



City of Phoenix

RETIREE

2027 Benefits Guide



Annual Open Enrollment is from October 9 through November 6, 2026, at 11:59 p.m. MST

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Annual Open Enrollment is from October 9 through November 6, 2026, at 11:59 p.m. MST

Welcome

YOUR 2027 CITY OF PHOENIX RETIREE BENEFITS

Thank you for your years of service and everything you have done for the City of Phoenix. We're pleased to share your 2027 retiree benefits information.

Annual Open Enrollment is October 9 through November 6, 2026, at 11:59 p.m. MST

If you have questions about your benefit choices or need help enrolling or making changes, call the City of Phoenix Benefits Office at **602-262-4777** (Monday–Friday, 8 a.m.–5 p.m.) or email benefits.questions@phoenix.gov

This guide highlights the City of Phoenix retiree health plans effective January 1, 2027.

IMPORTANT REMINDERS

- If questions about coverage arise, official plan documents, coverage certificates, policies, contracts, and similar documents govern.
- If you do not make changes to your retiree benefits, your current elections will stay the same.
- If you are eligible for the Medical Expense Reimbursement Plan (MERP), your MERP payments will continue.
- If you are a public safety retiree, you may qualify for the monthly state subsidy (premium benefit). Learn more in the “Public Safety Retiree Subsidy” section.

UPDATE YOUR CONTACT INFORMATION

Keep your contact information current. To update your address or phone number:

- All retirees: Log in to eCHRIS at echris.phoenix.gov. If you need help with your password, contact the Help Desk at **602-534-4357**.
- General City retirees: Contact the City of Phoenix Employees' Retirement System (COPERS) at **602-534-4400**.
- Sworn public safety retirees: Contact the City of Phoenix Benefits Office at **602-262-4777** or benefits.questions@phoenix.gov.

What's Changing

UnitedHealthcare Medicare Supplement Plans

Beginning January 1, 2027, UnitedHealthcare will no longer support payment of the AARP Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company and/or AARP Medicare Rx Part D prescription drug plan premiums through pension deduction.

This is not a loss of benefits but an administrative change. Your access to Medicare Supplement coverage options will not go away. For 2027, you will need to work directly with a Medicare plan provider for enrollment and for premium payments.

If you are currently enrolled in an AARP Medicare Supplement Insurance Plan insured by UnitedHealthcare Insurance Company and/or an AARP Medicare Rx Part D prescription drug plan, please take the following steps between November 15 and December 15, 2026, to continue your coverage without interruption:

1. You will need to make two separate phone calls to UnitedHealthcare:

- Call about your Medicare Supplement plan at **800-545-1797**, TTY 711.
- Call about your Medicare Part D prescription drug plan at **844-488-3960**, TTY 711.

Note: Both lines are available
Monday–Friday, 8 a.m.–11 p.m. ET
(6 a.m.–9 p.m. MST)

2. Each plan requires you to set up a new method of payment between November 15 and December 15, 2026.

If you do not contact UnitedHealthcare to choose a payment method, you will automatically be enrolled to receive monthly billing statements, starting with your January 2027 premium payment. It is important to pay your premiums on time, as failure to do so may result in the termination of your medical and/or prescription drug coverage.



Medicare Benefits Quick FAQs

I am currently enrolled in an AARP Medicare Supplement and/or AARP Medicare Rx Part D prescription drug plan. Am I losing my coverage?

No. Your Medicare plans remain available; however, you need to reach out to UnitedHealthcare to update your payment method. Otherwise, you will default to monthly billing statements.

Do I need to take action to remain enrolled in an AARP Medicare Supplement plan?

No. Medicare Supplement plans are guaranteed renewable as long as your premiums are paid. If you want to explore your Medicare plan options, you can learn more at [medicare.gov](https://www.medicare.gov).

Do I need to take action to remain enrolled in an AARP Medicare Rx Part D prescription drug plan?

No. If you want to change Medicare Part D plan providers, you can learn about options through [medicare.gov](https://www.medicare.gov).

Will the City still pay my premiums?

No. UnitedHealthcare will no longer bill the City; therefore, you will need to pay UnitedHealthcare directly.

Can I still enroll in an AARP Medicare Supplement plan and/or an AARP Medicare Rx Part D prescription drug plan?

Yes. Your access to Medicare coverage options remains the same. Contact UnitedHealthcare at **855-361-5004** for more information about how to enroll, or explore your options at uhc.com/medicare.

If I enroll in an AARP Medicare Supplement plan beginning in 2027, will I be eligible for the employer multi-insured discount (EMID) available to City of Phoenix retirees?

Yes. Please advise UnitedHealthcare on enrollment that you are a retiree of the City of Phoenix (group number 1505), and UnitedHealthcare will confirm eligibility with the City. Post-enrollment retirees can contact UnitedHealthcare at **800-545-1797**. Please note that the discount varies by state.

What happens to Basic or Supplemental MERP?

MERP continues if you are eligible.

I am a MERP retiree. What happens to the Qualified City Contribution I am receiving in 2026 as a premium reduction?

- **If you are a MERP retiree enrolled in an AARP Medicare Supplement plan from UnitedHealthcare** as of December 2026, and your premiums are currently paid through pension deduction per the City's current Medicare Billing Agreement, you will continue to receive the QCC. However, beginning January 1, 2027, the QCC will be paid to you as a MERP payment.
- **MERP retirees NOT enrolled in an AARP Medicare Supplement plan from UnitedHealthcare** with pension-deducted premiums, by December 2026, will not be eligible for the QCC.

Learn more about this change and what to do in the "Benefits for Medicare Retirees" section.

Eligibility and Enrollment

Eligibility

Use the table below to see which benefits may be available to you and your eligible dependents, along with where to find more details in this guide.

BENEFITS ELIGIBILITY OVERVIEW

BENEFIT	WHO IS ELIGIBLE*	SEE PAGE:
Cigna Dental Plans	All Eligible Retirees and Eligible Dependents	19
Davis Vision by MetLife	All Eligible Retirees and Eligible Dependents	21
Elder Care Resources	All Eligible Retirees	23
MetLife Pet Insurance	All Eligible Retirees	24
ARAG Legal Insurance Plan	All Eligible Retirees	24

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

Who Can Be Covered

ELIGIBLE RETIREES

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

ELIGIBLE DEPENDENTS

- Your legally married spouse
- Your qualified domestic partner (QDP) (approval process required). If your QDP has a break in coverage, QDP recertification is required.
- Children up to age 18 who live with you and for whom you have legal custody or court-approved guardianship (until custody or guardianship expires)
- Your children up to age 26 if they are your:
 - Biological or adopted children
 - Stepchildren while you are legally married to their parent
 - Qualified domestic partner’s biological children while the qualified domestic partnership is approved and intact

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

Important Coverage Rules

For children to be enrolled in a dental or vision plan, the retiree must also 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 dental or vision plan the day before they turn 26, they are primarily supported by you, and they are incapable of self-sustaining employment due to permanent disability. For more information, contact the applicable carrier or the City’s Benefits Office at 602-262-4777 or email benefits.questions@phoenix.gov.

Enrollment

This section is here to make enrollment a little easier. Use it to find key dates, see who can be covered, and understand what steps to take when you want to enroll or make changes to your retiree benefits.

For assistance, call the Benefits Office at **602-262-4777** or email benefits.questions@phoenix.gov.

What You Need to Know

- Enrollment windows vary by benefit. Some benefits can be elected year-round, while others have a specific enrollment period.
- To change or waive dental or vision coverage for yourself or your spouse or family, you must complete a Retiree Enrollment Form.
- Outside of Annual Open Enrollment, you can make changes only if you experience a qualified life event and act within the required deadline.
- To enroll in City-sponsored benefits, retirees and dependents must meet eligibility rules.
- If you are not making changes to your elections, no action is required.

Use the table below to find the enrollment period for each retiree benefit and whether action is needed during Annual Open Enrollment.

Enrollment Period Overview

IMPORTANT 2027 ANNUAL OPEN ENROLLMENT DATES

RETIREE BENEFIT	ENROLLMENT PERIOD
Retiree Medicare Rx Part D Prescription Drug Plans	October 15 – December 7, 2026 (or with a special election period as determined by Medicare enrollment guidelines)
Retiree Dental & Vision Plans	Within 31 days of your active City coverage ending or within 31 days of your City COBRA coverage ending
Legal Insurance	October 9 – November 6, 2026, by 11:59 p.m. MST

Reminder: If you do not make changes to your retiree benefits, your current elections will stay the same.

IMPORTANT ENROLLMENT RULES

Retirees have 31 days from the date their active City-sponsored dental and vision coverage ends, or from the date their City COBRA dental and/or vision coverage ends, to enroll in retiree dental and/or vision coverage. If enrollment is not elected within the 31-day enrollment period, the retiree will forfeit eligibility to enroll in the City's retiree dental and vision plans.

Once retiree dental or vision coverage is canceled, coverage cannot be reinstated, and the retiree will not be eligible to reenroll in that plan at a later date.

MAKING CHANGES MIDYEAR

Outside of Annual Open Enrollment, you can change your benefits elections or add an eligible dependent only when you experience a qualified life event within the applicable deadline. To learn more, visit phoenix.gov/benefitsretiree to view the **Qualified Life Events Chart (PDF)**.

For qualified life events to apply, please note that the retiree must be enrolled in a City dental and/or vision plan.

HOW TO ENROLL BY BENEFIT

Enrollment steps vary by benefit. Use the sections below to quickly see when to enroll, whom to contact, and how each benefit works.

Dental and Vision

- **When to enroll:** If you are newly retiring, you have 31 days from the end of your active employee dental and vision coverage or COBRA coverage to elect retiree coverage.
- **How to enroll:** Complete the Retiree Annual Open Enrollment Form included in this guide, or complete the fillable version at phoenix.gov/benefitsretiree and submit it to the Benefits Office.
- **What to know:** Dental and vision premiums must be deducted from your pension on a post-tax basis. If you have questions or would like help, contact the Benefits Office at **602-262-4777** or email benefits.questions@phoenix.gov.

Elder Care, Pet Insurance, and Legal Insurance

- **Elder Care Support:** Available through ComPsych GuidanceResources anytime during the year. Call **844-819-4775** or visit guidanceresources.com. Contact the Benefits Office for the access code.
- **Pet Insurance:** You can enroll in MetLife Pet Insurance anytime during the year by calling **800-GET-MET8 (800-438-6388)** or by visiting metlife.com/getpetquote. Premiums are paid directly to MetLife.
- **Legal Insurance:** Enroll through ARAG during its enrollment period by calling **800-835-3425** or by visiting araglegal.com/plans using the retiree access code provided in this guide. Enrollment and premium payments are handled directly through ARAG.



Retiree Annual Open Enrollment Form

To make changes to your dental and/or vision coverage, complete the Retiree Annual Open Enrollment Form. Submit the form by November 6, 2026. You can also complete this form electronically by visiting phoenix.gov/benefitsretiree.

Note: If you are not making changes to your elections, no action is required.

 City of Phoenix Retiree Enrollment Form Effective Date: _____		ENROLLMENT TYPE ☐ NEW ☐ CHANGE ☐ WAIVE ALL COVERAGE	RETIREMENT ☐ GENERAL CITY (COPERS) ☐ POLICE ☐ FIRE	PAYMENT OPTION ☐ PENSION DEDUCTION	MEDICAL REIMBURSEMENT ☐ PEHP ☐ 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				
11. DENTAL AND VISION PLAN		12. TYPE OF COVERAGE				
DENTAL	☐ HMO ☐ PPO	☐ Single ☐ Retiree + 1 ☐ Family			☐ Waive ☐ No Change	
VISION	☐ Buy Up Vision Plan	☐ Single ☐ Retiree + 1 ☐ Family			☐ Waive ☐ 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
	Dental ☐ Vision ☐			☐ Child ☐ Spouse ☐ QDP ☐ QDP Dep		
	Dental ☐ Vision ☐			☐ Child ☐ Spouse ☐ QDP ☐ QDP Dep		
	Dental ☐ Vision ☐			☐ Child ☐ Spouse ☐ QDP ☐ QDP Dep		
- Dependent verification documents must be received within 31 days of election date. - The signature below authorizes the above elections and pension check deductions and VERIFIES MY UNDERSTANDING 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 W. Washington Street Phoenix, AZ 85003		

Overview of Benefits Information

Paying for Your Health Plans

Use this section to understand how premiums are paid for retiree benefits and what payment rules apply to each plan.

Dental and vision premiums must be deducted from your monthly pension on a post-tax basis. There is no direct pay option available for these benefits.

2027 MONTHLY DENTAL PLAN PREMIUMS – ALL RETIREES		
COVERAGE LEVEL	CIGNA DENTAL PPO	CIGNA DENTAL HMO
Single	\$58.52	\$26.40
Retiree + 1	\$128.50	\$54.84
Family	\$187.34	\$82.26

2027 MONTHLY VISION PLAN PREMIUMS – ALL RETIREES	
COVERAGE LEVEL	DAVIS VISION BY METLIFE
Single	\$11.55
Retiree + 1	\$21.83
Family	\$26.57

Legal insurance premiums are paid directly to ARAG. Enrollment and premium payments are handled directly through ARAG.

2027 MONTHLY LEGAL PLAN PREMIUMS – ALL RETIREES	
ARAG LEGAL PLAN*	MONTHLY PREMIUM
Value Plan	\$11.65
Buy-Up Plan	\$23.70

*Enrollment and premium payments are handled directly through ARAG.

Reducing Your Out-of-Pocket Health Care Costs

The City of Phoenix offers programs that may help lower your health care costs in retirement, including monthly premiums and other eligible medical expenses. Depending on your situation, you may qualify for one or more of these programs:

- Post-Employment Health Plan (PEHP)
- Medical Expense Reimbursement Plan (MERP)
- Public Safety Personnel Retirement System (PSPRS) Subsidy Premium Benefit

Compare Programs at a Glance

Use the table below to compare the programs that may help lower your health care costs. Find the description that best matches your situation to see what help may be available to you.

PROGRAM	WHO IS ELIGIBLE	FEATURES	LEARN MORE
Post-Employment Health Plan (PEHP)	Hired on or after August 1, 2007, or more than 15 years from pension eligibility on August 1, 2007	Accumulated City contributions for eligible post-employment health expenses, if you were enrolled in a City medical plan	12
Medical Expense Reimbursement Plan (MERP)	Retired between August 1988 and July 2007, or working on August 1, 2007, and within 15 years of City retirement	Monthly payments to you or your eligible survivor to pay for premiums and other eligible health expenses	12
Qualified City Contribution (QCC)	MERP-eligible retirees who are enrolled in Medicare through the City's billing arrangement and have their Medicare Supplement premiums deducted from their pension on or before December 2026 will continue to be eligible for the City's QCC benefit.	City MERP contribution is a payment that is provided to lower your Medicare Supplement premium.	13
PSPRS Subsidy Premium Benefit	Public safety retirees	State-funded subsidy that lowers premiums by \$100–\$260 a month	14

When considering a program, review the following:

- Which program applies to you depends on factors such as your hire date, retirement date, Medicare status, and whether you are a public safety retiree.
- You cannot receive PEHP and MERP at the same time, so it is important to know which program applies to you.
- If you are a public safety retiree, you may need to submit documents and complete a yearly renewal to keep your state subsidy.



Post-Employment Health Plan (PEHP)

If you were enrolled in a City medical plan while you were working, the City contributed **\$150 per month** to a PEHP account for you. You can use this money in retirement to help pay eligible health care expenses.

For more information about PEHP, visit phoenixdcp.com or email dcp.benefits@phoenix.gov. If you have questions about whether you qualify, contact the Benefits Office.

You may qualify for PEHP if you:

- Were hired on or after August 1, 2007
- Were more than 15 years away from being eligible for a City pension on August 1, 2007

Medical Expense Reimbursement Plan (MERP)

The Medical Expense Reimbursement Plan (MERP) helps eligible retirees pay for health care costs, such as premiums and other out-of-pocket expenses. You may qualify for MERP if:

- You retired between August 1988 and July 2007, or
- You were working for the City on August 1, 2007, and were within 15 years of retirement eligibility on that date, or
- You are not currently receiving PEHP contributions. You cannot receive MERP and PEHP at the same time.

MONTHLY BASIC MERP PAYMENTS

Basic MERP is paid to you each month by check or direct deposit. For most general City retirees, it is sent to the same account where your pension is deposited.

If you are a public safety retiree, make sure your direct deposit information is current with the Benefits Office. MERP is not applied to your premium bill. Instead, you receive the payment directly each month.

You can use Basic MERP to help pay health care costs, such as medical premiums, deductibles, copays, dental care, and vision care.

Basic MERP is tax-free if you use the full amount for eligible health care expenses during the same calendar year you receive it. If you do not use all of it for eligible expenses, you should return the unused amount to the City of Phoenix or report it as income and pay any taxes due.

If you retire and later return to work for the City, become eligible for PEHP, and enroll in City benefits again, you cannot receive PEHP and MERP at the same time. Your MERP payments will stop while you are working, and you will receive PEHP contributions instead.

See the table 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

SUPPLEMENTAL MERP FOR LOWER PENSION AMOUNTS

Some retirees may also qualify for a Supplemental MERP. If you qualify, this amount is added to your Basic MERP each month.

Supplemental MERP is based on your gross annualized pension amount. It gives extra help to retirees with lower pensions. See the table below.

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

Eligibility for Supplemental MERP is reviewed each year based on your pension amount. If you receive more than one City pension, such as a retiree pension and a survivor pension, those amounts are added together to determine eligibility.

EFFECTIVE JANUARY 1, 2027, MONTHLY QCC AMOUNTS FOR ELIGIBLE CITY RETIREES

Qualified City Contribution (QCC) (MERP-eligible City retirees):

- MERP Retirees enrolled in an AARP Medicare Supplement Insurance Plan and/or AARP Medicare Rx Part D prescription drug plan with UnitedHealthcare whose premiums were paid through pension deduction as of December 2026.

QUALIFIED CITY CONTRIBUTION (QCC) AMOUNTS	
Medicare Supplement Plans (except for Unit 5 Fire retirees)	\$30 per month
Medicare Supplement Plans for Unit 5 Fire retirees	\$90 per month



Public Safety Retiree State Subsidy

In addition to City benefit plans, public safety retirees and survivors may also have health plan options through the Arizona State Retirement System (ASRS), which provides retiree coverage for the Public Safety Personnel Retirement System (PSPRS). For more information, visit azasrs.gov or call PSPRS at **602-255-5575**.

State Subsidy Overview

If you are a public safety retiree in PSPRS, you may qualify for a state-funded premium benefit, called the PSPRS State Subsidy, to help lower your medical premium costs in retirement. You may qualify if you have City COBRA medical coverage or if you enroll directly with an eligible private insurance carrier.

REQUIRED DOCUMENTATION

If your medical coverage is not through the City of Phoenix or ASRS, you must send proof of your coverage and premium amount, along with the public subsidy form, to the City Benefits Office when you first apply and again during the annual audit.

Effective January 1, 2027, the City will administer the subsidy for other employer group health coverage. Those who qualify will receive the subsidy on a prospective basis.

Watch for a City mailing around February or March with information about the required documents that you need to renew your subsidy for the year.

You do not need to take action if you are enrolled in a City of Phoenix retiree dental or vision plan or an ASRS retiree medical or dental plan. In those cases, the subsidy is automatically applied before your premium is deducted from your pension check.

As the retiree, to avoid an interruption in your monthly subsidy benefit, it is your responsibility to notify the City Benefits Office if your insurance plan, premium amount, or coverage tier changes.

The table below shows the maximum monthly subsidy you may qualify for based on your coverage level and Medicare status.

MONTHLY STATE SUBSIDY AMOUNT FOR REDUCING PREMIUM PAYMENT				
WITHOUT MEDICARE		WITH MEDICARE SUPPLEMENT		COMBINATION
Retiree Only	Retiree and Dependents	Retiree Only	Retiree and Dependents	At least one with Medicare, others without
\$150	\$260	\$100	\$170	\$215

PSPRS updated their pension system in April 2026. As a result, the City’s renewal forms and processes for the public subsidy benefit may change in 2027.

COVERAGE THAT DOES NOT QUALIFY

The following types of coverage do not qualify for the PSPRS subsidy:

- Medicare Part A, Part B, and Part D premiums (Medicare Supplement premiums do qualify)
- Vision and dental premiums that are not through ASRS or the City of Phoenix
- Coverage in which the retiree is enrolled as a dependent on a spouse’s or domestic partner’s plan

For more information, contact the Public Subsidy Coordinator at **602-262-4777** or email public.subsidy@phoenix.gov.

Keep Your Address Updated

Keep your address current with the Benefits Office so you do not miss important mailings from the City. Public safety retirees can update their address by logging in to eCHRIS or by submitting an address change form via email to benefits.questions@phoenix.gov.

For assistance logging in to eCHRIS, contact the City Help Desk at **602-534-4357**.



Benefits for Medicare Retirees

Beginning January 1, 2027, UnitedHealthcare will no longer support payment of the AARP Medicare Supplement Insurance Plan and/or AARP MedicareRx Part D Prescription Drug Plan premiums through pension deduction. If you are currently enrolled in a UnitedHealthcare Medicare plan, you can keep your current coverage, or use the guide below to review your options, compare plans through the federal Medicare Plan Finder, and understand where to get help if you need it.

The City of Phoenix also has a Medicare Broker, Retired Phoenix Police Commander Kenny Tims, who is available to assist with UnitedHealthcare Medicare Plan enrollments, Medicare Advantage Plans, or plan questions. Please email ktims@healthmarkets.com or call **602-380-5197**.

START HERE

- If you already have Medicare coverage, review your plan during Medicare Open Enrollment.
- If you are shopping for new coverage, compare Medicare health and drug plans through Medicare's Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).
- If you take prescriptions, check whether your medications and pharmacies are covered before you enroll.
- If you need help, contact Medicare, a licensed insurance agent or broker, or a trusted advisor.

STEP 1:

Choose the Coverage Path That Fits You

Most Medicare retirees choose one of two general paths. Use this table to understand how they differ and what to check before you decide.

OPTION	WHAT IT MEANS	WHAT TO CHECK
Original Medicare with optional additional coverage	You keep Medicare Part A and Part B. You may also choose a separate Part D prescription drug plan and, if available to you, a Medicare Supplement Insurance policy, also called Medigap.	Doctors, hospitals, prescriptions, monthly premiums, deductibles, and out-of-pocket costs
Medicare Advantage	You receive Medicare coverage through a private insurance plan that can require prior authorizations for non-emergency medical care. These plans may include medical and prescription drug coverage.	Provider network (Mayo Clinic does not accept Advantage plans), referral requirements, prescription drug coverage, pharmacy access, travel coverage, premiums, and out-of-pocket costs

STEP 2:

Compare Plans Using the Medicare Plan Finder

The federal Medicare Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) lets you compare Medicare health and prescription drug plans available in your area. You can search by ZIP code, enter your prescriptions and preferred pharmacies, and compare plan costs and coverage side by side. You can also contact the City's Medicare Broker, Kenny Tims (ktims@healthmarkets.com) who can answer any questions and help with plan comparisons.

BEFORE YOU COMPARE PLANS, GATHER THIS INFORMATION

- Your Medicare card and Medicare number
- Your ZIP code and county of residence
- Your current prescription medications, including dosage and how often you take them
- Your preferred pharmacies
- The doctors, specialists, hospitals, and clinics you want to keep using
- Your estimated monthly budget for premiums and out-of-pocket costs

QUESTIONS TO ASK BEFORE YOU ENROLL

- Are my doctors and specialists covered?
- Are my hospitals and clinics in the plan's network?
- Are my prescriptions covered, and what will they cost?
- Which pharmacies give me the lowest cost?
- What is the monthly premium?
- What might I pay when I use care?
- Will the plan work if I travel or live in another location part of the year?
- Do I understand when coverage starts and how premiums are paid?

STEP 3:

Know When to Take Action

TIMING	WHAT TO KNOW
Medicare Open Enrollment	Generally, October 15 through December 7 each year. This is when you can review your current Medicare health and drug coverage and make certain changes for the next calendar year.
New to Medicare	Your Initial Enrollment Period generally begins three months before the month you turn 65 and ends three months after that month.
Special Situations	You may qualify for a Special Enrollment Period if you experience certain life events or coverage changes. Medicare or a licensed advisor can help you understand whether this applies to you.

STEP 4:

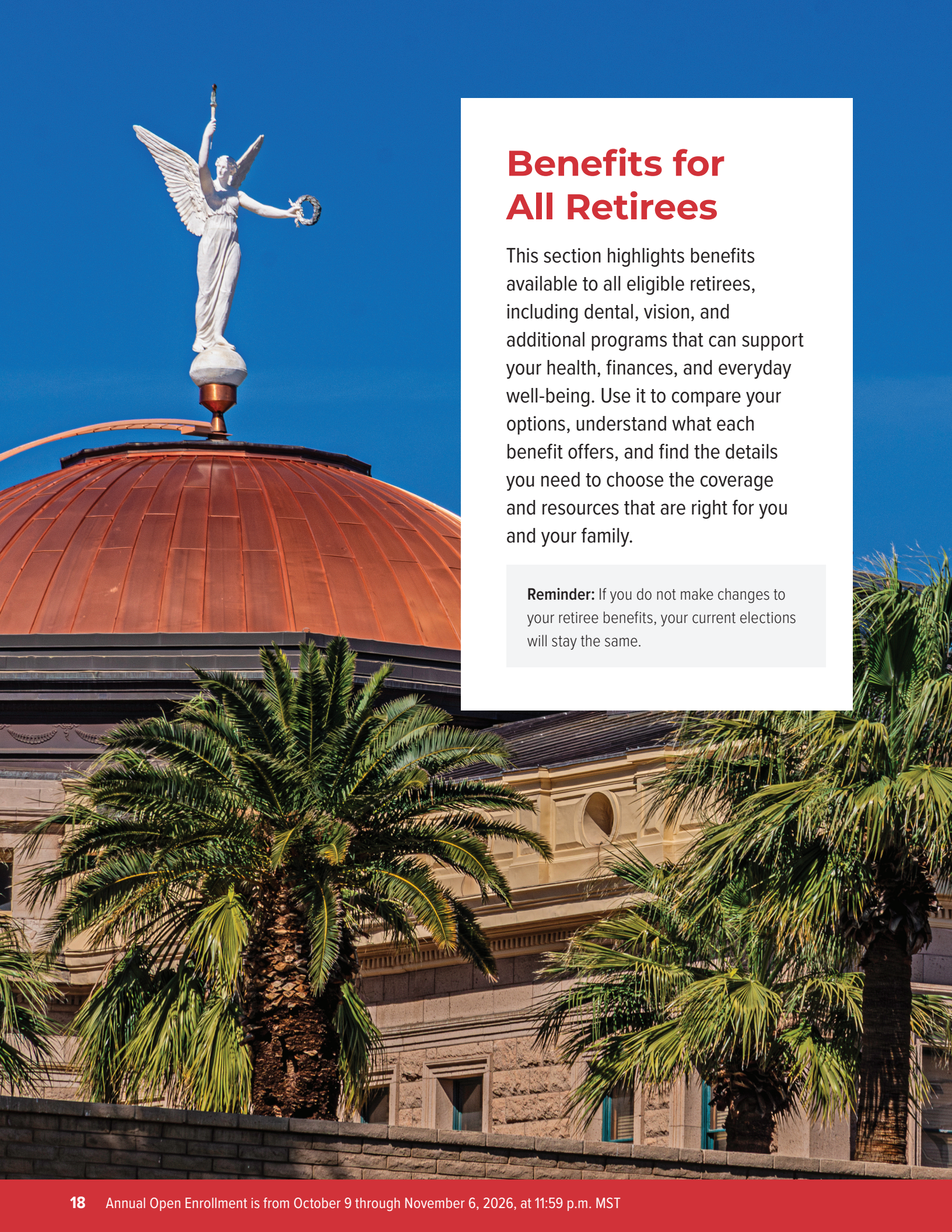
Enroll and Keep Good Records

- Review the plan's coverage, costs, provider network, pharmacy network, and enrollment rules.
- Confirm when your coverage starts.
- Confirm how and when premiums are paid.
- Keep copies of enrollment confirmations, plan notices, premium statements, and ID cards.
- Do not cancel current coverage until you understand when your new coverage begins.

Need Help?

You do not have to compare plans alone. Contact Medicare directly for help reviewing Medicare plan options, or talk with a licensed insurance agent, broker, or trusted advisor who can help you compare coverage based on your doctors, prescriptions, pharmacies, budget, and travel needs.

Contact the City Medicare Broker Kenny Tims at ktims@healthmarkets.com or **602-380-5197**.

A photograph of a large, ornate building with a prominent copper-colored dome. Atop the dome stands a white statue of a winged figure, likely Victory, holding a torch and a laurel wreath. In the foreground, several tall palm trees are visible, partially obscuring the lower part of the building. The sky is a clear, bright blue.

Benefits for All Retirees

This section highlights benefits available to all eligible retirees, including dental, vision, and additional programs that can support your health, finances, and everyday well-being. Use it to compare your options, understand what each benefit offers, and find the details you need to choose the coverage and resources that are right for you and your family.

Reminder: If you do not make changes to your retiree benefits, your current elections will stay the same.

Retiree Dental Plans

Taking care of your dental health can help you feel your best and stay healthy over time. The City of Phoenix offers two dental plan options for retirees—Cigna Dental PPO and HMO—so you can choose the coverage that best fits your needs.

For more information or to find an in-network dentist, call **800-244-6224** or visit mycigna.com.

Oral Health Integration Program® (OHIP): OHIP provides coinsurance or copay reimbursement for enhanced dental benefits that help to promote optimal oral health for patients with specific medical conditions. A customer with a qualifying condition simply completes a Registration Form on myCigna or by faxing or mailing the completed paper form. Then the customer simply visits their dentist for the covered service and pays the dentist their usual copay or coinsurance amount for that procedure. We'll send reimbursement for the qualifying treatment in about 30 days.

Dental Plans Comparison Chart

Use this chart to compare the two dental plan options and see how coverage, provider access, and costs differ.

	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.	Dental Care Access Plus network
Network Features	Large national network of dentists and dental specialists	Any licensed dentist in the U.S.	Smaller, local-only network of dentists with fewer dental specialists
Calendar-Year Deductible	Individual: \$50 Family: \$150 Deductibles do not apply to preventive services	Individual: \$50 Family: \$150 Deductibles do not apply to preventive services	None
Calendar-Year Benefits Maximum	\$2,000	\$2,000	None
Diagnostic & Preventive Care Cleanings, exams, X-rays: 2 per calendar year	Plan pays 80% of covered charges (no deductible)	Plan pays 80% of Reasonable and 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 and 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 and Customary Charges* (after deductible)	Based on Dental HMO Coverage and Fee Schedule
Implants	Plan pays 80% of covered charges (after deductible)	Plan pays 80% of Reasonable and Customary Charges* (after deductible)	Based on Dental HMO Coverage and Fee Schedule

*Reasonable and Customary Charges: The average fee charged by a particular type of health care practitioner within a geographic area.

**Covered expenses will not include, and no payment will be made for, orthodontia services.

Choosing Your Dentist

Cigna Dental PPO: Under the PPO plan, you have access to a national network of dentists that you can choose.

Cigna Dental HMO: Covered services are available only when you use a network provider in the Cigna Dental Care Access Plus network. Each covered family member is assigned a primary care dentist (PCD), who must be located within 25 miles of your residence address for coverage to apply. You can change your assigned dentist by calling **Cigna Dental at 800-244-6224** or by visiting mycigna.com. If you contact Cigna by the 20th of the month, the change is effective the first of the next month. When searching for a dentist, choose the Cigna Dental Care Access Plus network, and select a provider who is accepting new patients.

Dental Coverage Levels

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

MONTHLY RATES	PPO	HMO
Retiree	\$58.52	\$26.40
Retiree + One	\$128.50	\$54.84
Retiree + Family	\$187.34	\$82.26

Dental premiums must be deducted from your pension on a post-tax basis.
No direct pay option is available.

Note: The following states and U.S. territories do not currently offer HMO plan options: Alaska, Maine, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Vermont, Wyoming, Puerto Rico, U.S. Virgin Islands, and Guam.



Retiree Vision Plan

Good vision supports your health, safety, and everyday quality of life. The retiree vision plan can help you care for your eyes with coverage for exams, glasses, or contact lenses once each calendar year.

The vision plan, administered by MetLife, 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
 - Eyeglass World
 - Warby Parker
 - Target Optical



For more information, or to find an in-network provider, contact **Davis Vision by MetLife**.
Call **833-EYE-LIFE (833-393-5433)**.
Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

VISION COVERAGE LEVELS

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

COVERAGE LEVEL	MONTHLY RATE
Retiree	\$11.55
Retiree + One	\$21.83
Retiree + Family	\$26.57

Vision premiums must be deducted from your pension on a post-tax basis. No direct pay option is available.

BUY-UP VISION PLAN

The Buy-Up vision plan includes a LASIK reimbursement of \$200, which is available for any provider, in-network or out-of-network, and is 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 AT A GLANCE

Use this chart to see what the retiree vision plan covers and what you pay for exams, eyewear, and contact lenses when you use in-network or out-of-network care.

VISION CARE SERVICE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 copay	Up to \$40
Materials	No copay for standard corrective lenses	Up to \$50
Frame Allowance All frames from the Davis Vision Exclusive Collection are covered in full	Covered up to a \$175 allowance at participating Walmart, Costco, Sam's Club, and other retail locations	Up to \$50
MEMBER CHARGES		
Single-Vision Lenses	Included	Up to \$40
Bifocal Lenses	Included	Up to \$60
Trifocal, Lenticular Lenses	Included	Up to \$80
Standard & Premium Progressive Lenses	Included	Up to \$60
Polycarbonate Lenses (adult & children)	Included	Up to \$40
Standard Scratch-Resistant Coating	Included	Up to \$40
Premium Scratch-Resistant Coating	\$30 member charge	Up to \$40
Standard Tint (all gradients)	Included	Up to \$40
Standard Anti-Reflective Coating	Included	Up to \$40
Transitions	Included	Up to \$40
Ultraviolet Coating	Included	Up to \$40
CONTACT LENSES		
Elective	\$175 allowance	Up to \$175
Medically Necessary	Included with prior approval	Up to \$250
Standard and Premium Contact Lens Fit and Follow-Up	Included	Up to \$175
Specialty Contact Lens Fit and Follow-Up	\$60 allowance plus 15% discount on overage	Up to \$175
FREQUENCY		
Eye Examination	Once per calendar year	
Lenses, Contact Lenses	Once per calendar year	
Frames	Once per calendar year	
Sunglasses (up to \$175 allowance)	Free at Prime Eye Care locations (limitations apply)	

Elder Care Support

Elder Outreach is available to you through ComPsych GuidanceResources. 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!

Contact ComPsych GuidanceResources:

Call **844-819-4775** or TDD **800-697-0353**.

Visit guidanceresources.com.

Contact the Benefits Office for the access code.

Download the GuidanceNow app.



Pet Insurance

The City offers pet insurance at a 10% group discount through MetLife Pet Insurance. Pet insurance can help make veterinary care more affordable and give you added support when your pet needs care.

You can enroll in MetLife Pet Insurance anytime during the calendar year. Premiums are paid directly to MetLife and are not deducted from your pension.

Insurance benefits can include:

- The freedom to visit any licensed veterinarian or animal hospital in the U.S.
- Up to 100% coverage for ear infections, prescriptions, rashes, poisoning, broken bones, cuts, cancer, diabetes, allergies, X-rays, surgery, and hospitalization
- Flexible plan options with no breed exclusions, so you can choose coverage that fits your pet’s needs and your budget
- Optional preventive care coverage for routine wellness expenses, such as exams and vaccinations
- Multi-pet and family plan options, where available
- 24/7 live vet chat through the MetLife Pet app for after-hours questions
- Coverage for some preexisting conditions that were covered by a previous pet insurance provider, if you are switching to MetLife Pet Insurance and meet eligibility requirements

Rates will vary based on the following:

- Elected deductible
- Your pet’s species, age, and breed
- Benefit maximum
- Your ZIP code



To enroll, contact MetLife and state that you are a City of Phoenix retiree. The associate will assist you in choosing insurance coverage customized to your needs. Contact MetLife:
Call **800-GET-MET8 (800-438-6388)**.
Visit [metlife.com/getpetquote](https://www.metlife.com/getpetquote).

Legal Insurance

Legal insurance through ARAG gives you protection when legal challenges arise. For example, if a contractor doesn’t complete a home remodel or if you end up with a lemon of a car, a network attorney is just a phone call away, ready to provide professional legal advice and representation for these situations and more. When you work with a network attorney, their fees are paid in full for most legal issues included in your plan. You, your spouse or qualified domestic partner, and eligible children can enroll during Annual Open Enrollment in one of the coverage options—the Value plan or the Buy-Up plan.

Both plans cover a wide range of legal needs. The Buy-Up plan includes added legal protection in cases of:

- Child custody and support and divorce
- Identity theft protection
- Services for parents and grandparents
- Estate planning and more*

*Limitations and exclusions apply.

2027 MONTHLY LEGAL PLAN PREMIUMS – ALL RETIREES	
ARAG LEGAL PLAN*	
Value Plan	\$11.65
Buy-Up Plan	\$23.70

*Enrollment and premium payments are handled directly through ARAG.



To enroll, contact ARAG:
Call **800-835-3425**.
Visit araglegal.com/plans.
(Access code: 16922ret).

Additional Information

Benefits for Medicare Retirees

FOR MORE INFORMATION ON	CONTACT	PHONE/WEBSITE/EMAIL
Medicare Coverage Options Federal Medicare Plan Finder	Medicare	Compare Medicare health and drug plans through the federal Medicare Plan Finder. Visit medicare.gov and select “Find health & drug plans.” Call 800-MEDICARE (800-633-4227) for help. TTY users can call 877-486-2048. The Health Insurance Marketplace is generally for people who do not have Medicare. If you have Medicare, visit medicare.gov to compare Medicare options.
AARP/UnitedHealthcare Medicare Supplement and Medicare Part D Prescription Drug Plans	UnitedHealthcare	Medicare Supplement: Pre-enrollee questions: 844-488-3960 Post-enrollee questions: 800-545-1797 Prescription Drug Plan: Pre-enrollee questions: 844-488-3960 Post-enrollee questions: 888-867-5575 aarpmedicareplans.com AARP Membership Renewal Line: 888-687-2277

Glossary

Deductible: Generally, the amount you must pay of all the costs from providers before the Plan begins to pay.

Coinsurance: The percentage of costs a patient pays for medical expenses after meeting the deductible. Coinsurance is a type of cost sharing where the member and the Plan split the responsibility for paying for covered benefits.

Copay: A fixed out-of-pocket amount paid by a member for a covered benefit.

In-Network: Services that are provided by a carrier network, resulting in a higher benefits level (coinsurance) by the Plan and an overall lower cost to the covered member.

Out-of-Network: Providers who do not have a contract with the carrier, typically resulting in higher costs to the Plan and member. Most services are not covered by out-of-network providers except in very limited circumstances. Be aware: Your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services to confirm their network status.

Benefits for All Retirees

FOR MORE INFORMATION ON	CONTACT	PHONE/WEBSITE/EMAIL
Dental	Cigna	800-244-6224 mycigna.com
Vision	Davis Vision by MetLife	833-393-5433 metlife.com/mybenefits
Elder Care Resources	ComPsych	844-819-4775 or TDD 800-697-0353 guidanceresources.com Download the GuidanceNow app.
Legal Insurance	ARAG	800-835-3425 araglegal.com/plans (Access Code: 16922ret)
Pet Insurance	MetLife	800-GET-MET8 (800-438-6388) metlife.com/getpetquote
Public Safety Retirees: Arizona State Retirement System (ASRS) Benefits	Arizona State Retirement System (ASRS)	602-255-5575 azasrs.gov
PSPRS State Subsidy	Public Subsidy Coordinator	602-262-4777 public.subsidy@phoenix.gov
Updating an Address or Phone Number		General City retirees should update their address through eCHRIS. For an address change form, contact the City of Phoenix Employees' Retirement System (COPERS) office at 602-534-4400 . Sworn public safety retirees should update their address through eCHRIS. For an address change form, 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	Monday to Friday, 7 a.m. to 5 p.m. 602-534-4357
Questions about: 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: Benefits Eligibility Benefits Enrollment Change in Benefits Unresolved Problem with a Benefits Vendor	City Benefits Office	602-262-4777 Monday to Friday 8 a.m. to 5 p.m. benefits.questions@phoenix.gov

Legal Notices

CITY OF PHOENIX HIPAA PRIVACY NOTICE EFFECTIVE JANUARY 1, 2027

This notice describes the privacy practices of these plans: The City of Phoenix Retiree Dental and Vision Plans. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

To get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.

To ask us how to do this

- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

To ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.

To ask us how to do this

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

To request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

To ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

To get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, whom we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

To get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

To choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

To file a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 3.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling **877-696-6775**, or visiting hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

To help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so that we can arrange additional services.

To run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

To pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

To administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or

legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

To help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

To do research

- We can use or share your information for health research.

To comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

To respond to organ and tissue donation requests and to work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, such as military, national security, and presidential protective services

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

For more information on the Plan's privacy policies or your rights under HIPAA

Please contact:

HIPAA Privacy Officer in the Benefits Office
251 W. Washington St., 7th Floor
Phoenix, AZ 85003

[illegible]



City of Phoenix

Human Resources Department

251 W. Washington St.

Phoenix AZ 85003

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First-Class Mail
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