

Live Well, Be Well



Kerry White, BSD, bikes Blevins Trail in Mesa (left).
Joseph Palacino, BSD, runs the Loop with dog, Melody (right inset)



Shelly Urias, HR (left), along with family, and Kimberly Gerbig, City Court (right inset), conquer Tumamoc

City of Tucson Insurance Handbook

Revised July 2023



Brenda Navarro, TPD, and Irma Estrada, retired TPD, hike Pima Canyon Trail



Andy Rico, TFD, hikes with his son, Sam (left). Beth Lucas, Parks & Rec, hikes Picacho Peak with dog GG (center). Rebecca Hill, OEOP, hikes the Tucson Mountains (right).

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Overview

Life happens. Just when you think you have it figured out, something unexpected comes your way. Our insurance program is flexible. You choose plans that meet your unique needs and budget. To ensure that you're getting the best value for the money you spend, we encourage you to take an active role in understanding your options and the plans you choose.

The City reserves the exclusive right to terminate, amend or modify plans, coverage and premiums for all employee and retiree benefits. This guide is only a summary of your benefits. Where disparities exist between the Handbook and insurance contracts, the insurance contracts will dictate.

Summaries of Benefits and Coverage

Your benefits represent a significant component of your compensation package and provide important protection in the case of illness or injury. In accordance with law, our plan provides you with Summaries of Benefits and Coverage (SBCs) to help you understand and compare medical plans. SBCs summarize what is and is not covered, what you need to pay for various services, and where to get answers to questions. Printable copies are available at <https://tucsonaz.gov/benefits>, or contact the City's Benefits team at benefitquestions@tucsonaz.gov or (520) 791-4597 to request a paper copy free of charge.

Benefits at a Glance

The City of Tucson's insurance program includes both City-paid and Employee-paid benefits.

Paid by the City of Tucson	Paid by You and the City of Tucson	Paid by You
<ul style="list-style-type: none">Basic Term LifeDependent Term Life *Basic Long-Term Disability *Employee Assistance Program (EAP) *	<ul style="list-style-type: none">Medical **Dental ***	<ul style="list-style-type: none">VisionEmployee Supplemental Term Life *Spouse Term Life *Employee Long-Term Disability Buy-up *Supplemental coverage through Colonial Life *Flexible Spending Accounts: Health and Dependent Care *

* Offered only to insurance-eligible employees (not to retirees)

** Some retirees are responsible for 100% of the medical premium. Any subsidy provided by the City will be applied only to group medical insurance sponsored by the City of Tucson; no other plans are eligible for the subsidy.

*** Some levels are fully paid by the City with no employee contribution. In general, retirees are responsible for 100% of the dental premium. Visit <https://tucsonaz.gov/benefits> for details.

Eligibility

Employees

You are eligible to enroll in the City of Tucson's insurance program if you are hired to work, on average, 30 or more hours per week (130 or more hours per month) on a permanent basis, or if you are an elected official. Permanent or appointed part-time employees who were recorded in the payroll system on June 30, 2017 as being scheduled to work 20-29 weekly are also eligible, per an agreement established in 2017; however, once included employees change position or employment status at any time after June 30, 2017, the 30+ hour requirement applies. If you are a temporary or seasonal employee and your employment is intended to last fewer than 90 days, you generally won't be eligible for insurance. If you have questions about your eligibility, please contact the Benefits team at 520-791-4597.

Variable Hour Employees

Under the Affordable Care Act (ACA), employees whose hours vary from week to week are referred to as "variable hour" employees. While the City of Tucson measures all employees' hours to ensure compliance with the ACA, variable hour employees have a 12-month "measurement period" to determine the average number of hours they worked and whether or not they are eligible for insurance for the upcoming plan year. The City of Tucson's ongoing measurement period is May 1 – April 30 annually. May and June are considered the "administrative period" during which the City contacts employees who are eligible and makes sure they have the

information they need to enroll for the upcoming plan year. In addition to this ongoing measurement period, newly hired employees are also measured in an initial 12-month measurement period that begins the first day of the month following the date they begin employment. If, after the initial measurement period, an employee is determined to be eligible for insurance, coverage will be offered and will begin the first day of the month following the initial 12-month measurement period.

Retirees

Administrative Directive (AD) 3.04-6 posted at tucsonaz.gov/benefits outlines **benefits-eligible retiree** criteria. See AD 3.04-6 and the Retiree section of this Handbook for details and requirements. Employees hired or rehired on or after January 1, 2016 are not eligible for retiree insurance continuation.

Dependents

You generally may cover eligible dependents for the plan(s) in which you are enrolled. Certain plans, such as life insurance, may require health assessments, if you enroll dependents after they are first eligible. **Retirees** may **not** enroll dependents who **qualify** for Medicare (due to age or disability) in a City medical plan, even if the dependent hasn't actually enrolled in Medicare.

Eligible dependents include the following:

- **Spouse:** Your spouse (unless legally separated, divorced or annulled)
- **Children under age 26:** Your biological child, step-child, adopted child (including those placed for adoption), foster child, child named as an "alternate recipient" under a Qualified Medical Child Support Order (QMSCO), or child for whom you have full permanent legal guardianship. Coverage may last until the last day of the month during which your child turns age 26. However, in the case of guardianship, coverage lasts until the earlier of the date the full permanent legal guardianship ends or until the child reaches age 26. Most guardianships end at age 18. A permanent guardianship of an adult (age 18+) who is not the natural, adopted or step-child of the employee/retiree is not considered a dependent even if you have permanent guardianship.
- **Disabled Children:** Children age 26+ who live with you, provide less than one-half of their own support and maintenance, are incapable of self-sustaining employment due to a mental or physical disability and who have been insured continuously under the City's insurance program since they were less than age 26 may apply to remain on the City's insurance plans. The City's medical insurance carrier (currently Cigna) must receive the appropriate application **prior to** your child reaching age 26 and will make the determination of whether an individual qualifies to continue coverage under disabled or handicapped status. Annual re-certification may be required. It is your responsibility to meet deadlines and requirements for disability determination. Children age 26+ who have not been continuously insured since they were less than age 26 through the City of Tucson insurance program may not be added to coverage. Once an age 26+ child disenrolls from a plan, that child may not re-enroll. You must remove ineligible individuals promptly.

Dependent Verification and Audit

We verify eligibility of enrolled dependents via an audit. When you enroll dependents, you will attest that the people you are enrolling meet the City's eligibility criteria. Once you receive your audit notice, you will have a limited period of time (usually 30 days) to provide copies of birth and marriage certificates, plus documentation like a copy of your prior year tax return or a household statement that shows your spouse's name and your mailing address so that our audit firm can verify eligibility. **Individuals who are not verified through the audit will be removed from coverage – usually retroactively – and you may be required to repay the City for related premiums and insurance claims. Providing dependent information that is false and inaccurate also may result in disciplinary action, up to and including termination of coverage and/or employment.**

Dependents' Social Security Numbers (SSN)

Social Security Numbers (SSN) are required for enrollment in the medical plan, unless your dependent is a non-US citizen. You must provide a newborn's SSN no later than 90 days after the date of birth. Employers are required by law to make efforts each year to gather missing SSNs. If your qualifying dependent does not have a SSN, you can request one at <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a Social Security card is free.

When Coverage Begins

Initial Enrollment

Insurance for newly hired and rehired employees begins the first day of the month following 30 days of employment. Insurance for employees who have a status change that makes them newly eligible for insurance begins the first day of the month following 30 days in their newly benefits-eligible position.

New hires and newly eligible employees have 30 days to complete insurance enrollment via Workday. The 30-day count starts on your first day in an insurance-eligible position.

If you miss the deadline for electing insurance, you will be enrolled automatically in Basic Life, Basic long term disability and the Employee Assistance Program, and your next opportunity to enroll in other insurance will be during the annual open enrollment period, unless you have a qualifying life event (see “Changes During the Plan Year”).

If you enroll during your initial eligibility period in Supplemental Employee Life, Spouse Life, Long-Term Disability Buy-Up and certain voluntary coverage such as Short-Term Disability, you are guaranteed the coverage, but pre-existing condition exclusions may apply. If you decline these options when you are first eligible and you apply for them during an open enrollment period, you will need to provide proof of good health (evidence of insurability) to the insurance carrier; the proof may include undergoing examinations and tests or furnishing medical documentation at your own expense. The insurance carriers have the right to accept or deny your request for coverage based on the evidence of insurability you provide.

To enroll in Colonial Life voluntary benefits, you must meet with a Colonial Life representative before your benefits start date.

Rehires

If you are rehired as an insurance-eligible employee within 30 days after the date your employment ended, you may reinstate only elections that were in place on the date you left employment, unless you had a qualifying life event (other than your separation and rehire) during the time between the date your insurance ended previously and the date your coverage will begin as a rehired employee. If you are rehired as an insurance-eligible employee more than 30 days after your prior City insurance elections ended, you may make new elections, subject to IRS regulations and the provisions of the insurance contracts in effect at the time of your separation and rehire. If you had previously continued City life insurance through portability, you may be required to forfeit the portability policy upon rehire; contact the insurance carrier for confirmation. If your rehire date is January 1, 2016 or later, you will not be eligible to re-apply for portability when you leave employment.

Retirees Who Return to Employment

Retirees who are later rehired as insurance-eligible City employees must enroll in **active employee** insurance coverage. Those hired or rehired **before** January 1, 2016 may later **resume** their retiree coverage once active employee coverage ends. Those hired or rehired **on or after** January 1, 2016 are **not eligible for retiree insurance continuation**, retiree basic life insurance, or portability of supplemental life insurance; continuation of existing medical, dental, vision, Employee Assistance Program, and under certain circumstances health care Flexible Spending Account, will be offered in accordance with federal COBRA continuation laws.

Open Enrollment

Open Enrollment is your annual opportunity to make changes. During open enrollment you may:

- Elect or re-elect insurance from the options that are offered
- Add or remove dependents (continuous coverage requirements apply to retirees and their dependents for dental and vision – see the Retiree section at the end of this Handbook for details)
- Elect or re-elect personal contributions to a health savings account (HSA) or flexible spending accounts (FSAs): Personal HSA contributions and FSA elections do not carry over from year-to-year and must be re-elected annually
- Apply for new or increased life or long term disability insurance, and voluntary insurance (active employees only)

Certain restrictions apply. For example:

- If you're enrolled in an HSA, you won't be allowed to enroll in the health care FSA, and vice versa (IRS rules)
- The medical Network and dental HMO plans require that your mailing address is within the list of eligible zip codes for those plans
- Supplemental life and long-term disability buy-up (LTD) coverage may require insurance carrier approval (active employees only – see life and LTD sections of this Handbook for additional information)

Medical, dental, vision, life, disability and Colonial insurance have a spring open enrollment (generally in May), becoming effective July 1 through June 30. Supplemental life and long term disability buy-up requests during Open Enrollment require evidence of insurability (also known as proof of good health) and insurance carrier approval before coverage will begin.

Unlike other benefits, the City's Flexible Spending Account program runs on a calendar year (January 1 – December 31). Open Enrollment for the FSAs occurs in the fall (usually in November).

Making Changes During the Plan Year

Qualifying Life Events

Once you've enrolled, you generally may make changes during the Plan Year only if you experience a qualifying "life event" that affects your benefits.

Events that allow you to ADD coverage mid-year	Events that allow you to DROP coverage mid-year
You gain a dependent <ul style="list-style-type: none">• Marriage• Birth• Adoption• Court order for full permanent legal guardianship	You lose a dependent <ul style="list-style-type: none">• Divorce• Legal separation• Annulment• Death• End of full permanent legal guardianship
You or your dependent(s) lose group insurance through another group plan (or through City of Tucson if you both work for the City) <ul style="list-style-type: none">• Due to a change in employment• Due to a change made during your spouse or child's open enrollment period• Due to a change in qualification for Tricare or Medicare	You or your dependent(s) gain group insurance through another group plan (or through City of Tucson if you both work for the City) <ul style="list-style-type: none">• Due to a change in employment• Due to a change made during your spouse or child's open enrollment period• Due to a change in qualification for Tricare or Medicare
<i>Note:</i> Canceling individual insurance (for example, through the Health Insurance Marketplace) is NOT considered a qualifying life event that would warrant a mid-year addition of City coverage.	<i>Note:</i> Enrollment in an individual insurance policy (for example, through the Health Insurance Marketplace) is NOT considered a qualifying life event that would warrant mid-year disenrollment.
You or your dependent(s) lose eligibility or premium assistance through Medicaid or Children's Health Insurance Program (CHIP).	You or your dependent(s) gain eligibility or premium assistance through Medicaid or Children's Health Insurance Program (CHIP).
<i>Note:</i> You have 60 days in which to notify the City of this life event.	

You also may make corresponding changes to your medical and dental plans if you or your dependent move in or out of a plan's service area, for example, you move in or out of a zip code impacting eligibility under the medical Network or dental HMO plan.

If you have a question about whether something qualifies as a life event that would allow an insurance change, please reach out to us: benefitquestions@tucsonaz.gov or 520-791-4597.

You generally have **31 days** from the date of your life event to request related changes via Workday. When determining the dead, the **date of the event counts as Day 1**.

Event	Request Changes By	Change Takes Effect	Documents Required
Birth or adoption	60 days from date of birth or adoption	The date of birth or adoption	Government issued birth certificate
You gain or lose eligibility or premium assistance for state Medicaid or Children's Health Insurance Program (CHIP)	60 days from gain or loss of eligibility or premium assistance under Medicaid or CHIP	The first day of the month following the date of gain or loss	Documentation from Medicaid or CHIP demonstrating the change
All Other Life Events including but not limited to marriage, divorce, gain/loss of qualifying coverage elsewhere through another employer or group plan (e.g., Tricare, Medicare)	31 days from the date of the event	<ul style="list-style-type: none"> On the date of the event, if the event occurs on the first day of the month The first day the month following the event date, if the event occurs on the second or later day of the month 	<i>Marriage:</i> government issued marriage certificate <i>Divorce:</i> Divorce decree + mailing address for former spouse <i>Change in group insurance:</i> Document including names of people affected and date each type of coverage was gained/lost

If you miss the deadline for submitting your change request and/or for providing required supporting documents, your next opportunity to make a change will be during Open Enrollment, with most changes taking effect the following July 1st.

Here are some important details you should know about making life event changes:

- Any changes you request must be consistent with the life event
- Subject to plan limitations (see Life Insurance), you may request Spouse Life and Dependent Life for *newly eligible* dependents (for example, if you get married or have a child), but requests for new or increased life insurance for *existing* dependents (and for yourself) are considered only during Open Enrollment
- Significant change in dependent day care cost allows you to change your dependent day care flexible spending account contribution amount

IMPORTANT RETIREMENT REMINDER

- You may not change insurance plans when you retire from the City unless you experience another qualifying event such as if you move out of the medical or dental plan covered zip code list.
- The City stops contributing money to HSA bank accounts upon retirement.** If you continue medical, you will continue in the same high deductible plan for the remainder of the year during which you retire, and you will be switched to the HRA plan the following plan year, unless you make a different election during open enrollment, or if an actual enrollment election is required.

Changes Without a Qualifying Life Event

You may make the following changes without having a qualifying life event:

Change	How to make your request	Change Takes Effect
Employees may drop: <ul style="list-style-type: none">• Supplemental employee life• Spouse life• Long term disability Buy-Up	Online via the link at tucsonaz.gov/benefits	First day of the month following the date you log your request
Employees may change: <ul style="list-style-type: none">• Personal HSA contribution	Online via the link at tucsonaz.gov/benefits	First day of the month following the date you log your request
Employees may drop: <ul style="list-style-type: none">• Post-tax voluntary Colonial Life coverage <p><i>Note: Pre-tax Colonial Life coverage may be dropped only during Open Enrollment.</i></p>	Contact Colonial Life: (800) 456-4311 or (602) 433-8144	The pay period that Colonial Life sends notification to the Benefits team to change your deduction
Retirees may drop: <ul style="list-style-type: none">• Medical• Dental	Online via the link at tucsonaz.gov/benefits	First day of the month following the date you log your request
Retirees may drop: <ul style="list-style-type: none">• Vision	Online via the link at tucsonaz.gov/benefits	The first day for which premiums haven't been paid (retirees pay for vision directly with the insurance carrier)

For additional information about qualifying life events, refer to the City's Section 125 Plan Document posted at tucsonaz.gov/benefits.

When Coverage Ends

Ends on your last day of employment	Ends the last day of the month during which you leave
<ul style="list-style-type: none">• Long term disability• Flexible spending accounts• Voluntary benefits (Colonial)	<ul style="list-style-type: none">• Medical• Dental• Vision• Life• Employee Assistance Program

COBRA is a federal law that allows you to continue existing medical, dental, vision, EAP, and in some cases health care FSA coverage, when you leave employment. Answers to commonly asked questions about COBRA, and the City of Tucson’s Initial COBRA Notice, are posted at tucsonaz.gov/benefits.

Dual City of Tucson Coverage is Not Allowed

If you are married to or the child/parent of another City of Tucson employee or retiree, you may each enroll independently, or you may enroll together, but you may not both cover each other under City insurance. In addition, you and your spouse may not each cover the same child. For example:

- You may not cover yourself for medical, dental or vision and also be covered under your spouse’s / parent’s City of Tucson plan
- You may not cover your spouse/child for the Basic Dependent or Supplemental Spouse Life insurance plans
- You must CHOOSE which one of you will cover eligible children; only ONE OF YOU may cover each eligible child for each type of insurance

You **are** permitted to designate your spouse or child as a **beneficiary** for your life insurance; AZ Community Property state rules apply.

It is your responsibility to comply with these rules. Failure to do so may result in you paying premium for benefits which are not payable at the time of a claim. Please contact the Benefits team to correct any dual enrollment situations. *If the City Benefits team or you discover dual enrollment, the Benefits team is not able to reimburse you for premiums already deducted from your pay. Benefits team members will notify you – either via the phone or by email (provided contact information is available) – of changes being made to your coverage to correct dual enrollment issues.*

Getting Your Questions Answered

Your primary and quickest resource is contacting the insurance carrier directly. Our carriers’ trained staff members can assist you with the following:

- Claims issues
- Coverage questions
- Ordering ID cards
- Finding or changing a doctor/dentist
- Filing a disability claim
- Checking on the status of a disability or life claim, or on your application for coverage
- Arranging for Employee Assistance Program visits

The City of Tucson’s Employee Benefits team is available to help you with questions about eligibility, enrollment, what happens to your benefits when you leave the City, mid-year changes, and filing life insurance claims. If you would like to visit us in person, **please make an appointment**.

Contact information on your ID card, at the end of this Handbook, and at tucsonaz.gov/benefits.

Medical

Choose from three medical plans

Summaries of Benefits and Coverage, which outline plan coverage in a standardized format for easy comparison, are available at tucsonaz.gov/benefits. Printed copies are available for free upon request.

HSA and HRA

- National plans
 - This helps if you travel, or if you cover dependents who live outside of Arizona.
- Visit any provider you choose.
 - You'll generally pay less if you visit in-network providers.
- \$2,000 single / \$4,000 family deductible
 - The City contributes money to help pay your deductible - \$1,500 single / \$3,000 family (pro-rated if your coverage starts after July 1st).
- HSA is unavailable to retirees.

DEPENDENTS LIVING OUTSIDE OF ARIZONA

The Network plan generally is limited to Arizona. If you cover a dependent who lives in another state, consider the HSA or HRA, which have national coverage.

Network Plan

- Care must be received **in-network** unless you have a true emergency.
 - Network is limited to Arizona.
 - Providers may not be available in smaller areas.
 - Emergency follow-up care must be coordinated with your PCP and provided in-network, or you pay 100% of the cost.
- Select a primary care physician (PCP), who coordinates your care and provides referrals when needed.
 - If your provider leaves the network, you may *not* change plans mid-year.
- \$500 single / \$1,000 family deductible applies to inpatient, outpatient and Advanced Radiology services.

Special HSA Considerations

- **HSA bank account must be opened within 60 days after the date insurance begins.**

Cigna will notify HSA Bank of your enrollment, triggering the opening of a bank account in your name. Usually, the process is seamless. On occasion, however, HSA Bank needs additional information to complete the process. Watch your mail carefully for communications from HSA Bank. If your account isn't opened within 60 days, you may not receive all the City contributions that you otherwise would receive.

- **Tax reporting**

HSA participants must include Form 8889 when filing personal tax returns.

- **Make Sure You Qualify**

Not everyone qualifies to contribute to an HSA account. For example:

- You shouldn't enroll in the HSA if you have other medical insurance that doesn't meet IRS qualifications for being a high deductible health plan, like Tricare, Medicare, Medicaid, CHIP, or any other non-high deductible plan (for example, through your spouse or parent).
- You may not enroll in both the City's HSA medical plan and health care FSA (IRS rules), and you shouldn't enroll if your spouse (or parent) covers you through a general purpose health care FSA.

- If you are enrolling dependents who do not qualify as your tax dependents, you generally may not use HSA funds for their expenses, even if the expenses would normally be considered “eligible” (IRS rule).
- If you make personal contributions to your HSA account, the sum of employer and employee contributions may not exceed IRS annual contribution limits.

For additional plan information, visit tucsonaz.gov/benefits.

Medical at a Glance

	HSA	HRA	Network
Choosing your providers			
Does the plan offer maximum flexibility when choosing a provider?	Yes	Yes	No
Does the plan have a national provider network?	Yes	Yes	No
Are Primary Care Provider (PCP) required?	No	No	Yes
Are referrals required to visit most specialists?	No	No	Yes
How much you pay from your paycheck			
Do you pay less from your paycheck (smaller payroll deductions)?	Yes	Yes	No
How much you pay for care ¹			
Do you pay nothing (0%) for preventive care?	Yes	Yes	Yes
Do you pay a deductible for services except preventive care? ²	Yes \$2000 individual \$4000 family	Yes \$2000 individual \$4000 family	Yes \$500 individual \$1000 family
After the deductible is satisfied, do you pay a percentage of cost for most visits, urgent care & hospital (coinsurance)?	Yes 10%	Yes 10%	No
Do you pay a fixed amount for most visits, urgent care & hospital (copay)?	No	No	Yes \$35 office visit \$55 specialist \$75 urgent care \$225 ER
The most you'll pay for care in a year ¹			
What is the maximum amount you pay for services in a plan year?	\$3000 individual \$6000 family	\$3000 individual \$6000 family	\$6350 individual \$12700 family
How much you pay for prescriptions (30 days) ¹			
Are prescription drugs subject to the deductible?	Yes	No	No
Do you pay a percentage for prescription drugs after you've satisfied the deductible (coinsurance)?	Yes 30% generic 35% brand 40% non-preferred brand	No	No
Do you pay a fixed amount for prescription drugs (copay)?	No	Yes \$20 generic \$45 brand \$65 non-preferred brand	Yes \$20 generic \$45 brand \$65 non-preferred brand

	HSA	HRA	Network
You receive funds to help pay for care ³			
Does the City provide you with funding to help pay for the cost when you receive care?	Yes \$1500 individual \$3000 family	Yes \$1500 individual \$3000 family	<i>No</i>

More info about the HSA/HRA funds	HSA	HRA
Do you: <ul style="list-style-type: none"> own the money in your account? keep the money after you leave the plan? receive the money in increments throughout the year? 	Yes	<i>No</i>
Do you: <ul style="list-style-type: none"> have access to the full annual fund at the beginning of each plan year? ⁴ 	Yes	Yes
Can you: <ul style="list-style-type: none"> make personal contributions (pre-tax) to help grow the fund? invest the money to increase growth potential? 	Yes	<i>No</i>
Can you: <ul style="list-style-type: none"> use the money for qualifying dental and vision expenses (in addition to medical)? 	Yes	<i>No</i>

¹ Amounts assume care is received in-network; cost is higher if care is received out of network.

² Network deductible applies only to inpatient, outpatient, and advanced radiology services. HSA and HRA deductible applies to **all** non-preventive services.

³ Assumes full-year enrollment.

⁴ HRA funds are available on Day 1 of the plan year. HSA funds are available toward the end of the first month of coverage for new enrollees, and toward the end of July after open enrollment.

Medical Opt-Out Incentive

The City offers a \$36.92 biweekly incentive to employees who waive City medical coverage **and** provide acceptable proof of medical coverage through a non-City of Tucson plan. New documentation is required each year. The Benefits team must receive your opt-out request and proof by the date your benefits begin, and annually during open enrollment thereafter. If documentation is received later, you will still receive the incentive going forward, but you won't receive retroactive payments for prior pay periods. Requests and documentation are submitted via Workday.

Get more from your plans

Visit tucsonaz.gov/benefits for details or call Cigna at (800) 244-6224 to get started

- **Healthy Pregnancies, Healthy Babies** pays you up to \$150 for getting the personal support you need throughout your pregnancy.
- **Motivate Me** pays you up to \$100 for completing two key activities – a health assessment (online) and your annual wellness visit. Available only to primary subscribers.
- **Chronic conditions and lifestyle management coaching** helps you manage your chronic condition, stress, tobacco, and weight through one-on-one support.
- **24-Hour Nurse Line** helps you decide when and where to receive care.
- **Virtual care** connects you with licensed doctors, counselors and psychiatrists 24/7/365 when and where it works for you.
- **Omada diabetes prevention and management program** has helped hundreds of City employees, retirees, and family members strengthen behaviors to stay healthy for life. The next person helped could be you!
- **Mail order pharmacy and Cigna 90 Now** help you save money on prescriptions and take more of the hassle out of getting prescriptions filled.
- **iPrevail, Happify, and Cigna Connect and Compete** provide you the support you need to achieve better health through peer connection, science-based activities and games, and fitness challenges.
- **Healthy Rewards Discounts** help you save on gym memberships, acupuncture, massage therapy, vision/hearing care, and more! Call (800) 870-3470.
- For less urgent situations, **visit a CVS clinic or receive virtual care** instead of going to the urgent care or the emergency room. You'll save time and money, and they're open extended hours, including weekends. (Virtual care is available 24/7/365).
- **Visit a free-standing lab** for your lab work instead of visiting a hospital or outpatient facility.

Wellness

The City's award-winning wellness program focuses on your physical, mental, social, emotional, and financial well-being through events ranging from onsite mammography and dental care to webinars to activity challenges and more.

We have hundreds of opportunities for you to get involved and take control of your health.

Visit tucsonaz.gov/benefits to get started.

Dental

Choose from two dental plans

To review plan documents and covered services, visit tucsonaz.gov/benefits.

DHMO

- Comprehensive dental benefits through a network of dentists
- You must select a Primary Care Dentist, who coordinates all care and provides referrals if needed.
- Coverage is restricted to Cigna's Arizona Dental Care Access Network Plus network and coverage may not be available in smaller areas.
 - If you receive care outside the network, you will be responsible for 100% of the cost.
- No deductibles, annual or lifetime maximums, or claim forms.
- To participate, you must live in a zip code serviced by the DHMO.

DID YOU ADD A CHILD TO YOUR FAMILY IN THE LAST FEW YEARS?

Remember, newborns aren't eligible to enroll in dental or vision at the time of birth.

Be sure to add them to dental and vision during open enrollment.

DPPO

- National network – visit any dentist, anywhere in the U.S.
 - You generally pay less by visiting network dentists.
 - If you visit an out-of-network dentist, coverage is limited to “reasonable and customary” charges, and you may pay any portion of the bill above what is considered “reasonable and customary”.

DEPENDENTS LIVING OUTSIDE OF ARIZONA

DHMO coverage is limited to the Arizona network.

If you cover a dependent who lives in another state, consider the DPPO, which has national coverage.

- Meet a small deductible before most plan benefits begin and coinsurance (a percentage) thereafter.
- The plan limits the total dollar amount of services that Cigna will pay each plan year.

Retirees and Dental Coverage

Once you retire, you and your dependents must maintain continuous dental insurance coverage in order to be covered under a City of Tucson dental plan. Please see the Retiree section of this Handbook for more details.

Vision

The City offers a voluntary, 100% employee- or retiree-paid vision plan through Avesis that includes coverage for eye exams and vision hardware (glasses, contact lenses), as well as additional discounts. Under the plan, you have the option of visiting any provider you choose; however, you generally pay less when using network providers. For complete vision coverage and rate information, visit tucsonaz.gov/benefits, or contact Avesis at (800) 282-2438 or avesis.com.

Retirees and Vision Coverage

Similar to the City's dental plan, the vision plan has a continuous coverage requirement for retirees and their dependents. Retirees pay premiums directly to the insurance carrier (Avesis). Visit the Retiree section of this Handbook for additional information.

Flexible Spending Accounts (FSAs)

Pay your health care and dependent care expenses with tax-free money

Employees may set aside money before taxes from each paycheck to pay for eligible health care and dependent care expenses.

- The IRS sets the rules regarding eligible expenses.
- Participation is voluntary.
- You must re-enroll every year to continue participating – elections don't continue automatically.

Unlike our other insurance benefits, the City's FSA program runs on a calendar year (January 1 – December 31). Open Enrollment for the FSAs occurs annually each fall (usually in November).

Eligibility

- **Because the City's Health Care FSA is a general purpose FSA** and allows for reimbursement of qualifying medical care costs **AND** qualifying dental and vision costs, IRS regulations say that **you may not participate in the Health Care FSA if you enroll in the City's Medical HSA plan.**
- **If you are married**, there may be IRS rules that say you're not allowed to enroll in the Health Care FSA if your spouse makes pre-tax contributions to an HSA (Health Savings Account).
- In order to enroll in the health care FSA, you **MUST** be enrolled in a medical plan that meets the Affordable Care Act requirements for minimum coverage. All City of Tucson medical plans meet the requirements.
- **It is your responsibility to make sure that you meet the eligibility requirements** – please consult your tax professional if you have questions.

Annual Non-Discrimination Testing

Each year, the IRS requires plans to undergo nondiscrimination testing to make sure that the plan doesn't discriminate in favor of "highly compensated" and "key" employees, as defined by the IRS. If the City discovers that the plan is at risk for failing the testing, highly compensated and/or key individuals may be removed from the plan with possible reversal of contributions and claims.

Use-It-Or-Lose-It

If you enroll in an FSA, budget wisely. Under federal tax rules, if you don't have sufficient qualifying expenses to claim all your contributions – or if you don't submit your claims by the deadlines – you lose the money you contributed. To review qualifications and eligible expenses, visit asiflex.com.

Health Care FSA

Eligible Expenses

Funds may be used for you and your qualifying tax dependents. Examples of eligible expenses include costs for:

- Doctor visits
- Prescription drugs
- Dental work (including orthodontia)
- Prescription glasses or contact lenses

To be reimbursed for the cost of over-the-counter drugs, you must have a written prescription. Check with the IRS or our FSA administrator, ASI Flex, for details.

You may not use FSA dollars for expenses related to general well-being or cosmetic improvement, expenses that are not medically necessary, or insurance premiums.

Health Care FSA Plan Limits

Health Care FSA plan limits are set by the IRS and display in Workday when you enroll.

If You Are Married and If You or Your Spouse is Enrolled in the City's or Any Other HSA

- According to the IRS, if you or your spouse are contributing - or having contributions made - to a Health Savings Account (HSA), you **may not** participate in the City's health care FSA program.
- If you're enrolled in the City's HSA medical plan and your spouse has the opportunity to enroll in a health care FSA, your spouse may enroll in the health care FSA only if it is specifically designated as a **"limited use" FSA that reimburses only dental and vision expenses.**
- Call ASI Flex at (800) 659-3035 or contact the IRS for additional information about restrictions.

If You Leave City Employment

If you leave City employment during the plan year, you may:

- **End your participation** – Claim reimbursement for eligible expenses incurred before your last day of employment; deadlines exist! See FSA Deadlines below.
- **Continue participating under COBRA** – If you have claimed less than you have contributed, you may be eligible to continue participation on an after-tax basis through COBRA, allowing you to extend the date through which you may incur and claim eligible expenses.

Need a way to spend your contributions?

Visit the FSA Store for access to hundreds of qualifying items, accessible via asiflex.com.

Dependent Care FSA

Dependent care is a large expense for families with children or dependent adults. A dependent care FSA allows you to pay for qualifying dependent care expenses with pre-tax dollars. We encourage you to consult with the IRS or your tax attorney for information about rules, limitations and exclusions, including but not limited to the following:

- The dependent care provider can be a licensed dependent care facility or a private individual.
- The dependent care must allow both you (and your spouse, if you're married) to work, actively look for work, or attend school full-time.
- Your dependent must live with you and must be age 12 or younger; dependents age 13 or older can be eligible if you provide proof that they cannot physically or mentally care for themselves.
- The dependent care provider cannot be a dependent on your tax return or your child under the age of 19.
- Reimbursement is restricted to the amount available in your account.
- Expenses **not** eligible for reimbursement include:
 - Tuition for school at the kindergarten level or above, overnight camps, nursing home expenses, activity/supply fees and transportation costs
 - Tuition for Montessori school (Montessori school for preschool, and before and after school care are allowed)
- You must complete Form 2441 when filing your federal tax return.

Dependent Care FSA Plan Limits

Dependent Care FSA plan limits are set by the IRS and display in Workday when you enroll. Note that the annual IRS limit is a **combined limit for married couples**; if you are married and your spouse also participates in a dependent care FSA through their employer, you may need to determine how much you each will contribute. Consult the IRS or your tax professional. It is your responsibility to comply with IRS limits. **(Note:** If your spouse is

a full-time student, review Publication 503 located on the IRS website at [irs.gov](https://www.irs.gov) for other limitations.)

If You Leave City Employment

If you leave City employment during the plan year, your participation in the dependent care FSA will end. You are still required to submit your claims before the deadline. See FSA Deadlines below.

FSA Election Errors

If you make an error with your FSA election (for example, if you elect Dependent Care FSA coverage and you have no legal tax dependents in dependent care), you must notify the Benefits team **before the second pay day of the calendar year** (or second pay day after your insurance eligibility begins for newly eligible employees). Your situation will be reviewed and, if it can be clearly determined that your election was made in error, your deduction will be stopped and money deducted will be refunded.

If you notify the Benefits team of an error **later than the second pay day of the calendar year** (or second pay day after your insurance eligibility begins for newly eligible employees), your situation will be reviewed, and if it can be clearly determined that your election was made in error, the deduction will be transferred to a health care FSA account. Refunds and stopping of deductions will not be permitted. Even if you accidentally elect both the Health Care FSA and the Dependent Care FSA in the same dollar amount, if it is past the second pay day of the plan year, the amount of both your elections will be **combined** under the Health Care FSA.

FSA Deadlines

- **You MUST re-enroll every year to continue participating**

Plan Year	January 1 – December 31
Incur Claims By *	March 15 (2 ½ months after the plan year ends)
Submit Claims for Reimbursement by the sooner of	March 31 (3 months after the plan year ends) or 90 days after your date of separation

* If you've claimed less than you've contributed to your Health Care FSA, you may continue coverage through COBRA, a federal law that allows you to continue certain benefits after leaving employment. Doing so allows you to extend the dates through which you may incur and submit claims. Contact the Benefits team (520-791-4597) or ASI Flex (800-659-3035) for details.

FSA Claims

The City contracts with ASI Flex for FSA administration. For fastest processing, submit claims via the app or online. The "Benny" card is available to make payment of qualifying medical expenses easier. **Questions?** Contact ASI Flex at (800) 659-3035 or [asiflex.com](https://www.asiflex.com).

Employee Assistance Program (EAP)

Confidential • Free • 24/7/365

Cigna's EAP offers you and your household members assistance with life's challenges – from mental health or substance use, to legal, financial, and identity theft support.

- Unlimited phone assistance 24/7/365
- Up to six face-to-face counseling sessions per issue per year
- Free 30-minute financial consultation
- Free 30-minute legal consultation
- Free 60-minute identity theft consultation
- Managing Stress Kit
- Finding Work Life Resources on myCigna.com

After listening to your concerns, a licensed mental health EAP professional will assist you with finding consultation, support, and information. Call (877) 622-4327 to get started.

Colonial Life

Voluntary benefits to cover the unexpected

- Short Term Disability
- Accident
- Life
- Hospital Confinement
- Cancer
- Critical Illness

Benefits of having Colonial protection:

- **Paid to you.** Benefits are paid directly to you, unless you specify otherwise, to use as you see fit.
- **Yours to keep.** With most plans, you can continue coverage with no increase in premium when you retire or change jobs.
- **Supplemental.** Most plans pay benefits regardless of any other insurance you may have with other insurance companies.
- **Family coverage.** Most plans offer coverage for your spouse and dependent children. Receive benefits even if you have other insurance.

Evidence of insurability (EOI) may be required if you enroll outside your initial eligibility period.

Visit tucsonaz.gov/benefits for details.

Long-Term Disability (LTD)

Replaces a portion of your income if you become disabled

- The City of Tucson provides a 60% benefit with a maximum payment of \$4,000 per month for five years* after meeting the criteria for disability for 180 days**.
- You may purchase a buy-up option that increases your monthly maximum benefit to \$6,000 and reduces the elimination period from 180 to 90 days**.
- If you choose to purchase supplemental long-term disability (buy-up coverage) within your initial benefit eligibility period, you don't need to show proof of insurability; however, pre-existing condition limitations exist.
- Rates for the buy-up option are based on base salary and age and are available at tucsonaz.gov/benefits; they also display when you enroll.
- If you decline buy-up coverage when you are first eligible, you may apply for it during open enrollment by requesting the change in Workday and submitting an Evidence of Insurability application to the insurance carrier.
 - You may need to complete a medical examination or submit medical records at your own expense.
 - The insurance carrier determines whether to approve your request, depending on your health status.
 - Premium deductions begin the later of the date of approval or the first day of the new plan year.
- LTD benefits are offset by retirement, Worker's Compensation, and Social Security benefits paid to you or your family as a result of your disability.
- To receive benefits for a pre-existing condition, you must be continually insured for 365 days and not have received Medical Care for the condition for 90 days on the Basic option and 180 days on the Buy-Up option.
- Payment of LTD benefits may be limited for disabilities due to mental illness or substance use.

* The five-year maximum coverage period varies if disability begins after you turn age 61 – See below.

** Regardless of which plan you have, you must exhaust all your accumulated time off before benefits will be paid.

Maximum Duration of LTD Benefits

Basic LTD:

Age When Disabled	Benefits Payable
Prior to Age 61	60 months
Age 61	54 months
Age 62	48 months
Age 63	42 months
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and over	18 months

Buy-up LTD:

Age When Disabled	Benefits Payable
Prior to Age 62	To Age 65, or 48 months, if greater
Age 62	48 months
Age 63	42 months
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and over	18 months

Visit tucsonaz.gov/benefits for details and plan booklets.

Life Insurance

Basic Term Life Insurance

Provided to you at no cost; the City pays the premium

Active Employees

- Cash benefit equal to your base annual salary, rounded up to the nearest thousand dollars, to a maximum of \$50,000, paid to your designated beneficiary(ies) in the event of your death
- Benefit amount decreases 50% on your 70th birthday

Retirees

- Cash benefit equal to \$7,500, paid to your designated beneficiary(ies) in the event of your death
- Retirees must have been hired before January 1, 2016 to be eligible; benefit amount does not reduce with age

Dependent Life Insurance

Provided to employees at no cost; the City pays the premium

- Up to \$5,000 of coverage for spouse and qualifying child(ren)
- \$100 for infants age 15 days to 6 months
- Younger than 15 days: No coverage
- You must enroll for your dependents to have coverage

New dependents must be enrolled within 31 days of marriage, or 60 days for birth or adoption, or elect coverage during the annual open enrollment period.

Supplemental Life Insurance

Employee-paid

Employee Supplemental Life Insurance

Tier	Coverage	Maximum
1	2 x your basic annual earnings	\$100,000
2	4 x your basic annual earnings	\$200,000
3	6 x your basic annual earnings	\$300,000

Beginning on your 65th birthday, the amount of your supplemental life insurance decreases. The percentage of the amount otherwise payable is as follows:

- Age 65 to 70: 65%
- Age 70 to 75: 50%
- Age 75 and older: 30%

Coverage is guaranteed if elected when first eligible. If you request to increase coverage during an open enrollment period, you'll also need to submit an Evidence of Insurability application to the insurance company. The insurance company may require a medical examination or records at your own expense. The insurance company determines whether to approve your request based on your health status. If approved, coverage and premium deductions become effective on the later of the date of approval or the first day of the new plan year. Rates are based on base salary and display in Workday when you enroll.

Spouse Supplemental Life Insurance

Purchase supplemental life insurance for your spouse in the amounts shown in the table below. However, the amount of your spouse’s insurance coverage (Dependent Life *plus* Supplemental Spouse Life) may not be more than the amount of your own insurance coverage (Employee Basic Life *plus* Supplemental Employee Life).

Rates display in Workday when you enroll.

Tier	Coverage
1	\$7,500
2	\$15,000
3	\$22,500

Coverage is guaranteed if elected when first eligible. If you request to increase coverage during an open enrollment period, you’ll also need to submit an Evidence of Insurability application to the insurance company. The insurance company may require a medical examination or records at your own expense. The insurance company determines whether to approve your request based on your spouse’s health status. If approved, coverage and premium deductions become effective on the later of the date of approval or the first day of the new plan year.

Portability of Supplemental Life Insurance

Employees hired before January 1, 2016 may continue life insurance after leaving employment, provided they are under the normal Social Security retirement age, have been employed by the City for at least one year and insured under the current level of coverage for at least one year, and meet any additional criteria outlined in the contract. If you elect to port your coverage, you make your payments directly to the insurance provider. Elections and first quarterly payment must be made directly to the insurance carrier within **31 days** of separating from active employment and must be done in accordance with the procedures outlined by the insurance carrier. Rates are outlined on the portability application, which you’ll receive from the insurance carrier upon request. Rates are not guaranteed and may change.

For additional information, see the Supplemental Life insurance booklet posted at tucsonaz.gov/benefits.

Conversion of Basic Life Insurance

Employees and covered dependents may convert to individual life insurance plans when you leave City employment, provided you meet all criteria outlined in the insurance contract. Elections must be made within **31 days** of separating from active employment and must be done in accordance with the procedures outlined by the insurance carrier. Rates are outlined on the conversion application. Rates are not guaranteed and may change. Under an individual life insurance plan, you make your payments directly to the insurance carrier. For additional information, see the insurance booklet posted at tucsonaz.gov/benefits.

Designating a Life Insurance Beneficiary

Designate or update your life insurance beneficiaries through Workday. Community Property state rules apply. See Workday for more information.

Waiver of Life Insurance Premium Disability Benefit

If you are unable to work in any occupation as a result of injury or sickness for a minimum of six months, prior to age 60, premium may be waived for your life insurance benefit until you are no longer disabled or reach age 65, whichever occurs first. You must provide satisfactory written proof of total disability and complete a claim form within one year of the date your total disability begins to be eligible for the waiver of premium. Dependents are not eligible for this benefit. Contact the Benefits team for more information.

DUAL CITY OF TUCSON COVERAGE IS NOT ALLOWED!

If you are married to or the child/parent of another City of Tucson employee or retiree, dual coverage is not allowed.

You may be covered **either** as the employee/retiree **or** as a dependent for medical, dental, vision **and life** insurance. This means...

- You may not cover yourself for medical, dental or vision and also be covered under your spouse's / parent's City of Tucson plan
- **You may not cover your spouse / child for the Basic Dependent or Supplemental Spouse Life insurance plans**
- You must CHOOSE which of you will cover eligible children. **Only ONE OF YOU may cover each eligible child for each type of insurance**
- You are permitted to designate your spouse or child as a **beneficiary** for your life insurance; AZ Community Property state rules apply

It is your responsibility to comply with these rules. Failure to do so may result in you paying premium for benefits which are not payable at the time of a claim. Please contact the Benefits team to correct any dual enrollment situations.

If the City discovers dual enrollment, the Benefits team is not able to reimburse you for premiums already deducted from your pay. Benefits team members will notify you – either via the phone or by email (provided contact information is available) – of changes being made to your coverage to correct dual enrollment issues.

Retirees

The City offers continuation of medical, dental and vision coverage plus a basic life insurance plan to eligible retirees. Retiree eligibility is defined in Administrative Directive 3.04-6, posted on the Retiree Information page at tucsonaz.gov/benefits. Employees hired on or after January 1, 2016 are not eligible for retiree insurance continuation, portability of supplemental life insurance, or retiree life insurance.

No other employee benefits apply to retirees. Any subsidy provided by the City will be applied only to medical insurance sponsored by the City of Tucson; no other plans are eligible for this subsidy except in accordance with Administrative Directive 3.04-6. All rules regarding dependent eligibility, dependent verification audit, and when/how to enroll and make changes do apply to retirees. (See applicable pages of this Handbook.)

Retirees Who Return to Employment

Retirees who are later rehired as insurance-eligible City employees must enroll in **active employee** insurance coverage. If you previously continued City life insurance through portability, you may be required to forfeit the portability policy upon rehire, and you would *not* be eligible to re-apply for portability after active employee coverage ends, unless you were rehired before January 1, 2016.

- Individuals hired or rehired **before** January 1, 2016 **may resume** retiree coverage once active employee coverage ends.
- Individuals hired or rehired **on or after** January 1, 2016 **are not eligible for retiree insurance continuation, retiree life insurance, or for portability of supplemental life insurance**; continuation of existing medical, dental, vision, EAP, and under certain circumstances health care FSA, will be offered in accordance with federal COBRA continuation laws.

Retiree Medical

Non-Medicare Eligible Retirees

Non-Medicare group coverage is available until you:

- Become eligible for Medicare due to your age
- Do not pay medical premiums within 30 days of due date
- Enroll in group medical coverage through another employer
 - Your dependents are also ineligible for medical coverage if they enroll in medical through another employer
 - If medical coverage at the other employment ends, you may request enrollment in the City's group coverage if you: (a) submit the proper documentation and (b) follow the prescribed procedures for making your request within 31 days of the date other coverage is lost. Contact the Benefits team for requirements.

See group medical benefit descriptions in the Medical section of this Handbook. Refer to City of Tucson Administrative Directive 3.04-6 for complete eligibility details.

Medicare-Eligible Retirees and Medicare-Eligible Dependents of Retirees

As a Medicare-eligible retiree (age 65+) or Medicare-eligible dependent of retiree (due to age **or** disability), you may not continue on the City's non-Medicare group medical coverage, except as described, below, under "Medicare-Eligible Retirees Under Age 65".

Coverage ends the last day of the month prior to the month during which you turn age 65. Your enrolled eligible dependents may continue under the group medical coverage by paying 100% of the applicable group premium.

- You must notify the City Benefits team when you or a covered dependent becomes eligible for Medicare.
- When your enrolled eligible dependents become eligible for Medicare (due to either disability or age), they no longer qualify for City group medical coverage.
- Please note that numerous Medicare supplement plans are available in the Tucson area. Thoroughly investigate your options to ensure that you enroll in a plan that best meets your needs.

For information about non-City offered plans, please contact Pima Council on Aging at 8467 E. Broadway Blvd., (520) 790-7262, www.pcoa.org.

- Public Safety retirees should also contact the State regarding Medicare plan options.
- **Public Safety retirees who do not qualify for Medicare, refer to Administrative Directive 3.04-6 posted at tucsonaz.gov/benefits.**

Medicare-Eligible Retirees Under Age 65

If you become eligible for Medicare due to disability prior to age 65, you are currently eligible for a reduced rate for group medical. You must enroll and remain enrolled in Medicare Parts A & B, and Medicare pays primary. Contact the City of Tucson Benefits team for additional information. In accordance with the City's current medical contract, if you are eligible to enroll in Medicare, Cigna pays secondary, **even if you choose not to enroll in Medicare Part A and/or B, and you will be liable for any non-covered claims.** We strongly suggest you understand your options and enroll in Parts A and B in order to ensure maximum claim payment.

Retiree Dental and Vision

You may **continue** your coverage in the City's dental and vision plans. Refer to the benefit descriptions in the Dental and Vision sections of this Handbook and at tucsonaz.gov/benefits. You must maintain continuous dental and/or vision insurance coverage in order to be eligible for City of Tucson dental/vision coverage.

Continuous Coverage is Required

If you are a retiree and you want to add dental and/or vision coverage for yourself or your eligible dependents during an annual Open Enrollment or due to a qualifying life event, the City Benefits team must receive your acceptable proof of continuous insurance coverage through another dental/vision insurance plan for the immediately preceding 36 months for you and any dependents you wish to cover. This provision applies even if you were previously enrolled and coverage was dropped for any reason, including but not limited to being dropped due to lack of premium payment. Deadlines exist and are communicated annually at Open Enrollment or at the time a retiree contacts the Benefits team regarding a qualifying life event.

Newborns and Dental/Vision (Retirees)

Since newborns may not be added to dental and/or vision at the time of birth, retirees wishing to add recently born children to these plans must request the enrollment during the first three open enrollments following the baby's birth date. If coverage is requested at any time after the first three open enrollments following the baby's birth date, the retiree continuous coverage provisions will apply.

Paying for Your Vision Coverage

Unlike retiree Medical and Dental premiums, retiree Vision premiums are not deducted from pension checks. Retirees pay premiums directly to the vision insurance carrier.

Retiree Basic Life Insurance

Qualifying retirees currently have coverage under a City-paid \$7,500 term life insurance policy. Update your beneficiary designations via Workday. Retiree Basic Life Insurance is not available to individuals hired or rehired on or after January 1, 2016.

Important Notices

Each year, the City of Tucson is required to provide you with certain Important Notices affecting your employee benefit programs. Please review these notices located at tucsonaz.gov/benefits.

Contact Information

Cigna	<ul style="list-style-type: none">▪ Medical▪ HSA▪ Dental▪ EAP	888-806-5042 (pre-enrollment) 800-244-6224 (existing members) mycigna.com
Avesis	<ul style="list-style-type: none">▪ Vision	833-282-2438 www.avesis.com
Hartford	<ul style="list-style-type: none">▪ Life▪ Long-Term Disability	888-301-5615 (claims) 800-331-7234 (applications)
Colonial Life	<ul style="list-style-type: none">▪ Short Term Disability▪ Accident▪ Cancer▪ Critical Illness▪ Hospital Confinement▪ Whole & Universal Life	800-456-4311 Don.peck@ColonialLifeSales.com Coloniallifeaz.com/tucson
ASI Flex	<ul style="list-style-type: none">▪ Health Care and Dependent Care Flexible Spending Accounts	800-659-3035 asiflex.com
City of Tucson Employee Benefits Team	<ul style="list-style-type: none">▪ Eligibility▪ Enrollment▪ Separation from employment▪ Life insurance claims	Phone: 520-791-4597 Fax: 520-791-5942 P.O. Box 27210 Tucson, AZ 85726-7210 <i>To visit us in person, please make an appointment</i>

This Employee & Retiree Insurance Handbook is a summary of the City of Tucson's health and wellness benefits. For complete coverage details, please see the appropriate plan administrator's certificate of coverage at tucsonaz.gov/benefits.