally exclusive to specialty pharmacies and dispensing is limited to 30 day supply

Maintenance Medication Requirements

- The City requires you to fill maintenance medications using mail order or specific retail locations. The retail locations available for 90-day fills are CVS, Target and Fry's
- Set up mail order prescriptions by calling Elixir directly or visiting their website
- You save by paying only 2.5x copays for 90 days of medication when using a 90-day retail pharmacy (CVS, Target or Fry's) and when using mail order

Elixir Contact Info

Elixir Customer Care:

(833) 803-4402

elixirsolutions.com

To contact our onsite Elixir representative:

kibaker@elixirsolutions.com or

Kim.Baker@phoenix.gov

Call Kim: (602) 534-5370

Save Money

Over 90-days' worth of medication from one of our three retail pharmacies (CVS, Target, or Fry's) or by mail through Elixir. (Pay only 2.5x copays for 3-months' worth of medication!) Also consider generics: often equally effective as brand-name medications while saving significant money!

Preventative Drug List

In some cases, there will not be a cost share charged to the member for a prescription, based on applicable rules and regulations, such as the PPACA.



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 retirees only)	\$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**.



Medicare Health Plan Enrollment

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 & 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**.

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

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 2022. 2023 information is not available at time of printing.



HOW EACH PLAN DIFFERS:	THE AARP® MEDICARERX PREFERRED (PDP)	THE AARP® MEDICARERX SAVER PLUS (PDP)	THE AARP® MEDICARERX WALGREENS (PDP)
Annual Prescription Drug Deductible	\$0	\$480	\$0 for Tier 1 \$310 for Tiers 2-5
Network of Preferred Pharmacies (get highest retail coverage when you use a preferred pharmacy)	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.aarpmedicareplans.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.

WITH MEDICARE — MEDICAL & 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.**



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
<p>You first pay 100% for medication costs until you meet the annual deductible. This could be \$0 or more, depending on your plan.</p>	<p>You pay a copay and your Part D plan pays its share for each covered drug until the combined amount reaches a certain level.</p>	<p>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>	<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 NOTE

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

We value your smile! There is no time like the present to get caught up on all your dental care needs! 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
National PPO network of dentists	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 25 miles of your residence address for coverage to apply
In-network and out-of-network care is covered, but you may pay more with an out-of-network dentist	No deductible
Calendar year deductible	No maximum for most covered services
Deductible waived for preventive services	Free preventive care
All services covered at 80%	Patient Charge Schedule (PCS) for dental services
Maximum annual benefit per member, \$2,000/calendar year	

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** or 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 Features fewer dental specialists
Calendar Year Deductible	\$50 individual, \$150 family (Deductible does not apply to preventive services)		None
Calendar Year Benefits Maximum	\$2,000		None
Diagnostic & Preventive Care Cleanings, exams, Xrays: 2 per calendaryear	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 by MetLife

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

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

For More Information, Or To Find An In-Network Provider:

Davis Vision by MetLife

Call: 833-EYE-LIFE

For online support in 2022, members can still log onto www.davisvision.com/members and enter the City of Phoenix Client Code 9613 to access the provider directory, their plan players and eye health and wellness information.

Beginning 1/1/2023, members should visit www.metlife.com/mybenefits.



Did you know the Buy-Up Vision plan includes a Lasik Reimbursement of \$200, which is available for any provider, in-network or out-of-network, payable once per lifetime. All members also have access to discounts for Lasik-related services of up to 50% when they use a provider under the QualSight program. Contact QualSight for assistance in locating a provider and scheduling their service. Members are eligible for the discounts in addition to the \$200 benefit.



Retiree Vision Plan with Davis Vision

VISION CARE SERVICE	BENEFIT (IN-NETWORK)
Eye Exam	\$10 co-pay
Materials	No co-pay for base lenses
Frame Allowance All Frames from the Davis Vision Exclusive Collection are covered in full	\$175 retail value at participating Walmart, Costco, Sam's Club, and other retail locations
MEMBER CHARGES	
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 Member Charge
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
Conventional Contact Lens Fit and Follow-Up	Included
Specialty Contact Lens Fit & 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 (up to \$175 allowance)	Free at Prime Eye Care locations (Limitations apply)



Elder Care Support

The City of Phoenix understands the benefits we provide are more valuable than ever to our members, especially for our retirees. We are committed to supporting the well-being of our retirees and their family members as we adjust to living in the “new normal.”

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

Because we all love our pets, the City will continue to offer pet insurance at a group discount in 2023 through MetLife Pet Insurance. 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.

- 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 code
- 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)

MetLife Pet Insurance

(855) 270-7387

MetLifepetinsurance.com



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 qualified domestic partner (QDP), and eligible children, 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 representation in court. Network attorney fees are 100% paid in full for most covered matters.

- Value Plan - \$12.00 per month for the most common legal services
- Buy-Up Plan - \$24.40 per month for a wide variety of legal services plus ID theft protection, tax advice and discounted tax preparation assistance
- Legal insurance plans are elected during open enrollment and last for the calendar year

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

Buy-Up Plan Includes These ID Theft Services

- \$1 million identity theft insurance
- Full-service identity restoration
- Single-bureau credit monitoring
- Internet surveillance
- Change-of-address monitoring
- Child identity monitoring
- Lost wallet services

For More Information Contact ARAG

ARAG Legal Insurance

Call: (800) 247-4184

Visit: ARAGlegal.com/plans

(Access Code: 16922phx)



Legal Insurance

How to Enroll in Retiree Benefits

IMPORTANT 2023 OPEN ENROLLMENT DATES

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 including Elixir Pharmacy	Oct. 17th - Nov. 14th, 2022 by 11:59 PM MT*
Retiree Dental & Vision Plans	Oct. 17th - Nov. 14th, 2022 by 11:59 PM MT*
Elder Care Support, Pet Insurance	Oct. 17th - Nov. 14th, 2022 by 11:59 PM MT*
Legal Insurance	Any time of year

DENTAL OR VISION PLAN

Call the Benefits Office
 Phone number: (602) 262-4777 (open between 8 AM to 5 PM)
 Email: benefits.questions@phoenix.gov

TO ENROLL (OR WAIVE) 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 (OR WAIVE) 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) 270-7387
 Pay monthly premiums directly to the vendor

*Please note that the Benefits Office staff will only be available through 5:00pm on November 14th.

Reminder! Open Enrollment Form Now Required!

The City of Phoenix is requiring retirees seeking to elect or change Non-Medicare Medical, Dental, or Vision coverage for yourself or your spouse/family, to complete a Retiree Open Enrollment Form. This form can be found on page 5 of this guide. You can also complete this form electronically by visiting phoenix.gov/benefitsretiree.



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.myAARPmedicareplans.com AARP Membership Renewal Line: (888) 687-2277
BENEFITS FOR NON-MEDICARE RETIREES		
Medical	UnitedHealthcare	(844) 585-1273 Monday - Friday, 8:00a.m. - 8:00p.m. https://www.whyuhc.com/phoenix
Pharmacy	Elixir	(833) 803-4402 elixirsolutions.com
BENEFITS FOR ALL RETIREES		
Dental	Cigna	(800) 244-6224 • www.mycigna.com
Vision	Davis Vision by MetLife	(833) EYE-LIFE www.davisvision.com/members (access code 9613) now through 12/31/2022 www.metlife.com/mybenefits on or after 1/1/2023
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	(855) 270-7387 • MetLifepetinsurance.com



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	Alicia Eshenbaugh (602) 261-8724 alicia.eshenbaugh@phoenix.gov

FOR MORE INFORMATION ABOUT	CONTACT
Updating 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 (602)262-4777 and PSPRS at (602) 255-5575
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 ■ 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



Legal Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply listed in this Guide (and/or your health plan's Summary Plan Description) apply. If you would like more information on WHCRA benefits, contact your plan administrator at benefits.questions@phoenix.gov or (602) 262-4777.

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR HEALTH PLAN COVERAGE

If you are declining enrollment in the City of Phoenix health plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops

contributing toward you or your dependents' other coverage). However, you must request enrollment within 31 calendar days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 calendar days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance

To request special enrollment or obtain more information, contact the City of Phoenix Benefits Office at benefits.questions@phoenix.gov or (602) 262-4777.



Legal Notices

CONTINUATION COVERAGE RIGHTS UNDER COBRA INTRODUCTION

You're getting this notice because you may soon gain coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

Legal Notices

- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: the City of Phoenix Benefits Office at (602) 262-4777 or benefits.questions@phoenix.gov.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:



Legal Notices

DISABILITY EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Notify the City of Phoenix Benefits Office at (602) 262-4777 or benefits.questions@phoenix.gov.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is

only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.



Legal Notices

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

City of Phoenix
Human Resources Department Benefits Office
Attention: Benefits Supervisor
251 W. Washington Street
Phoenix, AZ 85003
(602) 262-4777
Benefits.questions@phoenix.gov



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City of Phoenix

Human Resources Department
251 W. Washington St.
Phoenix AZ 85003

Presorted
First-Class Mail
U.S. Postage
Paid
Phoenix, AZ
Permit #968