

# ***RETIREE***

**2026**

BENEFITS  
GUIDE



**City of Phoenix**

**OPEN ENROLLMENT IS OCTOBER 10 THROUGH NOVEMBER 7, 2025 AT 11:59PM**

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IMPORTANT INFORMATION FOR  
ELIGIBLE CITY OF PHOENIX  
RETIREES AND SURVIVORS.

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**OPEN ENROLLMENT** IS OCTOBER 10 THROUGH NOVEMBER 7, 2025 AT 11:59PM



## YOUR 2026 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. **Open Enrollment is October 10 through November 7, 2025 at 11:59pm.** If you have questions about your benefit choices or how to enroll or make changes please call the City Benefits office at 602-262-4777 or send an email to [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov). This 2026 Retiree Benefits Guide provides highlights of the City of Phoenix retiree health plans effective January 1, 2026.

### IMPORTANT TO NOTE

- Summary plan descriptions, coverage certificates, policies, contracts, and similar documents prevail when questions of coverage arise.
- Non-Medicare medical plans will be ending December 31, 2025. For all other benefits, if you do not make changes to your retiree benefits, your elections will remain the same as the prior year.
- If you are eligible for Medical Expense Reimbursement Plan (MERP), your MERP payments continue.
- If you are a public safety retiree, you may qualify for the monthly State subsidy (Premium Benefit). See pages 13–14 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](mailto:benefits.questions@phoenix.gov)





# Important Reminders: Non-Medicare Medical Plans End December 31, 2025

The non-Medicare medical retiree plans will end on December 31, 2025. COBRA coverage will not be available once these plans end. This does not apply or affect the Medicare plans offered by UHC.

We've already started offering informational sessions in collaboration with the City's benefit Consultants and medical carriers regarding navigating enrollment in non-Medicare plans offered through the federal marketplace. Visit the City's benefit website for more information:

[www.phoenix.gov/benefitsretiree](http://www.phoenix.gov/benefitsretiree)


## HIGHLIGHT FOR 2026

Please note that there are no rate increases to vision or dental premiums.



# Retiree Open Enrollment Form

If you are seeking to make changes during open enrollment, you must complete the following form:

 <b>City of Phoenix Retiree Enrollment Form</b>  <b>Effective Date:</b> _____		<b>ENROLLMENT TYPE</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> WAIVE ALL COVERAGE	<b>RETIREMENT</b> <input type="checkbox"/> GENERAL CITY (COPERS) <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE	<b>PAYMENT OPTION</b> <input type="checkbox"/> PENSION DEDUCTION	<b>MEDICAL REIMBURSEMENT</b> <input type="checkbox"/> PEHP <input type="checkbox"/> MERP		
		1. EMPLOYEE I.D. #		2. LAST NAME		FIRST NAME	
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		<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 No Change	
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 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	SSN (SSN required for spouse/QDP only coverage)
	Dental <input type="checkbox"/> Vision <input type="checkbox"/>			<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> QDP Dep			
	Dental <input type="checkbox"/> Vision <input type="checkbox"/>			<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> QDP Dep			
	Dental <input type="checkbox"/> Vision <input type="checkbox"/>			<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> QDP <input type="checkbox"/> QDP Dep			
<ul style="list-style-type: none"> <li>• Dependent verification documents must be received within 31 days of election date.</li> <li>• The signature below authorizes the above elections and pension check deductions and VERIFIES MY UNDERSTANDING OF THIS INFORMATION.</li> </ul>							
14. Signature:				15. Date Signed:			
Received By:		Date:		Entered By:			
Submit this form and dependent verification to: Email: <a href="mailto:benefits.questions@phoenix.gov">benefits.questions@phoenix.gov</a> Fax: 602-534-2848				Mail to: City of Phoenix Benefits Office 7th Floor 251 W. Washington Street Phoenix, AZ 85003			



# Overview Of Benefit Programs

BENEFIT	WHO IS ELIGIBLE*	SEE PAGE:
<b>AARP/UHC Supplemental Medicare Plans</b>	Eligible Retirees and Dependents age 65 and older enrolled in Medicare Part A and B	<b>17</b>
<b>AARP/UHC Pharmacy Drug Plans</b>	Eligible Retirees and Dependents age 65 and older	<b>18</b>
<b>Cigna Dental Plans</b>	All Eligible Retirees and Eligible Dependents	<b>19</b>
<b>Davis Vision by MetLife</b>	All Eligible Retirees and Eligible Dependents	<b>21</b>
<b>Elder Care Resources</b>	All Eligible Retirees	<b>23</b>
<b>MetLife Pet Insurance</b>	All Eligible Retirees	<b>23</b>
<b>ARAG Legal Insurance Plan</b>	All Eligible Retirees	<b>24</b>

\*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 (QDP) (approval process required). If your QDP has a break in coverage QDP recertification is required.
- Children up to the age of 18 who live with you for whom you have legal custody or court-approved guardianship (until custody / guardianship expires)

- Your children up to age 26 if they are your:
  - Biological child or adopted child
  - 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.**

**Note:** For children to be enrolled in dental or vision, 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 plan the day before they turn 26, are primarily supported by you, and are incapable of self-sustaining employment due to permanent disability. For more information, contact the applicable carrier or the City's Benefit Office at (602) 262-4777 or email [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov).

## 31 Day Enrollment Rule

Retirees will have 31 days from the end of either their active City-sponsored dental and vision coverage, or their City COBRA coverage, to elect retiree coverage. If elections are not made within 31 days, the retiree will be unable to enroll in the City's retiree's dental and vision plans in the future.

If you drop a City Retiree dental and vision plan, you cannot re-enroll in that plan at a later date.

## Making Changes Mid-Year

Outside of Annual Open Enrollment, you can only change your benefit elections when you experience a Qualified Life Event within the applicable deadline (found in chart) - a chart can be found on the benefits website under Documents and Forms ([www.phoenix.gov/benefitsretiree](http://www.phoenix.gov/benefitsretiree)).

Please note the retiree must be enrolled in a City dental and vision plan for qualified life events to apply.

## IMPORTANT NOTE

Dental or vision premium payments must be deducted from your monthly pension check.



2026 MONTHLY DENTAL PLAN PREMIUMS – ALL RETIREES		
	CIGNA DENTAL PPO	CIGNA DENTAL HMO
<b>Single</b>	\$58.52	\$26.40
<b>Retiree +1</b>	\$128.50	\$54.84
<b>Family</b>	\$187.34	\$82.26

Dental premiums must be deducted from pension. No direct pay option is available.

2026 MONTHLY VISION PLAN PREMIUMS – ALL RETIREES	
	DAVIS VISION BY METLIFE
<b>Single</b>	\$11.55
<b>Retiree +1</b>	\$21.83
<b>Family</b>	\$26.57

Vision premiums must be deducted from pension. No direct pay option is available.

2026 MONTHLY LEGAL PLAN PREMIUMS – ALL RETIREES	
	ARAG LEGAL PLAN*
<b>Value Plan</b>	\$11.65
<b>Buy-Up Plan</b>	\$23.70

\*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 in the October-November time-frame. 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
<b>Post-Employee Health Plan (PEHP)</b>	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 medical plan, you can use accumulated City PEHP contributions to pay for post-employment health expenses.	<b>Page 10</b>
<b>Medical Expense Reimbursement Plan (MERP)</b>	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.	<b>Page 11</b>
<b>Qualified City Contribution (QCC)</b>	You are a MERP-eligible retiree enrolled in Medicare coverage through the City's billing agreement. Medicare Supplemental premium must be deducted from retiree pension to qualify.	An amount from the City MERP Trust reduces the Medicare supplement premium.	<b>Page 12</b>
<b>Public Safety Personnel Retirement System (PSPRS) Premium Benefit*</b>	You are a public safety retiree.	A state-funded monthly subsidy (Premium Benefit) reduces your monthly premium expense by \$100 to \$260 per month.	<b>Page 13</b>



# Post Employment Health Plan (PEHP)

Employees enrolled in a City sponsored employee medical plan receive a monthly contribution in the amount of \$150.00 to an individual PEHP account. Funds can be used to cover qualified post employment health expenses.

For more information about the PEHP, go to [phoenixdcp.com](http://phoenixdcp.com) or email questions to [dcp.benefits@phoenix.gov](mailto:dcp.benefits@phoenix.gov). For questions regarding PEHP eligibility, contact the Benefits Division.

## **PEHP eligible employees are those who:**

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



# 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.
- You are not currently enrolled in PEHP — employee cannot receive MERP and PEHP at the same time.

## Basic MERP

Basic MERP is paid via check or direct deposit into the same account you receive your pension payment each month for general City retirees. For Public Safety retirees, you must update your direct deposit information with the Benefits Office. *MERP is not directly applied towards 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.
- If you are retired and re-hired at the City of Phoenix, become PEHP eligible in your new employment instance, and enroll in City benefit plans, you are not eligible to receive both PEHP and MERP payments. MERP will stop during employment and you will begin receiving PEHP for the duration of employment while enrolled in City of Phoenix coverage.

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)

## 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 to determine eligibility.

## Qualified City Contribution For MERP Recipients

The Qualified City Contribution is another way the City helps reduce retiree premiums for MERP eligible retirees. The Qualified City Contribution (QCC) amounts for 2026 are:

QUALIFIED CITY CONTRIBUTION (QCC) AMOUNTS FOR 2026	
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 ASRS retiree health plan information online at [www.azasrs.gov](http://www.azasrs.gov) or by contacting PSPRS Benefits Office at (602) 255-5575.

## 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 eligible insurance carriers.

The City may administer the PSPRS State Subsidy benefit for City COBRA medical coverages and direct enrollments with a private insurance carrier.

## 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 SUPPLEMENT		COMBINATION
Retiree Only \$150	Retiree & Dependents \$260	Retiree Only \$100	Retiree & Dependents \$170	At least one with Medicare, others without \$215

PSPRS is currently updating their pension administration system which will be unveiled in several phases. The update to PSPRS’s system could cause the City’s annual renewal forms and processes to change in 2026 as it relates to administering Public Subsidy for City Public Safety retirees.





# What Is Not Eligible For Reimbursement

The following health coverages do not qualify for the PSPRS subsidy:

- Medicare Part A, B, and D premiums are not applicable, however, Medicare Supplemental premiums do qualify.
- Vision and dental premiums that are not ASRS or City of Phoenix coverages.
- When the retiree is a dependent on a spouse's or domestic partner's coverage.
- Subsidy may not be eligible if coverage is through an employer's group health plan and you are not already receiving subsidy for that coverage.

No action is required if you are enrolled in a City of Phoenix retiree dental or vision 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.

To prevent interruption in the monthly Public Subsidy benefit, it is the retiree's responsibility to notify the City Benefit's Office if there is a change to the insurance plan, premium, or coverage tier in which they are enrolled.

## Required Documentation

If you have medical coverage from a source other than the City of Phoenix or ASRS, you are required to provide documents and the public subsidy form to the 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 [public.subsidy@phoenix.gov](mailto:public.subsidy@phoenix.gov).



## 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](mailto:benefits.questions@phoenix.gov).



# Medicare Health Plans

City of Phoenix Medicare-eligible retirees and/or their Medicare-eligible spouse/QDP can enroll in AARP/UnitedHealthcare Supplement Plans (these are not City sponsored Medicare plans.) Additionally, a Qualified City Contribution (QCC) discount of \$30 or \$90 would apply towards a retiree and/ or their spouse/QDP supplement plan enrollment if the retiree is MERP eligible.

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

## 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**. The City of Phoenix also has a Medicare Broker, Kenny Tims, that is available to assist with UHC Medicare Plan enrollment and can be reached at (602) 380-5197 or at [healthmarkets.com/ktims](https://healthmarkets.com/ktims).

## 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, MERP eligible 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. Pension attachment is on a prospective basis. The form can be found at [www.phoenix.gov/benefitsretiree](https://www.phoenix.gov/benefitsretiree). Contact the Benefits Office at **(602) 262-4777** for questions on how to complete the attachment [form](#).

**Only a MERP eligible retiree enrolled in a Medicare supplement plan through AARP/UnitedHealthcare will be eligible for the QCC discount off premiums.**

## Key Items to Remember About the AARP/UnitedHealthcare Supplement Plan Options

- Must be Medicare Eligible
- 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**.



# 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 2026. Please contact AARP/ UnitedHealthcare for questions regarding their underwriting process at **(844) 488-3960**.

## BY PHONE (RECOMMENDED):

- For medical benefits coverage and pharmacy benefits coverage, call AARP/UHC at **(844) 488-3960**.
- Hours of operation:
  - **10/1 – 3/31:** 8am – 8pm local time  
7 days a week
  - **4/1 – 9/30:** 8am – 8pm local time  
Monday - Friday

## BY PAPER (MEDICAL ONLY):

- The Medicare Supplement enrollment form is included in the enrollment packet. You may request a packet by calling AARP/UHC at **(844) 488-3960**.

## ONLINE:

- For medical coverage, you may enroll online through <https://www.AARPMedicareplans.com> (City of Phoenix Medicare Supplement Plan: 1505)
- For Medicare Part D prescription drug coverage, enroll at <https://www.AARPMedicareplans.com> (City of Phoenix PDP Plan: 24979-002)

## 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 /UnitedHealthcare, do not terminate your current Medicare plan until **you have been accepted by AARP/United Healthcare**. Be sure to respond to calls or inquiries from AARP/UHC promptly, in order to receive a timely application decision.



# Medicare Pharmacy Benefits

Two 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 2025. 2026 information is not available at time of printing.



HOW EACH PLAN DIFFERS:	THE AARP® MEDICARERX PREFERRED (PDP)	THE AARP® MEDICARERX SAVER (PDP)
<b>Annual Prescription Drug Deductible</b>	\$0	\$590
<b>Network of Preferred Pharmacies</b> (get highest retail coverage when you use a preferred pharmacy). For current benefit plan information visit <a href="http://www.aarpmedicareplans.com">www.aarpmedicareplans.com</a>	<ul style="list-style-type: none"><li>• Available in all regions</li><li>• No Deductible</li><li>• Preferred Formulary</li><li>• Broad Pharmacy Network</li><li>• \$0 Tier 1 &amp; Tier 2 Home Delivery</li></ul>	<ul style="list-style-type: none"><li>• Lower Monthly Premium</li><li>• Available in all regions</li><li>• Basic Formulary</li><li>• Broad Pharmacy Network</li></ul>

\*If you don’t enroll in a Medicare Prescription Drug Plan (PDP) when first eligible, or you go more than 63 days without continuous PDP coverage, you will be charged a Late Enrollment Penalty (LEP) by Medicare.

To check whether the medication you’re currently taking is covered under your new plan, go to [www.aarpmedicareplans.com](http://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.





# 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 (see page 36)	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	

The following states do not currently offer HMO Plan options: Alaska, Maine, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Vermont, and Wyoming.

## 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	\$58.52	\$26.40
Retiree + One	\$128.50	\$54.84
Retiree + Family	\$187.34	\$82.26

Dental premiums must be deducted from pension. No direct pay option is available.



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

Call **(800) 244-6224** or visit [www.myCigna.com](http://www.myCigna.com)

# Dental Plan Comparison

	CIGNA DENTAL PPO		CIGNA DENTAL HMO**
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Dentists</b>	Total Cigna DPPO Network		Dental Care Access Plus Network
<b>Network Features</b>	Large, national network of dentists and dental specialists	Any licensed dentist in the U.S.	Smaller, local-only network of dentists with Features fewer dental specialists
<b>Calendar Year Deductible</b>	\$50 individual, \$150 family (Deductible does not apply to preventive services)		None
<b>Calendar Year Benefits Maximum</b>	\$2,000		None
<b>Diagnostic &amp; Preventive Care</b> Cleanings, exams, Xrays: 2 per calendar year	Plan pays 80% of covered charges (no deductible)	Plan pays 80% of Reasonable & Customary Charges* (no deductible)	No charge
<b>Basic Restorative Care</b> 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
<b>Major Restorative Care</b> 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)	
<b>Implants</b>	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. Covered expenses will not include and no payment will be made for Orthodontia services.



# 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
- Warby Parker
- Target Optical

## Vision Coverage Levels

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

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

Vision premiums must be deducted from pension. No direct pay option is available.

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

**Davis Vision by MetLife**

Call: 833-EYE-LIFE

Members should visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

**DavisVision®**  
By  **MetLife**

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 by MetLife

VISION CARE SERVICE	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam</b>	\$10 co-pay	Up to \$40
<b>Materials</b>	No co-pay for standard corrective lenses	Up to \$50
<b>Frame Allowance</b> 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
<b>MEMBER CHARGES</b>		
<b>Single Vision Lenses</b>	Included	Up to \$40
<b>Bifocal Lenses</b>	Included	Up to \$60
<b>Trifocal, Lenticular Lenses</b>	Included	Up to \$80
<b>Standard &amp; Premium Progressive Lenses</b>	Included	Up to \$60
<b>Polycarbonate Lenses (adult &amp; children)</b>	Included	Up to \$40
<b>Standard Scratch Resistant Coating</b>	Included	Up to \$40
<b>Premium Scratch Resistant Coating</b>	\$30 Member Charge	Up to \$40
<b>Standard Tint (all gradients)</b>	Included	Up to \$40
<b>Standard Anti-Reflective Coating</b>	Included	Up to \$40
<b>Transitions</b>	Included	Up to \$40
<b>Ultraviolet Coating</b>	Included	Up to \$40
<b>CONTACT LENSES</b>		
<b>Elective</b>	\$175 allowance	Up to \$175
<b>Medically Necessary</b>	Included with prior approval	Up to \$250
<b>Standard and Premium Contact Lens Fit and Follow-Up</b>	Included	Up to \$175
<b>Specialty Contact Lens Fit &amp; Follow-Up</b>	\$60 allowance plus 15% discount on overage	Up to \$175
<b>FREQUENCY</b>		
<b>Eye Examination</b>	Once per calendar year	
<b>Lenses, Contact Lenses</b>	Once per calendar year	
<b>Frames</b>	Once per calendar year	
<b>Sunglasses (up to \$175 allowance)</b>	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](https://guidanceresources.com)

Access Code: Please contact the benefits office

Download the app: GuidanceNow®



# Pet Insurance

Because we all love our pets, the City will continue to offer pet insurance at a group discount in 2026 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](https://MetLifepetinsurance.com)





# ARAG Legal Insurance

ARAG legal insurance 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.

- Value Plan - \$11.65 per month for the most common personal legal services
- Buy-Up Plan - \$23.70 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

**ARAG legal insurance provides affordable coverage with more than 100+ ways to use your plan. It's available to you, your spouse or qualified domestic partner (QDP) and eligible children.**

## Valuable Protection

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

- Child Custody and Support
- Divorce
- Identity Theft Protection
- Services for Parents/Grandparents
- Trusts
- And more!

\*Limitations and exclusions apply.

## For More Information Contact ARAG

### ARAG

Call: (800) 835-3425

For complete plan details,  
visit: [ARAGlegal.com/plans](https://ARAGlegal.com/plans)  
(Access Code: 16922ret)



Legal Insurance



# How to Enroll in Retiree Benefits

## IMPORTANT 2026 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 Dental & Vision Plans	Oct. 10 - Nov 7, 2025 by 11:59 PM MT*
Elder Care Support, Pet Insurance	Any time of year
Legal Insurance	Oct. 10 - Nov 7, 2025 by 11:59 PM MT*

## DENTAL OR VISION PLAN

Complete the Retiree Enrollment Form on page 5. Call the Benefits Office  
Phone number: (602) 262-4777 (open between 8 AM to 5 PM)  
Email: [benefits.questions@phoenix.gov](mailto:benefits.questions@phoenix.gov)

## TO ENROLL (OR CANCEL) IN A MEDICARE MEDICAL OR PHARMACY PLAN:

Call AARP/UHC at (844) 488-3960

## TO ENROLL IN (OR CANCEL) THE LEGAL INSURANCE PLAN:

Call ARAG at (800) 835-3425 (Access Code: 16922ret)  
Pay monthly premiums directly to the vendor

## TO ENROLL IN PET INSURANCE:

Call MetLife Pet Insurance at (855) 270-7387  
Pay monthly premiums directly to the vendor

## Reminder: Open Enrollment Form Required!

The City of Phoenix requires retirees seeking to change or waive 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](https://phoenix.gov/benefitsretiree).

\*Please note that the Benefits Office staff will only be available through 5:00pm on November 7, 2025.

# Questions? Get Help From Our Benefits Vendors

FOR MORE INFORMATION ON	CONTACT	PHONE/WEBSITE/EMAIL
<b>BENEFITS FOR MEDICARE RETIREES</b>		
<b>Medicare Supplement Plans</b> <b>Medicare Pharmacy Plans</b>	UnitedHealthcare	<p>Medicare Supplement:  Pre-Enrollee Questions – (844) 488-3960  Post-Enrollee Questions – (800) 545-1797</p> <p>Prescription Drug Plan:  Pre-Enrollee Questions – (844) 488-3960  Post-Enrollee Questions – (888) 867-5575  10/1-3/31: 8am – 8pm local time, 7 days a week  and 4/1 – 9/30: 8am – 8pm local time Mon. - Fri.</p> <p><a href="http://www.myAARPmedicareplans.com">www.myAARPmedicareplans.com</a></p> <p>AARP Membership Renewal Line: (888) 687-2277</p>
<b>BENEFITS FOR ALL RETIREES</b>		
Dental	Cigna	(800) 244-6224 • <a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Davis Vision by MetLife	(833) 393-5433 <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Elder Care Resources	ComPsych	(844) 819-4775 or TDD (800) 697-0353 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Download the app: GuidanceNow®
Legal Insurance	ARAG	(800) 835-3425 <a href="http://www.ARAGlegal.com/plans">www.ARAGlegal.com/plans</a> (Access Code: 16922ret)
Pet Insurance	MetLife	(855) 270-7387 • <a href="http://MetLifepetinsurance.com">MetLifepetinsurance.com</a>



# 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) <a href="http://www.azasrs.gov">www.azasrs.gov</a>
PSPRS State Subsidy	Public Subsidy Coordinator 602-262-4777 <a href="mailto:public.subsidy@phoenix.gov">public.subsidy@phoenix.gov</a>

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	<b>Help Desk</b> (602) 534-4357 Monday to Friday, 7:00 a.m. to 5:00 p.m.
Questions about: <ul style="list-style-type: none"> <li>■ Ordering New ID Cards</li> <li>■ Finding a Provider</li> <li>■ Submitting a Claim</li> <li>■ Updates About a Claim</li> </ul>	<b>Individual Benefits Vendors</b> (see contact information on previous page)
Questions about: <ul style="list-style-type: none"> <li>■ Benefits Eligibility</li> <li>■ Benefits Enrollment</li> <li>■ Change in Benefits</li> <li>■ Unresolved Problem with a Benefits Vendor</li> </ul>	<b>City Benefits Office</b> (602) 262-4777 Monday to Friday 8:00 a.m. to 5:00 p.m. <a href="mailto:benefits.questions@phoenix.gov">benefits.questions@phoenix.gov</a>



# Glossary

**Deductible:** Generally, you must pay all the costs from providers up to the deductible amount 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 and results in a higher benefit level (coinsurance) by the Plan, which results in an overall lower cost to the covered member.

**Out-of-Network:** Providers who do not have a contract with the carrier and typically results 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 you 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.





# Legal Notices

## NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR HEALTH PLAN COVERAGE OF NON-MEDICARE SPOUSE OR DEPENDENTS

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](mailto:benefits.questions@phoenix.gov) or (602) 262-4777.

## NOTE FOR NON-MEDICARE SPOUSES AND DEPENDENTS

Coverage for non-Medicare dependents is provided through the Active plan. See that Benefits Guide for information about your rights and legal protections.

## CITY OF PHOENIX HIPAA PRIVACY NOTICE

**This notice describes the privacy practices of these plans: The City of Phoenix Employee Medical, Dental, and Prescription Drug 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.

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.

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.

# Legal Notices

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.

Ask us how to do this.

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

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.

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.

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, who 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.

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.

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.

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 1.
- 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, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://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:



# Legal Notices

- 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.

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 we can arrange additional services.

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.

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.

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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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



# Legal Notices

- Preventing or reducing a serious threat to anyone's health or safety

## Do research

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

## 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.

## Respond to organ and tissue donation requests and 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.

## 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
- 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: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.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 web site, 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 Street, 7th FL  
Phoenix, AZ 85003



# Legal Notices

## CONTINUATION COVERAGE RIGHTS UNDER COBRA INTRODUCTION

You're getting this notice because you have or 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, as described below.

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
- You become divorced or legally separated from your spouse.

# Legal Notices

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](mailto: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:

## 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





# Legal Notices

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](mailto: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](http://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](http://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](http://www.HealthCare.gov).

## 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](mailto:Benefits.questions@phoenix.gov)



**City of Phoenix**

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251 W. Washington St.  
Phoenix AZ 85003

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