



**Retiree Open Enrollment:**  
December 1-19, 2025

It Starts With **YOU**

healthy habits  
knowledge  
grace  
informed decisions  
community  
self-love  
family  
mental well-being  
creativity  
accountability  
faith  
happiness  
pride in our city  
kindness  
forgiveness  
kindness



Office of Human Resources  
**CAP Employee Benefits**  
CITY OF PHILADELPHIA

# 2026 Retiree Benefits Guide

City Administered Health Plan

*For non-represented exempt Retirees eligible for the City-Administered Health Plan (CAP), including Retirees of the First Judicial District of Pennsylvania and Local 286. For grandfathered DC-33 and grandfathered DC-47 Retirees in a union classified position who have opted into the City-Administered Health Plan (CAP) and opted out of union coverage.*

There's no doubt about it; Philly is the City of Brotherly Love. The 250th anniversary of our country takes place in 2026, and Philly will be at the heart of it. As we celebrate the birth of our country, remember that, just like America started in our city, so much starts with you: healthy habits, kindness, self-love, and more. During this time of celebration, remember that your health is deeply connected to your joy, and finding that joy and keeping **It Starts With YOU!**

I remember when my grandmother and her quilting circle would meet and the laughter and joy everyone participating experienced. Memories like that remind me how important community is, and that we are all human. I want to encourage you to get involved in your community, schools, or volunteer and spread that love and joy to your Philly neighbors.

The City will do its part to help you be the best version of you by continuing to offer a variety of benefits to you and your eligible family members that focus on your whole health so you can live a healthy life mentally, physically, and financially.

You're encouraged to share this 2026 Retiree Benefits Guide with your family and discuss your benefit options. It's easy to navigate and is packed with information. **It Starts With YOU** to explore all the benefits the City offers. Some of the City's new benefits include:

- Expanded Wellthy benefit to include access to their Care Concierge service to provide support for loved ones from birth to bereavement.
- Support and resources for all stages of women's health, including pregnancy/postpartum and menopause/midlife stages. Also, digital physical therapy for pelvic health care and 100% coverage for breast ultrasound and breast MRI tests.
- Telemedicine dermatologist specialist visits through Teladoc Health.
- A program that offers discounts for a variety of services and events.

Also new for 2026, retirees over age 65 will see a different name for one of their health plans – the MedigapSecurity Plan C is now called the **MedigapFreedom Plan C**. It's the same medical plan, but with a different name and your benefit coverage will remain the same.

Starting this year, we have reduced our paper "footprint" by sending you this guide electronically. Click on any benefit in the table of contents to jump to it and be sure to see the next page for additional navigation tips.

Lastly, outside forces can only influence your joy if you allow it – self-love, love of your family and community **Starts With YOU!**

Sincerely,



Marsha Greene-Jones  
Deputy Human Resources Director  
Health and Welfare Benefits  
City of Philadelphia

## MISSION

Our mission is to offer access to comprehensive, affordable healthcare benefits in support of health equity, diversity, and the total health of City employees and their families through programs and services to sustain our emotional, physical, nutritional, financial, and community wellbeing.

## VISION

Our vision is to create an inclusive, empowering and equitable health and wellbeing culture that will influence improved healthcare outcomes in support of a better quality of life for City employees and their families.

*Click to continue...*

**It Starts With YOU**

Click on a topic below:

## 2026 Benefits for Retirees Under Age 65

- 7 2026 Retiree Health Rates: Under Age 65
- 8 What's New & What's Changing
- 9 Retiree Benefits Big Picture
- 10 Medical Plans: PPO and HMO
- 13 Diabetes Management Program
- 14 Prescription Drug: CVS Caremark

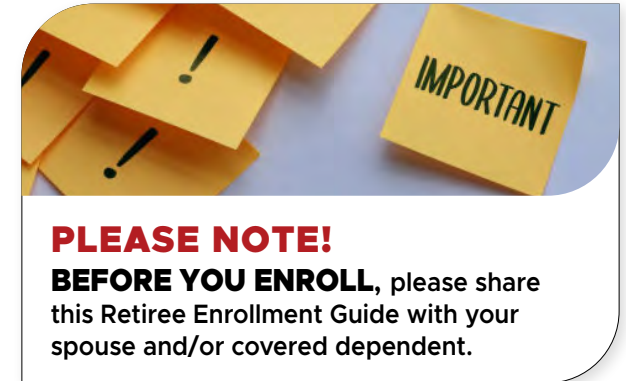
## 2026 Benefits for Retirees Age 65+

- 16 2026 Retiree Health Rates: Age 65 and Older
- 17 What's New & What's Changing
- 18 Retiree Benefits Big Picture
- 19 Medical Plans: Keystone 65 HMO and Medigap Plan C
- 26 Prescription Drug: SilverScript

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## 2026 Benefits for All Retirees

- 28 Retiree Health Benefits Applicable to All Plans
- 30 Post-City Credit
- 31 Behavioral Health Resources
- 32 Progyny Women's Health, Sword Health Digital Physical Therapy Sessions & Accupuncture
- 33 How To Get Care When You Need It
- 34 CAP Retiree Healthy Weight Program
- 36 Dental Benefits
- 38 Vision Benefits
- 40 Life and AD&D Insurance
- 40 Benefits To Meet Your Life Needs
- 41 Concierge Services
- 42 City Discount Program
- 43 Voluntary Pet Wellness and Pet Insurance
- 44 Aflac Voluntary Benefits



### **PLEASE NOTE!**

**BEFORE YOU ENROLL**, please share this Retiree Enrollment Guide with your spouse and/or covered dependent.

# Tips To Navigate This Retiree Benefits Guide

Be sure to use the **current version of Adobe Acrobat Reader** to take full advantage of the links and tools in this guide. Click on or scan the QR code to the right to download, then reopen the guide with Acrobat Reader to begin.

- Go to the **Table of Contents** at any time by clicking on the **Liberty Bell** in the top left corner.
- All pages can be accessed by **scrolling**. Advance one page at a time using the **gray arrow** on the left or right side of each page, or by using the **arrow keys** on your keyboard.
- Scan **QR codes** with your mobile device camera to go to resources on the web.
- Click on **weblinks** to go to resources on the web. All links in the Guide have been tested. If a link does not work, please try closing and opening your browser and clearing your browser cache in your browser settings.

The screenshot shows the 'Retiree Health Benefits Applicable to All Plans' page. The top navigation bar includes links for Post-City Credit, Behavioral Health Resources, Medical, Dental, Vision, Life & AD&D, Lifestyle Benefits, City Discount Program, and Voluntary Benefits. The main content area features sections for 'Talk To An IBX Health Coach', 'Total Care', 'Blue Distinction Exceptional Better Patient', and 'Nutrition Counseling With A Registered Dietitian'. A search bar is visible on the right side of the page, and a QR code is located in the bottom left section.

- Select a topic on the **top blue navigation bar** to jump to that section in the Guide.
- **Search for a keyword** by holding down the CTRL key and tapping the “F” key. Type a keyword in the pop up window and hit the ENTER key to find the topic you are interested in. Continuing to hit ENTER will show you the next occurrence of the same word in the Guide.
- **Zoom in/out** on a page by either pinching and pulling on the screen of a smart device, holding down the CTRL key and tapping the “+” or “-” keys on a keyboard, or selecting a “Zoom” option under the View menu in Acrobat.



Click a **play button** to watch a video resource on the web.



Click an **information icon** to go to a resource in the Guide or on the web.

## Key Enrollment Considerations: Under 65 and 65+

**Open Enrollment:** If you wish to make changes to your Retiree Health plans and/or update eligible dependents, please use the form included in your enrollment package to make your elections during the 2026 Open Enrollment time period stated in the cover letter. If you return all forms during the stated time period, coverage will begin on January 1, 2026. If you wish to keep your current Retiree Health coverage, no action is required. Your current coverage will carry over to the 2026 calendar year.

**Newly Eligible/First Time Enrollment:** If you are newly eligible for Retiree Health coverage, or enrolling for the first time, please use the form included in your enrollment package to make your elections as soon as administratively possible following a meeting with a Retiree Benefits Counselor. **NOTE:** If you are a City retiree age 65 or older, you will also need to enroll separately in the SilverScript prescription drug plan, using the materials you will receive from SilverScript. See [page 6](#) for when coverage begins.

### Key Points to Consider

#### Retire With City Credit

If you retire from the City of Philadelphia, meet the ten-year service requirement and age requirement for the retirement plan in which you're enrolled, you will be eligible to elect five years of City Retiree Health benefits.

#### Deferring Retiree Health Coverage

Upon separation from City service, employees eligible for five years of retirement health insurance may elect to defer their five years of City retirement coverage. You can make a one-time election to defer enrolling in Retiree Health coverage. If you defer enrolling in Retiree Health coverage, you can enroll at any time as long as you remain eligible and meet all enrollment requirements.

**IMPORTANT:** Please note that:

- You may only defer coverage when first eligible. When you enroll at a later date, coverage will begin on the first of the month after the City receives your completed enrollment forms.

- When a deferral election is made the City will accumulate the amount of contribution that it would have made towards the employee's healthcare during the deferral period.
- When the retiree notifies the City to start their contributions, the accumulated balance of City contributions will be drawn down each month until the contributions have been exhausted.
- It is understood that the accumulated deferred contributions may not purchase the same number of months of health insurance contributions as non-deferred contributions.
- When the cost of coverage increases during your deferral period, the City will review your accumulated contributions and calculate the balance of healthcare available; your contributions will not purchase five years of retiree coverage.

**NOTE:** When you choose to begin your City Credit coverage after deferring, you will only be eligible for the healthcare options that were available at the time you deferred your health benefits. Your Retiree

Benefits Counselor will review your healthcare options with you in more detail upon reinstating coverage.

Contact your Retiree Benefits Counselor for more information.

#### Waiving Coverage

If you waived coverage as an active employee, you will be allowed to enroll in your choice of retiree medical benefits upon retirement. If you elect to waive medical coverage upon retirement, you may reinstate in a retiree medical plan at any time during your five-year City-paid coverage period, for the remaining duration of your eligible period. See [page 6](#) for an example.

#### When City Credit Coverage Period Ends

When your City-sponsored Retiree Health coverage ends after five years, you can choose to enroll in one of the City's Post-City Credit health care plans within 60 days of the end of your City-paid coverage or within 60 days of turning 65. You will be responsible for the full cost of coverage, which will be deducted from your City pension check. See [page 30](#) for more details.



**Medicare Part D Prescription Drug Coverage:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see [page 52](#) for more details.

IMPORTANT ENROLLMENT INFORMATION

# Who To Contact

BENEFITS FOR RETIREES UNDER AGE 65		
BENEFIT	PROVIDER & SERVICES	CONTACT
Medical	Independence Blue Cross (IBX)	<a href="http://ibx.com">ibx.com</a> • 800.ASK.BLUE • 800.275.2583 • TTY: 711
Diabetes Management Program	Teledoc Diabetes Management Program	<a href="http://TeladocHealth.com/Register/PHILACAP">http://TeladocHealth.com/Register/PHILACAP</a> • Registration code: PHILACAP • 800.945.4355
Prescription Coverage	CVS Health	<a href="http://caremark.com">caremark.com</a> • 800.309.5013 CVS Specialty Pharmacy: 800.237.2767 Rx delivery info: <a href="http://www.cvs.com/content/pharmacy/rxdelivery">www.cvs.com/content/pharmacy/rxdelivery</a> PrudentRx Specialty Drug (\$0 Copay) Program with CVS Specialty: 800.578.4403

BENEFITS FOR RETIREES AGE 65+		
BENEFIT	PROVIDER & SERVICES	CONTACT
Medical, including Diabetes Management Program	Independence Blue Cross (IBX)	Keystone 65 HMO Customer Service • 1.800.645.3965 • TTY/TDD: 711 8 a.m. to 8 p.m. • 7 days a week
		Independence Blue Cross (IBX) Customer Service for MedigapFreedom Plan C: 1.888.926.1212 • TTY/TDD: 711 8 a.m. to 6 p.m. • Monday – Friday <i>A Diabetes Management Program is also available through Medicare.</i>
Prescription Coverage	CVS Health or SilverScript Insurance, affiliated with CVS Health	SilverScript Customer Care • 1.888.335.1196 • TTY: 711 24 hours a day, 7 days a week • If you have any questions about SilverScript, or you would like to find out if your drug is covered, or to identify the locations of network pharmacies near where you live or are traveling. City of Philadelphia • 215.686.0616, or 0618, or 0609 • 8:30 a.m. to 5:00 p.m. Monday – Friday • Questions about eligibility, how to enroll in the plan, or your premium.

See the next page for Who To Contact [BENEFITS FOR ALL RETIREES](#).

IMPORTANT ENROLLMENT INFORMATION

# Who To Contact

BENEFITS FOR ALL RETIREES		
BENEFIT	PROVIDER & SERVICES	CONTACT
<b>Telemedicine</b> <i>Includes tele-dermatology</i> <b>Nutrition Counseling</b>	<b>Independence Blue Cross (IBX)</b>	<a href="https://teladochealth.com">TeladocHealth.com</a> • 800.Teladoc (800.835.2362) • <a href="mailto:help@teladochealth.com">help@teladochealth.com</a> Find an in-network IBX Registered Dietitian: <a href="https://tinyurl.com/RegDietitian">https://tinyurl.com/RegDietitian</a>
<b>Behavioral, Mental Health &amp; Substance Abuse</b> <i>Select individualized behavioral health services</i>	<b>Behavioral Health (Independence Blue Cross) Tele-behavioral Health</b>	800.688.1911 (To find behavioral health and tele-behavioral health providers and information)
<b>CAP Retiree Healthy Weight Program</b>	<b>Independence Blue Cross (IBX)</b>	To find an IBX Registered Dietitian, go to the IBX Find A Doctor website: <a href="https://www.ibx.com/providerfinder">https://www.ibx.com/providerfinder</a> • For questions about the CAP Retiree Healthy Weight Program, contact your Retiree Benefits Counselor • <a href="mailto:Retiree.healthyweight@phila.gov">Retiree.healthyweight@phila.gov</a>
<b>Dental</b>	<b>United Concordia</b>	Dental Providers ( <a href="https://unitedconcordia.com/find-a-dentist">unitedconcordia.com/find-a-dentist</a> ) • Dental Benefits ( <a href="https://unitedconcordia.com/GetMDB">unitedconcordia.com/GetMDB</a> ) • 866.851.7568
<b>Vision</b>	<b>EyeMed</b>	Vision Benefits ( <a href="https://member.eyemedvisioncare.com/cityofphilly">member.eyemedvisioncare.com/cityofphilly</a> ) Vision Provider Locator ( <a href="https://eyedoclocator.eyemedvisioncare.com/cityofphilly">eyedoclocator.eyemedvisioncare.com/cityofphilly</a> ) • City CAP retirees: 800.526.8085
<b>Critical Illness, Group Term to 120 Life Insurance, Accident Insurance, Group Hospital Indemnity Plan</b>	<b>Aflac</b>	Aflac Customer Service ( <a href="https://aflacgroupinsurance.com/customer-service">aflacgroupinsurance.com/customer-service</a> ) • 800.433.3036
<b>Life &amp; AD&amp;D</b>	<b>Securian (Minnesota Life)</b>	<a href="https://lifebenefits.com">lifebenefits.com</a> • File a Life Insurance Claim: 215.686.0859 • Please contact your Retiree Benefits Counselor for a copy of the Life & Accident Insurance Certificate. • To continue insurance after employment ends: <a href="https://lifebenefits.com">lifebenefits.com</a> For website assistance: 866.365.2374 • Enter policy #: 34021 • Access key: philadelphia
<b>Additional Life Needs Benefits</b>	– Legacy Planning Resources	<a href="https://securian.com/legacy">securian.com/legacy</a>
	– Wellbeing Resources	<a href="https://lifebenefits.com/lfg">lifebenefits.com/lfg</a> • 877.849.6034 • Use Member Login • User name: lfg • Password: resources
	– Travel Assistance Services	<a href="https://lifebenefits.com/travel">lifebenefits.com/travel</a> • U.S./Canada: 855.516.5433 • International: +415.484.4677
	– Empathy Beneficiary Support	<a href="https://join.empathy.com/securian">join.empathy.com/securian</a> • App access code: emp-securian
<b>Pregnancy/Postpartum Menopause/Midlife Care</b>	<b>Progyny</b>	<a href="https://tinyurl.com/4xv3zymr">https://tinyurl.com/4xv3zymr</a> • 888.466.8598
<b>Thrive MSK Program, Bloom Pelvic Health Care</b>	<b>Sword Health Digital Physical Therapy</b>	<a href="https://meet.swordhealth.com/?utm_medium=referral&amp;utm_source=sword_website">https://meet.swordhealth.com/?utm_medium=referral&amp;utm_source=sword_website</a>
<b>Concierge Service</b>	<b>Wellthy</b>	<a href="https://wellthy.com/member/phila">wellthy.com/member/phila</a> • (to activate your Wellthy account) • 877.588.3917
<b>City Discount Program</b>	<b>TicketsatWork</b>	<a href="https://www.ticketsatwork.com/tickets/">https://www.ticketsatwork.com/tickets/</a>   Company Code: CityofPhiladelphia
<b>Pet Insurance &amp; Wellness</b>	<b>WAGMO</b>	To enroll: <a href="https://www.wagmo.io/enroll/start">www.wagmo.io/enroll/start</a> • 855.836.8785 • To find rates, review your policy, update your coverage: <a href="https://wagmo.io/">https://wagmo.io/</a>
<b>Retirement</b>	<b>Board of Pensions</b>	<a href="https://www.phila.gov/pensions">www.phila.gov/pensions</a> • Email: <a href="mailto:Pensions.Inquiry@Phila.gov">Pensions.Inquiry@Phila.gov</a> • Local: 215.685.3441 • Anywhere: 800.544.1173
	<b>Deferred Compensation</b>	<a href="https://www.philly457.com">www.philly457.com</a> • 215.568.1960
	<b>Health &amp; Welfare Team</b>	<a href="mailto:Retireehealth@phila.gov">Retireehealth@phila.gov</a>

## Who Is Eligible And When Coverage Begins

### Who's Eligible?

To qualify for five years of CAP Retiree Health (City Credit) coverage, City employees must have **ten years of service** and meet the **age requirements** for the retirement plan in which you are enrolled. Time purchases are not eligible for inclusion in the calculation of time for retiree health benefits.

- Exempt employees can meet the service requirement when all years of service add up to ten years (service may be intermittent).
- Civil Service employees must have ten years of continuous service.

If you meet the retirement age and service requirements, you are eligible to participate in the City Administered Retiree Health Plan (CAP) as:

- A permanent, non-represented, exempt Retiree (also called “Flex Retiree”)
- A Retiree in a union classified position who previously opted into the City Administered Plan as a **permanent DC-33 CAP retiree** (meaning you have opted out of your collective bargaining benefits coverage).
  - **NOTE:** The CAP plan was closed to new DC-33 entrants effective July 1, 2023.
  - DC-33 retirees who rescind union membership or waive union benefits coverage are not eligible to enroll in the City’s CAP Plan.
- A DC-47 retiree who has been grandfathered into the CAP plan, except in circumstances outlined in the Eligibility & Enrollment Guidelines.
  - **NOTE:** The CAP plan is closed to new DC-47 entrants.
- A permanent, non-represented, exempt Retiree of the First Judicial District (FJD) of Pennsylvania and, effective January 1, 2023, FJD Local 286 retirees.

**Coverage does not begin until you enroll and meet all requirements.**

### Eligible Dependents

You can also cover your spouse and **unmarried** dependent children to age 26, as long as they meet the requirements outlined below and you provide valid proof of eligibility. **NOTE:** Be sure to read the [CAP Health Plan Eligibility & Enrollment Guidelines](#) for more information.

- Lawful spouse
  - Throughout this Benefits Guide, the term “spouse” is intended to include life partners covered as of December 31, 2016.
- Biological birth child to age 26
- Adopted child to age 26
- Stepchild to age 26
- Legally court-ordered child to age 26
- Noncustodial child
- Disabled child over age 26

In the event of the death of a retiree with retiree and spouse coverage, the **surviving spouse** and/or eligible dependent(s) can elect to continue coverage under the City Retiree Health Plan for the balance of the five-year City Credit period.

If the surviving spouse is an active City employee, s/he will be required to enroll in City CAP Health coverage for active employees and Retiree Health coverage will be deferred. If the surviving spouse later qualifies for Retiree Health coverage, s/he may defer their own Retiree Health coverage and activate the deferred surviving spouse coverage.



### Special Enrollment Rights

Federal law gives you other special enrollment rights. If you do not elect coverage now because you have other coverage, when that other coverage ends, you can elect coverage under the City’s Medical Plan as long as you enroll within **30 days**. If you gain or lose eligibility for coverage through Medicaid or a State Children’s Health Insurance Program (S-CHIP) or become eligible for state-provided premium assistance, you have 60 days from the date of the event to elect coverage. Contact your department HR Representative if you need assistance.

**IMPORTANT:** Pennsylvania state law allows same-sex marriage. As a result, the CAP Health Plan no longer covers new life partners and their dependent children as of January 1, 2017. The CAP Health Plan will continue to cover current life partners enrolled in the CAP as of December 31, 2016, and their dependent children, for as long as they remain eligible. However, if a life partner and his/her dependent child enrolled in the CAP as of December 31, 2016, is dropped from coverage, s/he is not eligible to be re-enrolled in the CAP on or after January 1, 2017.

## IMPORTANT ENROLLMENT INFORMATION

## Retiree Open Enrollment: November 24-December 19, 2025

### When Coverage Begins

If you are newly eligible, or enrolling for the first time, CAP Retiree Health coverage will take effect on the first of the month after you meet with a Pension Counselor, the Retiree Benefits Counselor, and submit your enrollment forms.

### Deferring Retiree Health Coverage

You can make a one-time election to defer enrolling in Retiree Health coverage. If you defer enrolling in Retiree Health coverage, you can enroll at any time as long as you remain eligible and meet all enrollment requirements.

**IMPORTANT:** Please note that:

- if you defer coverage when first eligible, and enroll later, coverage will begin on the first of the month after the City receives your completed enrollment forms.
- if you defer coverage, and the cost of coverage increases during your deferral period, the City's fixed accumulated contributions will not pay for as great a portion of the cost.

**NOTE:** When you choose to begin your City Credit coverage after deferring, you will only be eligible for the healthcare options that were available at the time you deferred your health benefits. Your Retiree Benefits Counselor will review your healthcare options with you in more detail upon reinstating coverage.

**Example:** If the City is paying \$1,500 per month for retiree coverage in 2025, each month that you are deferred, \$1,500 will be added to the deferral account. If you defer for 60 months (5 years), the total in your deferred account will be \$90,000.00. When activated in 2030, the City may be paying \$1,700 per month for coverage and \$1,700 per month will be deducted from your deferred account for retiree coverage. This means that you will not receive 5 full years of coverage.

**NOTE:** The exact length of coverage cannot be guaranteed, since future health coverage costs are unknown.

### Waiving Coverage

If you waived coverage as an active employee, you will be allowed to enroll in your choice of retiree medical benefits upon retirement. If you elect to waive medical coverage upon retirement, you may reinstate in a retiree medical plan at any time during your five-year City-paid coverage period, for the remaining duration of your eligible period.

#### Example

An employee retires on **September 30, 2025**. Their five-year City-paid coverage period begins **October 1, 2025** and ends **September 30, 2030**. The employee waives coverage at the time of retirement but later elects to begin coverage on **September 1, 2029**. The employee would then be entitled to **12 months of City-paid coverage** (through September 30, 2030). Retirees may only rescind their waiver and enroll in coverage during their eligible City-paid coverage period.

### Only Qualified Life Events Allow You To Change Elections

Take care when making your benefits choices because your elections will continue through the end of the calendar year. By federal law, you cannot change your benefits unless you have a qualified life event change during the plan year. Qualified life event changes that allow you to make a change to your benefits include, but are not limited to:

- Birth, adoption, legal guardianship
- Marriage, divorce, or separation
- Death of a spouse, child, or life partner
- Change in child's eligible dependent status (for example, turning age 26)

- Losing or gaining access to health coverage as a result of circumstances beyond your control, *e.g., your unemployed spouse gets a new job and gains access to employer-provided medical benefits under which you could be covered*

**IMPORTANT:** A child's divorce is not a qualified life event, even if under the age of 26.

The benefits change must be consistent with the qualified life event change. For example, if your child is covered under the CAP Medical Plan and turns 26, you can drop his/her medical coverage. If you have a qualified life event and want to add dependents, you should contact a Retiree Benefits Counselor immediately to ensure that your family members are covered within the approved deadlines of the benefit plan.

Please read the detailed description of qualified life events in the Retiree Eligibility and Enrollment Guidelines beginning on [page 54](#). For assistance, contact one of the Retiree Benefits Counselor included with your retiree health package.

**IMPORTANT:** You have 30 days to make changes as a result of the life event. **If you do not make changes within those time periods, you and/or your dependents will not be covered by the CAP Health Plan until the next open enrollment period.**

**For a birth/adoption qualifying life event, enrollments must be completed within six months of the date of birth; coverage will be retroactive. Enrollments received after six months of birth will not be accepted.**

Contact your Retiree Benefits Counselor for more information.



# Benefits for Retirees Under Age 65

Additional benefits available to all retirees can be found beginning on [page 28](#).

The City offers retirees under age 65 and their eligible dependents two retiree health plan options: Keystone HMO or Personal Choice PPO.

## 2026 CAP Retiree Health Rates Per Month: Retirees Under Age 65

Retiree Health Plan	Retiree Only: under 65	Retiree under 65 +1 under 65	Retiree under 65 and Spouse 65+	Family (3 or more, under 65)
Keystone HMO	\$40.67	\$81.67	\$40.67 (\$0 for spouse 65+ in Keystone 65 HMO)	\$132.67
Personal Choice PPO	\$81.73	\$155.85	\$81.73 (\$0 for spouse 65+ in Medigap Plan C)	\$252.44

For retiree rates age 65+, please see [page 16](#).

# What's New & What's Changing: Under Age 65 Retiree Benefits

For the **13TH YEAR** in a row, the City is pleased to announce your **2026 benefit contributions will stay the same for non-tobacco users.**

**NEW!** Wellthy's Care Concierge\* provides expert caregiver support, tackles to-do's, advocates on your behalf, and connects you with resources that make taking care of yourself and your family as seamless as possible. [See page 41.](#)

\*Wellthy Concierge Services benefit excludes the First Judicial District and Local 286.

**REMINDER!** All eligible participants in the **CAP Retiree Healthy Weight Program** must adhere to program requirements, or risk disenrollment from the program. [See page 34.](#)

**NEW!** From pregnancy to postpartum to menopause, **Progyny provides 1:1 support from specialists and digital resources for all stages of women's health.** Progyny is covered at 100% under both plans, with no copay or deductible required for most services. [See page 32.](#)

**NEW!** In addition to Musculoskeletal (MSK) digital physical therapy sessions, Sword Health now offers **Bloom Pelvic Health Care**, a digital physical therapy program that connects women with clinical-grade pelvic health care, accessible from anywhere, at any time, covered at 100% under both health plans. [See page 32.](#)

**ENHANCED!** **\$0 copay for breast ultrasound and breast MRI tests** for the HMO and PPO plans. [See page 11.](#)

**NEW!** Teladoc Health offers phone or video consultations with a dermatologist specialist who can provide a diagnosis, fill a prescription, and more. Specialist office visit copay applies: \$40 copay under the HMO and \$30 copay under the PPO. [See page 11.](#)

## PLEASE NOTE!

Before you enroll, please share this Retiree Enrollment Guide with your spouse and/or covered dependent.

**CHANGE!** HelpScript replaces Smart RxAssist as your cost-share assistance service that can significantly reduce plan costs for certain **specialty drugs.** [See page 10.](#)

**ENHANCED!** Increased reimbursement amounts for some out-of-network vision care services. [See page 39.](#)

**NEW!** Through TicketsatWork, the City discount program, find savings on entertainment, travel, shopping, dining, and much more when you visit the TicketsatWork website. [See page 42.](#)

Additional benefits available to all retirees can be found beginning on [page 28.](#)



# The Big Picture: Under Age 65 Retiree Benefits Click on a BLUE category header below to go to that section.

## MEDICAL



Choose from:

- **Keystone HMO** or
- **Personal Choice PPO** health plans.

Both cover telemedicine and tele-behavioral health, visits to retail clinics and urgent care facilities, behavioral health services, including:

- HelpScript copay card for medical specialty drugs
- Teladoc Diabetes Management
- Teladoc tele-dermatology
- Progyny women's health support
- Sword Health Digital Physical Therapy – Thrive MSK Program – Bloom Pelvic Health Care Program



## PRESCRIPTION DRUG

**Included with medical coverage.** Low out-of-pocket costs through the City's Preferred Health Pharmacy Network, including:

- CVS Health with CVS Cost Saver, powered by GoodRx
- PrudentRx \$0 Copay Specialty Drug Program available for certain drugs



## DENTAL



**Included with medical coverage.** Choose from:

- Concordia Flex PPO: Elite Prime OR
- Concordia DHMO (a dental HMO) using the Concordia Plus Network.

## VISION



**Included with medical coverage.**

- EyeMed Vision Care (Advantage Network)



## LIFESTYLE BENEFITS\*

**Lifestyle benefits that fit your individual needs:**

- Wellthy Concierge Services to connect you with resources to help you take care of your family   
*Excludes the First Judicial District and Local 286.*
- TicketsatWork discounts on entertainment, goods, and services 

## CAP RETIREE HEALTHY WEIGHT PROGRAM

Supports reduction of obesity-related health risks, lifelong habits for a healthier lifestyle, weight loss and reducing instances of weight regain.

Retirees and eligible dependents benefit from Registered Dietitian coaching and prescription medications as long as they meet all program requirements.

## LIFE & AD&D INSURANCE\*



You're automatically covered by City-paid Basic Life and AD&D coverage.

## PORTABLE VOLUNTARY BENEFITS FOR RETIREES\*

Aflac provides **additional income protection** when you buy the following for yourselves and covered family members with after-tax payroll contributions:

- Critical Illness Insurance: Includes Health Advocate, EZ Shield, and Medical Bill Saver services
- Group Term to 120 Life Insurance
- Accident Insurance
- Group Hospital Indemnity Plan



## VOLUNTARY PET HEALTH PLANS\*



Wagmo offers two **pet health plan options, paid for with after-tax payroll contributions:**

- Wagmo Pet Wellness for routine preventive care
- Wagmo Pet Insurance for protection against unexpected vet expenses

Additional benefits available to all retirees can be found beginning on [page 28](#).

*\*These benefits do not require CAP Retiree Medical Plan enrollment.*

# 2026 Medical Plans

You can choose between two Independence Blue Cross medical plans, the Keystone HMO or Personal Choice PPO. You may waive coverage if you are covered by another plan. Once you elect a medical option and then choose coverage under one of the United Concordia dental plans, you will be automatically enrolled in the prescription drug and vision coverages. On the next few pages, you can read how benefits compare between the Keystone HMO and the Personal Choice PPO. Understanding the benefits is just as important as understanding the cost of the plans.

## How Do The Medical HMO And PPO Compare?

Feature	Keystone HMO	Personal Choice PPO
Payroll contributions	Lower than PPO	Higher than HMO
100% preventive care benefits	Yes	Yes
Must select and use a primary care physician (PCP) to direct all health care services	Yes	No
Referrals to specialists are required	Yes	No
Plan pays benefits out-of-network	No	Yes
Fixed, predictable cost when using plan	Yes	No
Out-of-pocket expenses limited each year	Yes	Yes
Unlimited lifetime maximum benefits	Yes	Yes

The City's medical coverage options are comprehensive and meet all Affordable Care Act (ACA) requirements.

## \$0 Copay For Medical Specialty Drugs With HelpScript

HelpScript is a cost-share assistance service for specialty drugs covered under both medical plans that delivers \$0 cost share to retirees. The service can significantly reduce plan costs for 200+ specialty drugs in major disease areas such as:

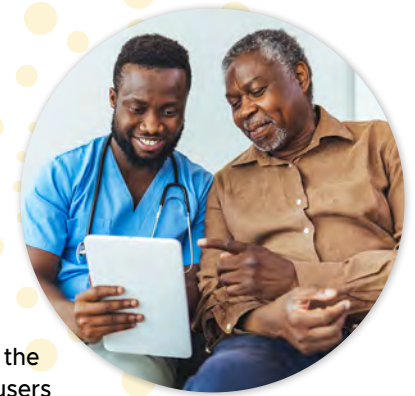
- Oncology
- Immunology
- Ophthalmology
- Inflammatory diseases
- And more

### How It Works

If a CAP retiree is using a drug on the HelpScript list, HelpScript's experienced support staff will work with the CAP retiree's health care provider to help enroll them in the program and answer questions. Once HelpScript reaches out and the CAP retiree opts into the program, HelpScript works directly with Independence Blue Cross to ensure the appropriate copay assistance program is applied to reduce the CAP retiree's out-of-pocket expenses.

## The City Encourages A Tobacco-Free Lifestyle

The City encourages a tobacco-free lifestyle to help keep you and your spouse healthy and help reduce the cost of healthcare for all retirees. The City's contributions toward the cost of Retiree Health care coverage are currently based on a tobacco-free lifestyle. However, since the annual health cost to the City for tobacco users is over \$6,000 per year, it's possible that tobacco users will need to pay more for Retiree Health coverage in the future.



Independence 

Independence Blue Cross

800.ASK.BLUE  
800.275.2583

<http://www.ibx.com>

Text IBXWire to 73529

Get secure, health-related text messages on your smartphone

# Highlights: Keystone HMO & Personal Choice PPO

800.ASK.BLUE



Medical Services	Keystone HMO	Personal Choice PPO	
	In-Network	In-Network	Out-of-Network
<b>Deductible*</b> (Individual/Family)	\$0	\$300/\$600	\$750/\$1500
<b>Coinsurance*</b>	N/A	10%	30%
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Teladoc Diabetes Management</b> <i>Real-time Checks, Guidance &amp; 24/7 Expert Support</i>	Covered 100%	Covered 100%	Covered 100%
<b>Telemedicine Visit (Teladoc Health)</b>	\$10 copay	\$10 copay (no deductible)	30%, after deductible
<b>Primary Care Visit</b>	\$30 copay	\$20 copay (no deductible)	30%, after deductible
<b>Behavioral Health</b>			
<b>Outpatient Behavioral Health</b> (Mental Health & Substance Abuse) <i>Use in-network Behavioral Health providers (800.688.1911)</i>	\$20 copay	\$20 copay (no deductible)	30%, after deductible
<b>Tele-Behavioral Health Visit</b>	\$20 copay	\$20 copay (no deductible)	30%, after deductible
<b>Sword Health Digital Physical Therapy</b> <i>Thrive Musculoskeletal (MSK) Bloom Pelvic Health Care</i>	Covered 100%	Covered 100%	Covered 100%
<b>Specialist Office Visit</b> <i>Includes Teladoc Health dermatologist visit</i>	\$40 copay	\$30 copay (no deductible)	30%, after deductible
<b>Pregnancy, postpartum, menopause, midlife care support</b>	Covered 100%	Covered 100%	Covered 100%
<b>Routine Annual GYN Exam</b>	Covered 100% (no referral)	Covered 100% (no deductible)	30% (no deductible)
<b>Routine Mammography</b> <i>Breast MRI and Ultrasound</i>	Covered 100% (no referral)	Covered 100% (no deductible)	30% (no deductible)
<b>Diagnostic Mammography</b>	\$40 copay	10%, after deductible	30%, after deductible
<b>Nutrition Counseling</b> (6 visits per year)	Covered 100% (no referral)	Covered 100% (no deductible)	30% (no deductible)

**\* Deductible** is the amount of charges that you pay out of your own pocket before the medical plan begins to pay benefits. For the HMO, there is no deductible and for the PPO, there is an In-Network and Out-of-Network deductible.

**\* Coinsurance** is the percentage of charges that you pay after the deductible is met. For example, you pay 10% of charges (and the plan pays 90%) after you pay the deductible for PPO in-network hospital services.

**Out-of-pocket limit** is the maximum amount of deductible and coinsurance you (or your family) will pay out of your pocket in a calendar year.

**NO DEDUCTIBLE** applies to these PPO services.

# Highlights: Keystone HMO & Personal Choice PPO

**800.ASK.BLUE**

Medical Services	Keystone HMO	Personal Choice PPO	
	In-Network	In-Network	Out-of-Network
<b>Routine Eye Exam</b>	\$40 copay (once every 2 years)	Not Covered	Not Covered
<b>Urgent Care Center</b>	\$20 copay	\$20 copay (no deductible)	30%, after deductible
<b>Emergency Room</b>	\$300 copay – \$200 if admitted Emergency care covered in- and out-of-network	\$300 copay – \$200 if admitted	
<b>Inpatient Hospital Services</b>	\$150 copay/day (max. 5 copays per admission)	10%, after deductible	30%, after deductible
<b>Outpatient Hospital Services</b>	\$75 copay	10%, after deductible	30%, after deductible
<b>Outpatient Laboratory</b>	Covered 100%	Covered 100% (no deductible) (Freestanding) \$30 copay (no deductible) (Hospital-based)	30%, after deductible
<b>Outpatient Radiology</b>	\$40 copay	10%, after deductible (Freestanding) 15%, after deductible (Hospital-based)	30%, after deductible
<b>Therapy Services,</b> subject to visit limits (Physical, Occupational, Cardiac)	\$20 copay	\$25 copay (no deductible)	30%, after deductible
<b>Standard Acupuncture</b> (18 visit limit for 6 conditions/ indications, subject to IBX policy)	\$40 copay	\$30 copay (no deductible)	30%, after deductible
<b>Individual Out-of-Pocket Maximum</b> (includes deductible and coinsurance)	\$1,500	\$2,000	\$4,500 per Individual
<b>Family Out-of-Pocket Maximum</b> (includes deductible and coinsurance)	\$3,000	\$4,000	\$9,000 per individual
<b>Lifetime Maximum</b>	Unlimited	Unlimited	

\* **Deductible** is the amount of charges that you pay out of your own pocket before the medical plan begins to pay benefits. For the HMO, there is no deductible and for the PPO, there is an In-Network and Out-of-Network deductible.

\* **Coinsurance** is the percentage of charges that you pay after the deductible is met. For example, you pay 10% of charges (and the plan pays 90%) after you pay the deductible for PPO in-network hospital services.

**Out-of-pocket limit** is the maximum amount of deductible and coinsurance you (or your family) will pay out of your pocket in a calendar year.

**NO DEDUCTIBLE** applies to these PPO services.

## Living With Diabetes? Make It Easier With Real-Time Support

If you're a CAP Health Plan retiree with Type 1 or Type 2 diabetes, Teladoc's Diabetes Management Program (formerly Livongo) with personalized coaching will empower you to take charge of blood checks, supplies, and expert help in one click, no hassles, while you're on the go. **If you're covered by the CAP Health Plan and age 13 or older, Teladoc's Diabetes Management Program is available at no cost to you.**

**Teladoc**  
HEALTH

Diabetes made easier at no cost to you

Get unlimited strips, a smart meter, personalized tips and expert coaching—all paid for by your employer or health plan. Claim your benefit today.

\$0 per month for you

Check My Eligibility

### Register Online Or Call

Teladoc's Diabetes Management Program is available to retirees enrolled in the CAP Health Plan who are age 13 or older.

### Multiple Ways To Register

Please have your IBX Health Insurance Group Number and Member ID handy.

1. Online Registration: Go to <http://TeladocHealth.com/Register/PHILACAP> | Use Registration Code: **PHILACAP**
2. Call **800.945.4355** to register with Teladoc Member Support.
3. Once your membership is confirmed, you will receive a Welcome Kit and can follow the instructions to begin using the enclosed blood sugar monitor right away.

**IMPORTANT: It may take up to 90 days for Teladoc to confirm your membership, so please be patient while your health profile is fully documented in their system.**

**NOTE:** You must have an iPhone or Android smartphone to use Teladoc's Diabetes Management Program

### Manage Diabetes Easier And Smarter At No Cost To You

- 24/7 support from expert coaches
- Cell-connected meter and real-time, personalized insights
- Unlimited strips and lancets shipped right to your address

**Blood glucose meter:** The Teladoc meter is a cellular-connected, interactive blood glucose meter with an easy-to-use touchscreen. Your readings are sent seamlessly to the Teladoc cloud, and you receive real-time analytics, insights, and remote monitoring. **NOTE:** Connect your Continuous Glucose Monitor (CGM). Participating members who utilized Dexcom CGMs can link their CGM within the program.

**No charge for testing supplies:** Participating retirees get unlimited glucose test strips and lancets, and the meter triggers automatic refills when supplies get low.

**Health Nudges:** Retirees get personalized Health Nudges based on their blood glucose patterns, including invitations to review data insights, recipe ideas for healthy meals, and educational content about managing diabetes.

**Digital tools:** The Teladoc program offers digital tools across mobile and web platforms, and retirees and dependents can easily share health data with their health care providers and family members.

**Coaching and remote monitoring:** Teladoc's diabetes coaches follow the American Association of Diabetes Educators AADE7 Self-Care Behaviors® curriculum. These expert coaches are available for 1:1 live coaching and 24/7 remote monitoring, with emergency outreach in the case of extreme blood glucose readings.



*Program participants saw an average reduction in HbA1c at 90 days of 0.8 percent and a 15 percent reduction in hypoglycemia.*

### Privacy

Your protected health information like blood sugar and blood pressure readings are protected through federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA), and will not be shared with any third party in a manner that violates federal or state law.

# Prescription Drug Benefits: Affordable And Comprehensive

## Overview: Prescription Drug Plan

Helping you find ways to save on prescription medications is a high priority. The City Administered Health Plan includes a comprehensive prescription plan designed to keep your copay the lowest when you:

- Use Tier 1 or Preferred Health (tobacco-free) pharmacies for short-term prescriptions and get generic medications whenever appropriate.
- Fill maintenance medications in a 90-day supply at CVS ONLY (pharmacy or mail service).
- Enroll in PrudentRx and use CVS Specialty Pharmacy to fill specialty drugs on the PrudentRx specialty drug list for \$0 copay. (See the following page for more information.)

## Pharmacy Advisor®

Call Pharmacy Advisor at **866.624.1481** for expert guidance on prescriptions, or they may call you with helpful medication information.

## Tier 1 Pharmacies/Tobacco-free Preferred Health Network vs. Tier 2 Pharmacies

The City created a Tier 1 pharmacy network of tobacco-free “Preferred Health” pharmacies, and your copay will be lowest when you use Tier 1 pharmacies. See CAP CVS In-Network Pharmacy Listing at <https://tinyurl.com/CVS-tobacco-free>.

Tier 2 pharmacies sell tobacco products. When you fill a short-term retail prescription at a Tier 2 pharmacy you will incur an additional \$15 copay towards the cost of your medications.

**IMPORTANT: Maintenance medications are NOT COVERED at Tier 2 pharmacies.**

## Use Same-Quality Generic Drugs to Save Money Compared to Brand Names

To avoid more than tripling your out-of-pocket costs, always ask your doctor about same-quality generic options when discussing brand name medications for your condition.



**IMPORTANT:** If you or your doctor request a brand-name medication when a generic equivalent is available, you will pay the brand copay, plus the difference in cost between the brand name and the generic medication.

## Caremark Cost Saver, Powered By GoodRx

The plan helps you save money on generic medications at Preferred Health pharmacies with Caremark® Cost Saver, powered by GoodRx. Just show your CVS Caremark ID to the pharmacist, and the lowest available discount price will be applied to your prescriptions. Amounts you pay will be automatically applied to your out-of-pocket maximum.

## Keep Copays Lowest By Using Tier 1 Tobacco-Free Pharmacies And CVS Mail Service



Feature	Non Maintenance Medication		Maintenance Medication (90-Day Supply Only)	
	TIER 1: Preferred Health Pharmacy – Tobacco-Free	TIER 2: Non-Preferred Pharmacy – Sells Tobacco	TIER 1 CVS Pharmacy Only	Non CVS Pharmacy
Generic Drug	\$10	\$25	\$20	NOT COVERED
Formulary Brand Drug*	\$25	\$40	\$50	
	PLUS the difference in cost between the generic and brand drug			
Non-Formulary Brand Drug*	\$40	\$55	\$80	
	PLUS the difference in cost between the generic and brand drug			
Dispensing Limit	Up to 34 days	Up to 34 days	Up to 90 days	
Yearly Out-of-Pocket Maximum	\$3,000 per person per year; \$5,000 per family per year			

\* If you or your doctor request a brand name drug when a generic equivalent is available, you will pay the brand name copay, plus the difference in cost between the generic and brand name medication.

## 2026 BENEFITS FOR RETIREES UNDER AGE 65

## Step Therapy: Start With Generic Before Brand

The Prescription Drug Plan generally requires that you or a family member try a generic medicine as a first step in treatment — prior to using the preferred or non-preferred brand name medication. Step Therapy works because it is proven effective in treating health conditions, and the generic copay is much lower than the brand name copay.

### Save Time with Local Rx Delivery

You can now save a trip to your CVS pharmacy and get needed prescriptions, plus over-the-counter medications and personal products, too.

#### Same day delivery for \$8.99 per delivery.

- **Monday - Friday:** Place order by 4:00 p.m. local time, receive order no later than 8:00 p.m.
- **Saturday/Sunday:** Place order by 11:00 a.m. local time, receive order by 4:00 p.m.

#### 1-2 day delivery for \$4.99 per delivery.

- It's easiest to order by using your CVS app. You can call your CVS pharmacy too. To learn more about delivery, visit [www.cvs.com/content/pharmacy/rxdelivery](http://www.cvs.com/content/pharmacy/rxdelivery)

## Maintenance Medications Covered Only When You Use CVS

You must use CVS Pharmacies or CVS Mail Order Pharmacies only for maintenance medications (90-day supply only) in order for them to be covered by the CAP Health Plan. Maintenance medications are prescribed for long-term or chronic conditions and must be taken on a regular, recurring basis. If you need maintenance medication, sign up for the Maintenance Choice Mandatory® program.

### Two Easy Ways To Get Started Saving On Long-Term Medications

[Caremark.com/90day](http://Caremark.com/90day) | Call: 800.309.5013



We'll contact your doctor for a new prescription and handle all the details.



Use the **CVS HEALTH APP** to manage prescriptions, schedule immunizations, and access benefit details.

- Type "APP" in a text to **898-287**
- Receive a link to download the CVS Health App

## \$0 Copay For Specialty Drugs Through PrudentRx And CVS Specialty®

The City is partnering with PrudentRx and CVS Specialty to ensure that CAP retirees save out of pocket costs while receiving vital specialty drugs.

### You Must Enroll In PrudentRx If You Take A Specialty Drug

If you have a complex condition that requires specialty drugs (e.g., cancer, rheumatoid arthritis, hepatitis, autoimmune disorders), please enroll in the PrudentRx \$0 Copay Program when you are contacted by PrudentRx.

- PrudentRx will work with CAP retirees and the drug manufacturer to ensure that you receive specialty medication for \$0 out of pocket as long as you are enrolled in the PrudentRx program. (IVF drugs are not eligible for the \$0 copay program.)
  - **NOTE:** PrudentRx uses copay assistance offered by drug manufacturers to provide certain specialty drugs at \$0 copay. Copayments for the specialty medications, whether made by the drug manufacturer's copay assistance program, your plan, or you, will not count toward your medical plan deductible.
- CVS Specialty pharmacy (800.237.2767) will coordinate with PrudentRx to coordinate benefits and ensure that you receive the specialty medications you need at no cost.



### It Starts With YOU!

#### Save Money & Pay \$0 for Specialty Drugs

You must enroll with PrudentRx to avoid paying 30% of the cost for specialty drugs on the PrudentRx specialty drug list.

[prudentrx.com](http://prudentrx.com) | Call: 800.578.4403

Monday - Friday  
8 a.m. - 8 p.m. ET



# Benefits for Retirees Age 65+

Additional benefits available to all retirees can be found beginning on [page 28](#).

The City offers retiree health plans (Medicare plans) for retirees if 65 — or older — and their eligible dependents.

The Medicare plans offered at retirement currently are MedigapFreedom Plan C (PPO) and Keystone 65 (HMO). **IMPORTANT:** The retiree and/or the spouse must obtain Medicare Parts A & B to be enrolled in one of the Medicare plans offered by the City.

**Retirees on or after January 1, 2024:** The City will reimburse Medicare Part B contributions up to \$206 per month for the covered retiree age 65+ and up to \$206 per month for the covered spouse age 65+. To receive the City's quarterly reimbursement for Medicare Part B contributions, the retiree (and spouse if covered) must both be enrolled in Medicare Part A and Part B and enrolled in a City Medicare Retiree Health plan.

## 2026 CAP Retiree Health Rates Per Month: Age 65+

Plan	Retiree Only: 65+	Retiree 65+ and Spouse 65+	Retiree 65+ and Spouse under 65	Family (3 or more; 1 age 65+, 2 under age 65)
Keystone 65 HMO	\$0	\$0	\$40.67 Spouse under 65 in Keystone HMO	\$132.67
MedigapFreedom Plan C	\$0	\$0	\$81.73 Spouse under 65 in Personal Choice PPO	\$155.85

**NOTE:** This is an illustration for possible rates. Please see your enrollment package for additional coverage scenarios.

For retiree rates under age 65, please [see page 7](#).

**EXAMPLE:** Mr. Joe Jones is Medicare-eligible and has Medicare Parts A & B. His wife, Mrs. Janice Jones is not yet eligible for Medicare. Mr. Jones will be enrolled in Keystone 65 and Mrs. Jones will be enrolled in Keystone HMO.

Mr. Jones will have no deduction for his Keystone 65, but Mrs. Jones' coverage will require the single deduction of \$40.67. Once Mrs. Jones becomes Medicare eligible, enrolls in Medicare Parts A & B and enrolls in Keystone 65, she will have no deduction for her coverage.

## What's New & What's Changing: Age 65+ Retiree Benefits

**UPDATED!** **City Contributions for Medicare Part B.** Retirees on or after January 1, 2024: The City will pay Medicare Part B contributions up to \$206 per month for the covered retiree age 65+ and up to \$206 per month for the covered spouse age 65+. [See page 16](#) for requirements.

**CHANGE!** The MedigapSecurity Plan C is now called the **MedigapFreedom Plan C**. It's the same medical plan, but with a different name and your benefit coverage will remain the same.

**CHANGE!** Under the **SilverScript Prescription Drug Plan**, out-of-pocket prescription drug expenses needed to reach the next level of coverage (\$0 copay) will be \$2,100 (from \$2,000 in 2025).

With the **Medicare Prescription Payment Plan (MP3)**, members may set up a Medicare Prescription Payment Plan with their pharmacy at the time they pick up prescriptions, so payments can be spread out on a monthly schedule (January - December).

[See page 26](#) for more information.

**NEW!** **Wellthy's Care Concierge\*** will provide expert caregiver support, tackles to-do's, advocates on your behalf, and connects you with resources that make taking care of yourself and your family as seamless as possible. [See page 41.](#)

\*Wellthy Concierge Services benefit excludes the First Judicial District and Local 286.

**REMINDER!** All eligible participants in the **CAP Retiree Healthy Weight Program** must adhere to program requirements, or risk disenrollment from the program. [See page 34.](#)

**NEW!** From pregnancy to postpartum to menopause, **Progyny provides 1:1 support from specialists and digital resources for all stages of women's health.** Progyny will be covered at 100%, with no copay or deductible required for most services. [See page 32.](#)

**ENHANCED!** **Increased reimbursement amounts for some vision care services.** [See page 39.](#)

### PLEASE NOTE!

Before you enroll, please share this Retiree Enrollment Guide with your spouse and/or covered dependent.

**NEW!** In addition to Musculoskeletal (MSK) digital physical therapy sessions, Sword Health will offer **Bloom Pelvic Health Care**, a digital physical therapy program that connects women with clinical-grade pelvic health care, accessible from anywhere, at any time, covered at 100%. [See page 32.](#)

**NEW!** Through **TicketsatWork**, the **City discount program**, find savings on entertainment, travel, shopping, dining, and much more when you visit the TicketsatWork website. [See page 42.](#)

Additional benefits available to all retirees can be found beginning on [page 28.](#)



# The Big Picture: Age 65+ Retiree Benefits Click on a BLUE category header below to go to that section.

## MEDICAL

Choose from:

- MedigapFreedom Plan C (PPO) or
- Keystone 65 HMO.

Retiree medical plans include:

- Progyny women's health support
- Sword Health Digital Physical Therapy
  - Thrive MSK Program
  - Bloom Pelvic Health Care Program



## PRESCRIPTION DRUG

**SilverScript Prescription Drug Plan, sponsored by City of Philadelphia** (SilverScript) is the prescription drug plan for City of Philadelphia Medicare-eligible retirees. You will receive separate enrollment materials from SilverScript.

## DENTAL

**Included with medical coverage.** Choose from:

- Concordia Flex PPO: Elite Prime OR
- Concordia DHMO (a dental HMO) using the Concordia Plus Network.



## VISION



**Included with medical coverage.**

- EyeMed Vision Care (Advantage Network)



## LIFESTYLE BENEFITS\*

**Lifestyle benefits that fit your individual needs:**

- Wellthy Concierge Services to connect you with resources to help you take care of your family   
*Excludes the First Judicial District and Local 286.*
- TicketsatWork discounts on entertainment, goods, and services 

## CAP RETIREE HEALTHY WEIGHT PROGRAM

Supports reduction of obesity-related health risks, lifelong habits for a healthier lifestyle, weight loss and reducing instances of weight regain.


Retirees and eligible dependents benefit from Registered Dietitian coaching and prescription medications as long as they meet all program requirements.

## LIFE & AD&D INSURANCE\*

You're automatically covered by City-paid Basic Life and AD&D Insurance. 

## PORTABLE VOLUNTARY BENEFITS FOR RETIREES

Aflac provides **additional income protection** when you buy the following for yourselves and covered family members with after-tax payroll contributions:

- Critical Illness Insurance: Includes Health Advocate, EZ Shield, and Medical Bill Saver services 
- Group Term to 120 Life Insurance
- Accident Insurance
- Group Hospital Indemnity Plan

## VOLUNTARY PET HEALTH PLANS

## WAGMO

Wagmo offers two **pet health plan options, paid for with after-tax payroll contributions:**

- Wagmo Pet Wellness for routine preventive care
- Wagmo Pet Insurance for protection against unexpected vet expenses

Additional benefits available to all retirees can be found beginning on [page 28](#).

*\*These benefits do not require CAP Retiree Medical Plan enrollment.*

# Highlights: Keystone 65 HMO & MedigapFreedom Plan C

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Independence

Medical Services	Keystone 65 HMO (In-Network)	MedigapFreedom Plan C
Maximum Out-of-Pocket (MOOP)	\$7,550 <sup>1</sup>	\$0
Deductible	\$0	\$0
Ambulance	\$0 copay	Medicare covered; You pay 20% of the Medicare-approved amount
Chiropractic	\$20 copay Medicare covered <sup>2</sup> \$20 copay routine care (6 visits per calendar year)	Medicare covered <sup>2</sup> : \$0 copay Routine care: Not covered
Primary Care Visits	\$15 copay	\$0 copay
Specialist Visits	\$25 copay <sup>3</sup>	\$0 copay
Virtual Care In-Network	\$0 copay for Telemedicine, Tele-dermatology, Tele-behavioral Health	Not Covered
Durable Medical Equipment (DME)	\$0 copay	\$0 copay
Diabetic Supplies	\$0 copay	\$0 copay
Emergency Care	\$Emergency care: \$50 copay; Worldwide coverage <sup>4</sup> : \$50 copay (not waived if admitted)	Emergency care: \$0 copay; Foreign travel emergency <sup>5</sup> (for the first 60 days of each trip outside the U.S.): First \$250 of each calendar year; 20% of covered costs after \$250, until \$50,000 lifetime maximum is reached; You pay all costs after maximum
Hearing Aids	Advanced digital \$699 copay, Premium digital \$999 copay	Discounts available through TruHearing® Choice Discount program
Hearing Aids Fitting & Evaluation	\$0 copay	Discounts available through TruHearing® Choice Discount program
Medicare Covered Hearing Exams	\$25 copay	\$0 copay
Routine Hearing Exam	\$25 copay	Not Covered
Home Health Care	\$0 copay	\$0 copay
Inpatient Hospital	\$100 copay per admission; covered unlimited days	\$0 copay
Inpatient Mental Health	\$100 copay per admission (190-day lifetime maximum)	\$0 copay
Medicare Part B Drugs	\$0 copay	\$0 copay
Medicare Preventative	\$0 copay <sup>6</sup>	\$0 copay
Outpatient Diagnostic Procedures/Lab	\$0 copay	\$0 copay
Outpatient Mental Health Services	\$25 copay	\$0 copay
Outpatient Physical, Speech, Occupational Therapy	\$25 copay	\$0 copay per visit
Outpatient Cardiac, Pulmonary Rehabilitation	\$5 copay	\$0 copay per visit
Outpatient Substance Abuse	\$25 copay	\$0 copay
Outpatient Hospital Observation Stay (copay waived if admitted)	\$100 copay	N/A

continued on next page...

# Highlights: Keystone 65 HMO & MedigapFreedom Plan C continued

800.ASK.BLUE  
Independence 

Medical Services	Keystone 65 HMO (In-Network)	MedigapFreedom Plan C
Outpatient Surgery	\$100 copay	\$0 copay
Outpatient Surgery Ambulatory Surgical Center	\$100 copay	\$0 copay
Medicare Covered Podiatry	\$25 copay	\$0 copay
Routine Podiatry	Not Covered	Not Covered
Radiation Therapy	\$0 copay	Covered
Routine Dental	\$10 copay (once every 6 months)	Not Covered
Routine Vision	Covered. See Vision detail.	Not Covered
Skilled Nursing Facility	Days 1 – 20: \$0 copay per day Days 21 – 100: \$150 copay per day Max of 80 copays per admission 100 days per benefit period <sup>7</sup>	Days 1 – 20: \$0 copay per day Days 21 – 100: \$0 copay per day Days 101 & beyond: You pay all costs
Urgently Needed Services	\$15 copay Retail Clinic; \$20 copay Urgent Care Center; \$50 copay Worldwide Coverage <sup>3</sup>	\$0 copay Retail Clinic; \$0 copay Urgent Care Center; \$0 copay Worldwide Coverage
Medicare Covered Eye Exam <sup>8</sup>	\$25 copay	\$0 copay
Medicare Covered Eyewear <sup>9</sup>	\$0 copay	Not Covered

<sup>1</sup> In-network maximum out-of-pocket (MOOP) includes deductibles, copays, and coinsurance. Routine care does not count towards your MOOP.

<sup>2</sup> Medicare covered chiropractic care is only for spinal manipulation to correct subluxation.

<sup>3</sup> Not all specialist services will be available via telehealth.

<sup>4</sup> Worldwide emergency coverage available. Amounts you pay for emergency and urgently needed care services received outside the United States do not count toward your MOOP.

<sup>5</sup> If emergency services would have been covered by Medicare if received in the U.S., they are eligible to be covered under the foreign travel emergency benefit.

<sup>6</sup> For preventive services, if you receive a separate additional non-preventative evaluation and/or service, a copayment will apply. The copayment amount depends on the provider type or place of service.

<sup>7</sup> No prior hospitalization required in order to obtain services from a skilled nursing facility (SNF). A Medicare benefit period begins the day you go into a hospital or SNF. The Medicare benefit period ends when you haven't received any inpatient hospital care (or skilled nursing care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one Medicare benefit period has ended, a new Medicare benefit period begins. There is no limit to the number of Medicare benefit periods.

<sup>8</sup> Medicare covered vision exams are to treat medical conditions of the eyes, such as infections and cataracts.

<sup>9</sup> Medicare covered eyewear is covered after cataract surgery.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association. Not connected with or endorsed by the U.S. government or the federal Medicare program.

For MedigapFreedom Plan C, Part B excess charges may be billed if a provider does not accept Medicare assignment.

This information is not a complete description of benefits. Plan features and availability may vary by service area. Please refer to your Keystone 65 HMO *Evidence of Coverage (EOC)* or MedigapFreedom Plan C Benefit Summary for more information.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year. The MedigapFreedom cost-sharing amounts listed are for 2026 and are subject to change in 2027.

# 2026 MedigapFreedom Group Plan C Benefits Chart



## MEDICARE (PART A) – Hospital Services – Per Benefit Period

\* A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan C Pays	With Plan C (You Pay)
<b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
• While using 60 Lifetime Reserve days	All but \$868 a day	\$868 a day	\$0
• Once Lifetime Reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care**</b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$217 a day	Up to \$217 a day	\$0
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

*continued on next page...*

# 2026 MedigapFreedom Group Plan C Benefits Chart continued



## MEDICARE (PART B) – Hospital Services – Per Benefit Period

+ Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with a plus sign), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C Pays	With Plan C (You Pay)
<b>Medical Expenses – In Or Out Of The Hospital And Outpatient Hospital Treatment</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$283 of Medicare-approved amounts+	\$0	\$283 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts+	\$0	\$283 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services – Tests For Diagnostic Services</b>	100%	\$0	\$0

## MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan C Pays	With Plan C (You Pay)
<b>Home Health Care Medicare-Approved Services</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$283 of Medicare-approved amounts+	\$0	\$283 (Part B deductible)	\$0
• Remainder of Medicare-approved amounts	80%	20%	\$0

## 2026 MedigapFreedom Group Plan C Benefits Chart continued



### Other Benefits – NOT COVERED By Medicare

Services	Medicare Pays	Plan C Pays	With Plan C (You Pay)
<b>Foreign Travel – Not Covered By Medicare,</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
<ul style="list-style-type: none"> <li>• First \$250 each calendar year</li> </ul>	\$0	\$0	\$250
<ul style="list-style-type: none"> <li>• Remainder of charges</li> </ul>	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross – Independent Licensees of the Blue Cross and Blue Shield Association.

2026 MFG Group – PLAN C (11/25)

This summary is intended to highlight the benefits available to you. For detailed information regarding benefits, exclusions and limitations, please refer to your contract.

# Keystone 65 HMO Standard City of Philadelphia - \$15/\$25 Medical Benefit Highlights



Covered Services	Your Costs (You Pay)
<b>Benefits</b>	<b>In-Network</b>
Maximum Out-of-Pocket (MOOP) <sup>1</sup> Individual Only	\$7,550
Lifetime Maximum	Unlimited
Plan Deductible Individual Only	\$0
<b>Ambulance</b> <i>Non-emergent requires prior authorization</i>	<b>In-Network</b>
Ground	\$0 copayment
Air	\$0 copayment
<b>Chiropractic/Spinal Manipulations</b>	<b>In-Network</b>
Medicare Covered Chiropractic Care	\$20 copayment
Routine Chiropractic Care 6 visits/calendar year	
<b>Physician Office Visits</b>	<b>In-Network</b>
Primary Care Services	
In-Person Visit	\$15 copayment
Telehealth Visit	Not covered
Specialist Services	
In-Person Visit	\$25 copayment
Telehealth Visit <sup>2</sup>	Not covered
<b>Virtual Care</b>	<b>In-Network</b>
Telemedicine	\$0 copayment
Tele-dermatology	\$0 copayment
Tele-behavioral Health	\$0 copayment
<b>Durable Medical Equipment (DME)</b>	<b>In-Network</b>
DME, Prosthetics and Orthotics	\$0 copayment
Liquid and Gas Oxygen	\$0 copayment

Covered Services	Your Costs (You Pay)
<b>Diabetic Supplies</b>	<b>In-Network</b>
Supplies and Monitors	\$0 copayment
Shoes and Inserts	\$0 copayment
Insulin Pump	\$0 copayment
<b>Emergency Care</b>	<b>In-Network</b>
Emergency Care (copay not waived if admitted)	\$50 copayment
Worldwide Coverage (copay not waived if admitted) <sup>3</sup>	\$50 copayment
<b>Hearing Services</b>	<b>In-Network</b>
Hearing Aids	
Advanced Digital	\$699 copayment
Premium Digital	\$999 copayment
Hearing Aids Fitting and Evaluation	\$0 copayment
Medicare Covered Hearing Exams	\$25 copayment
Routine Hearing Exam	\$25 copayment
<b>Home Health Care</b>	\$0 copayment
<b>Inpatient Hospital</b> <i>You are covered for unlimited days</i>	\$100 copayment/ Admission
<b>Inpatient Mental Health/Substance Abuse</b> <i>190-day lifetime maximum applies to treatment received in a Medicare- approved mental health facility</i>	\$100 copayment/ Admission
<b>Medicare Part B Drugs</b> <i>Prior authorization is required for certain Part B injectable drugs</i>	\$0 copayment
<b>Medicare Preventive Care<sup>4</sup></b> <i>Please see your Evidence of Coverage (EOC)</i>	\$0 copayment
<b>Outpatient Diagnostic Procedures/Lab</b>	\$0 copayment

continued on next page...

# Keystone 65 HMO Standard City of Philadelphia - \$15/\$25 Medical Benefit Highlights continued



Covered Services	Your Costs (You Pay)
<b>Outpatient Mental Health Services</b>	
In-Person Visit	\$25 copayment
Telehealth Visit	\$0 copayment
<b>Outpatient Radiology/X-ray Services</b>	<b>In-Network</b>
Advanced Imaging (MRI/CT Scan)	\$50 copayment
Standard Imaging (Routine/ Diagnostic)	\$25 copayment
<b>Outpatient Rehabilitation Therapy</b>	<b>In-Network</b>
Physical, Speech, Occupational Therapy	
In-Person Visit	\$25 copayment
Telehealth Visit	Not covered
Cardiac, Pulmonary Rehabilitation	\$5 copayment
<b>Outpatient Substance Abuse</b>	
In-Person Visit	\$25 copayment
Telehealth Visit	\$25 copayment
<b>Outpatient Hospital</b>	<b>In-Network</b>
Observation Stay (copay waived if admitted)	\$100 copayment
Outpatient Surgery	\$100 copayment
Outpatient Ambulatory Surgical Center	\$100 copayment
<b>Podiatry Services</b>	<b>In-Network</b>
Medicare Covered Podiatry	\$25 copayment
Routine Podiatry	Not covered

Covered Services	Your Costs (You Pay)
<b>Radiation Therapy</b>	\$0 copayment
<b>Routine Dental Exam and Cleaning</b>	\$10 copay (once every 6 months)
<b>Routine Vision</b>	Covered. See Vision detail.
<b>Skilled Nursing Facility<sup>5</sup></b>	
100 days/benefit period <sup>6</sup> Days 1-20:	\$0 copayment/Day
Days 21-100:	\$150 copayment/Day; max of 80 copays per admission
<b>Urgently Needed Services</b>	<b>In-Network</b>
Retail Clinic	\$15 copayment
Urgent Care Center	\$25 copayment
Worldwide Coverage <sup>3</sup>	\$50 copayment
<b>Vision Care</b>	<b>In-Network</b>
Medicare Covered Exam	\$25 copayment
Medicare Covered Eyewear (refer to EOC)	\$0 copayment

<sup>1</sup> In-network out-of-pocket maximum (MOOP) includes deductible, copays, and coinsurance. Routine care does not count towards your out-of-pocket maximum (MOOP).  
<sup>2</sup> Not all specialist services will be available via telehealth.  
<sup>3</sup> Worldwide Emergency Coverage available. Amounts you pay for emergency and urgently needed care services received outside the United States do not count toward your maximum out-of-pocket amount (MOOP).  
<sup>4</sup> For Preventive Services, if you receive a separate additional non-preventive evaluation and/or service, a copayment will apply. The copayment amount depends on the provider type or place of service.  
<sup>5</sup> No prior hospitalization required in order to obtain services from a Skilled Nursing Facility.  
<sup>6</sup> A Medicare benefit period begins the day you go into a hospital or skilled nursing facility. The Medicare benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one Medicare benefit period has ended, a new Medicare benefit period begins. There is no limit to the number of Medicare benefit periods.

Keystone 65 offers HMO plans with a Medicare contract. Enrollment in Keystone 65 Medicare Advantage plans depends on contract renewal. For updated information regarding plan providers, visit our website at [www.ibxmedicare.com](http://www.ibxmedicare.com), or call the Member Help Team at 1-800-645-3965 (TTY/TDD: 711), seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This information is not a complete description of benefits. Contact 1-877-393-6733 for more information.  
 Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.  
 The BLUE CROSS and BLUE SHIELD names and symbols and BLUECARD are registered trademarks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.  
 Normal plan rules apply. Please refer to your Evidence of Coverage (EOC) for more information. Reference ID: H687 01/01/2023

# SilverScript Prescription Drug Plan for Retirees Age 65 and Older

The SilverScript Prescription Drug Plan is sponsored by City of Philadelphia. The City supplements the SilverScript Part D Prescription Drug Plan with additional coverage for its retirees and covered dependents. The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark®. You will receive detailed plan information when you enroll in City Retiree Health coverage.

## 2026 Changes

- Out-of-pocket prescription drug expenses needed to reach the next level of coverage (\$0 copay) will increase to \$2,100 (from \$2,000 in 2025).

## Medicare Prescription Payment Plan (MP3)

The Medicare Prescription Payment Plan (MP3) is a payment option to help you manage your out-of-pocket drug costs. Members may set up a Medicare Prescription Payment Plan with their pharmacy at the time they pick up prescriptions, so payments can be spread out on a monthly schedule (January – December) throughout the year.

### Eligibility

All members are eligible to participate in this payment option, regardless of income level.

### How It Works

- If opted in, members will receive a monthly bill instead of paying out of pocket at the pharmacy.
- Billing is for the previous month and is calculated by taking (Remaining Balance + New OOP incurred in previous month) / Remaining months in the year.
- Payments are due by the 25th of each month. Members can make payments by calling the number on the back of their card, logging into the website, or mailing a check to the address listed on the invoices.
- Members cannot opt in the last month of the year (December).

### Where To Find More Information

To learn more about this payment option and how you can opt into the program, please review the information packet provided by SilverScript. You may also contact Customer Care at **1.888.335.1196** or visit [Medicare.gov](https://www.medicare.gov).



## SilverScript®

Visit online:

To lookup formulary, pharmacy network, and evidence of coverage:

[MyDocumentSource.](https://www.mysilverscript.com)  
[MemberDoc.com](https://www.memberdoc.com)

Manage prescriptions, schedule immunizations, and access benefit details.

<https://www.caremark.com>

Call:

**888.335.1196**



Use the **CVS HEALTH APP** to manage prescriptions, schedule immunizations, and access benefit details.

- Type "APP" in a text to **898-287**
- Receive a link to download the CVS Health App

To find a pharmacy, see the CAP CVS In-Network Pharmacy Listing at <https://tinyurl.com/CVS-tobacco-free>.

### 2026 Summary of SilverScript Prescription Drug Benefits for Retirees Age 65 and Older

The City's SilverScript Prescription Drug Plan covers Part D Prescription Drugs on the plan's formulary list. You must use network pharmacies (60,000+ pharmacies) to receive full benefit coverage on your prescriptions. These include retail, mail-order, long-term care and home infusion pharmacies. To find out if your drug is on the formulary, or to find a network pharmacy near your home or where you are traveling in the United States or its territories, call Customer Care at **888.335.1196**.

#### Your share of the cost when you get a 34-day supply of a covered Part D prescription drug:

	Network Retail Pharmacy (Up to a 34-day supply)	Mail-Order Pharmacy (Up to a 34-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
<b>Tier 1: Generic</b>	\$10.00	\$20.00	\$10.00
<b>Tier 2: Preferred Brand</b>	\$25.00	\$50.00	\$25.00
<b>Tier 3: Non-Preferred Brand</b>	\$40.00	\$80.00	\$40.00

#### Your share of the cost when you get a long-term supply (up to 90 days) of a covered Part D prescription drug:

	Network Retail Pharmacy (Up to a 90-day supply)	Mail-Order Pharmacy (Up to a 90-day supply)
<b>Tier 1: Generic</b>	\$20.00	\$20.00
<b>Tier 2: Preferred Brand</b>	\$50.00	\$50.00
<b>Tier 3: Non-Preferred Brand</b>	\$80.00	\$80.00

**Out of pocket maximum:** \$2,500 per person/\$5,000 per family. After you reach the out of pocket maximum, the City pays the rest of your annual drug costs.

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

**Note:** You pay the same share of the cost for your drug filled through the Mail-Order Pharmacy, whether you get a one-month supply or a long-term supply. This means that the copayment or coinsurance listed in the previous table is applicable for any order, regardless of the day supply.

Please note, if you go to an out-of-network pharmacy, you will be reimbursed the cost of the drug less your cost share.

**SilverScript**<sup>®</sup>

Visit online:

To lookup formulary, pharmacy network, and evidence of coverage:

[MyDocumentSource.  
MemberDoc.com](https://www.memberdoc.com)

Manage prescriptions, schedule immunizations, and access benefit details.

<https://www.caremark.com>

Call:

**888.335.1196**



Use the **CVS HEALTH APP** to manage prescriptions, schedule immunizations, and access benefit details.

- Type "APP" in a text to **898-287**
- Receive a link to download the CVS Health App

To find a pharmacy, see the CAP CVS In-Network Pharmacy Listing at <https://tinyurl.com/ CVS-tobacco-free>.



# Benefits for All Retirees

Pages 28 – 49 outline benefits available to all retirees.

## Retiree Health Benefits Applicable to All Plans

### Talk To An IBX Health Coach For All Health Issues And Doctor Recommendations

Whether you have a general health question, need a second or third opinion, need help managing a chronic condition like diabetes, or have a complex health situation like cancer, support from an Independence Blue Cross (IBX) Health Coach is just a phone call away.

All calls with your IBX Health Coach are completely confidential and free for CAP retirees. IBX Health Coaches are available 24/7, whenever you need their help.

#### Make the call today!

To speak with an IBX Health Coach 24/7, call **800.ASK.BLUE** (800.275.2583; TTY: 711). Have your IBX insurance member ID # or follow prompts to verify your identity. When asked your reason for calling state “Health Coach.”

### Total Care

Total Care recognizes doctors who focus on *health care* instead of sick care and who have proven **quality and safety results**.

These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and wellness coaching, as well as working with patients with chronic conditions to better meet their care needs. Total Care is coordinated, patient-focused and, in many cases, more affordable healthcare.

#### Find A Total Care Doctor Or Hospital

To find a Total Care doctor or hospital, call the toll-free number on the back of your Blue Cross ID card. To view a list of the Total Care doctors and hospitals in your area, visit the National Doctor & Hospital Finder at <https://www.ibx.com/get-care/find-doctors-and-health-care-providers> and choose the Total Care filter for your area.

### Nutrition Counseling With A Registered Dietitian

Registered dietitians provide nutritional counseling, such as meal planning services, to help you achieve your dietary goals. A registered dietitian can give you the answers, resources, and motivation you need to make a healthy change. To find a provider click the apple icon, or visit <https://tinyurl.com/RegDietitian>.

### Blue Distinction Centers For Exceptional Care and Better Patient Results

If you or a covered family member need specialty care, the last thing you want to worry about is the quality of your specialist or facility. That’s why you should consider using Blue Distinction Centers and Blue Distinction Centers+. These doctors and hospitals have a proven history of delivering better quality care with better patient outcomes.

Consider experienced Blue Distinction Centers for the following conditions:

- Bariatric surgery
- Cardiac care
- Knee and hip replacement
- Spine surgery
- Transplants
- Maternity care



#### It Starts With YOU!

Use the Find a Doctor tool at [ibx.com](https://www.ibx.com) to find doctor and hospital profiles, compare doctors and facilities, and rate your experience.

## Post-City Credit

When your City-sponsored Retiree Health coverage ends after five years, you may choose to enroll in one of the City's Post-City Credit Health Plans if you and your eligible dependent are age sixty-five (65) or older. Enrollment must occur either:

- within sixty (60) days of the end of your City-paid coverage, or
- within sixty (60) days of attaining age sixty-five (65).

You will be responsible for the full cost of coverage, which will be deducted directly from your City pension check.

Approximately two (2) months prior to the expiration of City-paid coverage, the Retiree Benefits Counselor will provide written and/or verbal notice to the retiree advising of your city credit coverage termination date and available Post-City Credit plan options.

You must be enrolled in Medicare parts A & B to be eligible to enroll in a Post-City Credit Medigap plan.

The health plans available effective **January 1, 2026**, are listed below:

- **PPO – Freedom Plan Security C** (Medicare Supplement) – (retirees 65+) (With prescription plan)
- **HMO – Keystone 65 RX III** – (retirees 65+) (With prescription plan)

To inquire about the cost of the plan, please contact your Retiree Benefits Counselor.



## Telemedicine – See A Doctor, Anytime, Anywhere

With telemedicine delivered through Teladoc Health, you can see a board-certified doctor from your home, office, or on the go – 24/7/365. Convenient and affordable, a telemedicine visit via Teladoc Health costs \$10 in-network, less than a primary care or urgent care visit. It's quicker and more cost-effective than visiting the ER for non-emergency care.

The doctors can visit with you either by phone or secure video to help treat any non-emergency medical conditions, diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice. For a list of non-emergency conditions best for a telemedicine visit, see [page 33, How To Get Care When You Need It.](#)

### Don't wait until you're sick!

Activate your **Teladoc** account once you receive your ID card by using one of the following methods:

1. Go online to <https://teladochealth.com>
2. Call toll free: **800.835.2362**
3. Download the Mobile App



## Behavioral Health Resources

Maintaining your total health and wellness means taking care of your mental health too. Professional behavioral health care offers you and your family valuable support for life's daily challenges as well as a vital lifeline during times of uncertainty and stress.

### Two Options To Get Behavioral Health Care

#### Call IBX Behavioral Health

Contact [IBX Behavioral Health](#) at **800.688.1911** to reach our Behavioral Health team who can help you find the behavioral health care and information you need for behavioral, physical, emotional health, and substance abuse treatment.

#### Get Tele-Behavioral Health Support Via Phone Or Video

Tele-behavioral health makes it convenient to get confidential mental health and substance abuse care via phone or video conference, as long as you have an internet-connected phone or computer with camera.

There are over 200 tele-behavioral health providers licensed in our local 5-county service area. These licensed professionals provide mental health services using phone or real-time video conferencing for consultation, diagnosis, and treatment.

The tele-behavioral health provider will give you the secure application you should use for the phone or video consultation.

#### Schedule a Virtual Tele-behavioral Health Visit

Call **800.688.1911** (the Mental Health/Substance Abuse number on the back of your ID card) to locate a licensed in-network healthcare professional who offers tele-behavioral health services.

## NEW & ENHANCED! Women's Health



Progyny is your guide through all of life's milestones — including **FREE** support through pregnancy and postpartum as well as menopause and midlife care. Members receive concierge 1:1 support from a Progyny Care Advocate (PCA), care from expert providers, and exclusive doctor-approved resources in the Progyny app.

Progyny is available to City retirees and their spouses/domestic partners covered under the City Administered Health Plan. Virtual support from a Progyny Care Advocate (PGA) and expert providers, as well as access to digital resources in the Progyny app, is **covered at 100%, no copay, under both City medical plans**. If you visit a doctor or specialist, or receive medical treatment, you will be responsible for the copay or coinsurance required under your medical plan. **NOTE:** There is no charge for virtual menopause physician visits.

To get started, go to the AppStore to download the Progyny app or call Progyny at **888.466.8598**. When prompted, select the option to speak with a PCA, who is available Monday – Friday from 9:00 am – 9:00 pm ET to answer all of your questions, as often as you need them.

### Pregnancy and Postpartum

- Receive support throughout pregnancy and up to 12 months postpartum with personalized check-ins and unlimited communication with a Progyny Care Advocate (PCA).
- Speak to labor and delivery nurses, receive referrals to lactation specialists, connect with virtual doulas, plus access a library of education and checklists for each milestone.

### Menopause and Midlife Care

- Guidance can start at the earliest symptoms of perimenopause.
- Virtual access to OB/GYNs, NPs, registered dietitians, and mental health clinicians, with the latest treatment options available, including hormone and non-hormone therapies.
- Lean on Progyny for unlimited coaching to support your care journey, and access digital resources via our app.



### Acupuncture

CAP Retiree Health plans cover standard acupuncture, as defined by IBX medical policy. Standard acupuncture benefits will be provided for six conditions/indications and limited to 18 visits (combined in- and out-of-network for the PPO), subject to IBX medical policy.

Standard acupuncture benefits cover the following conditions:

- Headache (migraine, tension)
- Post-operative and chemotherapy-induced nausea and vomiting
- Nausea from pregnancy
- Low back pain
- Pain from osteoarthritis of the knee and/or hip
- Chronic neck pain

## Sword Health Digital Physical Therapy Sessions

Looking to improve your physical function or eliminate pain? Sword Health digital programs connect you with expert clinical care and easy-to-use tech from home. It offers a proven and more convenient option than traditional in-person therapy. From the comfort of your home, you can join the following individualized, digital physical therapy programs:



### Thrive Musculoskeletal (MSK) Program

Whether you want to prevent or treat chronic pain or recover from surgery, Thrive digital sessions can help with pain in the following areas: Lower back, neck, elbow, ankle, shoulder, hip, knee, and wrist.

### NEW! Bloom Pelvic Health Care Program

Providing pelvic care for women in every life stage, Bloom Pelvic Health Care digitally connects women with clinical-grade pelvic health care. The program can help with:

- **Bladder and bowel:** incontinence, constipation, high bathroom frequency
- **Pelvic disorders:** chronic pelvic pain, menstrual cramps, poor pelvic strength
- **Menopause:** lack of bladder control, discomfort during intimacy
- **Pregnancy:** labor preparation, back pain
- **Postpartum:** poor abdominal and pelvic strength, scar pain, leakages

### How It Works

1. Sword Health technology matches you with a physical therapist who learns about you and designs a customized program.
2. You'll get a Thrive tablet or Bloom tablet to digitally track your exercise progress and give you feedback in real-time.
3. Your physical therapist supports you every step of the way and even adjusts the programming as your needs change, so you get better, faster.

No referral is needed, and it is covered at 100%, with no copay or coinsurance required. Go to [Sword Health](#) to get started.

## How To Get Care When You Need It

You have alternatives for care besides the ER when your doctor's office is closed. When a sudden illness or injury requires prompt medical attention, your lower cost choices for non-emergency care include telemedicine, tele-behavioral health, participating urgent care centers, and retail health clinics. But in a true emergency, you should seek care from the ER.



### Telemedicine (Use Teladoc app)

See a doctor 24/7 via the Teladoc app on your phone or [Teladochealth.com](https://www.teladochealth.com) on your computer for non-emergency conditions.

#### Best for

- Acne
- Allergies
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Flu
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary problems/UTI
- Vaginitis
- Vomiting



### Retail Clinic

Get quick, convenient care for illnesses and vaccines.

#### Best for

- Allergic reactions (minor)
- Bronchitis
- Burns (minor)
- Cold, cough, and flu
- Cuts and scrapes
- Digestive issues
- Ear pain
- Eye pain or irritation
- Fever
- Headache (minor)
- Insect bites
- Sinus pain
- Sore throat
- Urinary tract infection
- Vaccinations
- Vomiting



### Urgent Care Center

Use this faster, less expensive choice if you get sick or hurt.

#### Best for

- Allergic reactions (minor)
- Animal bites
- Asthma attack (minor)
- Cold, cough, and flu
- Back pain
- Broken bones (minor)
- Bronchitis
- Burns (minor)
- Digestive issues
- Ear pain
- Eye pain or irritation
- Fever
- Headache (minor)
- Infections
- Injuries (minor)
- Insect bites
- Sinus pain
- Skin conditions
- Sore throat
- Sprains and strains
- Stitches
- Urinary tract infection



### Emergency Room (ER)

Go to the ER in case of a life-threatening or severe sickness or injury.

#### Best for

- High fever with headache or stiff neck
- Loss of consciousness
- Major injury
- Overdose
- Poisoning
- Seizure
- Severe allergic reaction
- Signs of heart attack or stroke
- Spine injury
- Sudden severe headache
- Suicidal thoughts
- Trouble breathing



### Tele-Behavioral Health Through IBX

See a tele-behavioral health provider for non-emergency mental health/substance abuse consultation, diagnosis and treatment via phone or secure video.

Call IBX at **800.688.1911** to find an IBX behavioral health provider or click on the icon to the right.

# CAP Retiree Healthy Weight Program

The City offers a CAP Retiree Healthy Weight Program to help retirees and eligible dependents who are enrolled in CAP Retiree Health benefits live the healthiest lives possible.

The CAP Retiree Healthy Weight Program will not only support eligible CAP retirees and dependents in achieving and maintaining a healthy weight, but also help them:

- reduce the health risks of obesity-related conditions.
- develop lifelong habits for a healthier lifestyle.
- address emotional and psychological factors contributing to weight concerns.

Eligible retirees and dependents will benefit from Registered Dietitian (RD) coaching and prescription medications if they meet program requirements.

## Eligibility Requirements

**NOTE:** CAP Retiree Health Plan members and adult dependents are responsible for reviewing and understanding required actions for accessing weight loss medication through the program. To be eligible you **must**:

- Be currently enrolled in the CAP Retiree Health Plan. Be at least 18 years of age.
- Have a BMI (Body Mass Index) over 30 or a BMI over 27 and at least one comorbidity (hypertension, diabetes Type 1 & 2, for example). Pre-diabetes is not eligible.
- Meet with your Primary Care Physician (PCP). Physician submits a written pre-authorization to CVS Health within 72 hours (3 days) of your visit.
- Adhere to the following participation requirements — if pre-authorization is approved.

**Questions about the CAP Retiree Healthy Weight Program?**

Contact [Retiree.healthyweight@phila.gov](mailto:Retiree.healthyweight@phila.gov)

## Participation • Nutrition Counseling Requirements

**NOTE:** Enrollment begins when the 1st dosage of weight loss medication is picked up.

**NOTE:** Successful participation for CAP Retiree Healthy Weight Program participants requires monthly nutrition counseling visits with an IBX In-Network Registered Dietitian (RD). All visits are FREE for members. Call **1.800.ASK.BLUE** or go to <https://tinyurl.com/IBXNutrition> for IBX nutrition counseling Details.

**This means to maintain access to weight loss medication, members of the retiree plan must adhere to the following steps and outcomes:**

- **Step 1:** **Within the first 30 days | 1st month** of picking up weight loss medication plan members must have made an initial nutrition counseling appointment with an IBX in-network registered dietitian (RD) to establish goals. **Visits with an IBX In-network RD are unlimited and free to you.**
- **Step 2:** **Within the first 90 days | 1st 3 months** of picking up weight loss medication, program participants must have completed 2 nutrition counseling visits.
- **Step 3:** **Within the first 120 days | within 4 months** of picking up weight loss medication, program participants must have established and—on an on-going basis—adhere to nutrition counseling visits—at least once—every 30 days.
- **Step 4:** **Expected Outcomes: Within 365 days | within 12 months** program participants must have completed 12 nutrition counseling visits and lose and maintained 5% less bodyweight in order to continue to Step 5.
- **Step 5:** **12 months** after picking up your first dosage of weight loss medication, your doctor must submit a new pre-authorization for weight loss medication to CVS Health and program participants must also continue to maintain nutrition counseling visits every 30 days.

## Disenrollment: Why Coverage For Weight Loss Medication Stops

**NOTE:** The CAP Retiree Healthy Weight Program is a serious commitment so make certain that you are ready and able to meet its obligations, time commitments, and program requirements. Reasons for disenrollment include:

- Failing to complete 3 consecutive nutrition counseling visits within any 4-month period.
- Failing to complete your nutrition counseling visits with an IBX in-network registered dietitian.
- Failing to lose 5% of body-weight.

**See next page for more information.**



## If Disenrolled What Can I Do?

**NOTE:** There is no appeal when disenrolled for not adhering to nutrition counseling requirements.

- Disenrolled program participants may re-enroll January 1st of the following calendar year. Re-enrollment requires that retirees and adult dependents restart the entire process beginning with meeting:
  - ✓ All eligibility requirements including obtaining a new pre-authorization from your physician.
  - ✓ Pre-authorizations prior to disenrollment are no longer valid.



### The Story Of Ms. Jackson: An Example Of A Successful CAP Retiree Healthy Weight Loss Program

January 2	Ms. Jackson was recently diagnosed with hypertension and had been overweight all her life. She met the eligibility requirements and was approved for weight loss medication after her PCP submitted a pre-authorization to CVS.
February 15	Ms. Jackson picked up her first dose and immediately made her nutrition counseling appointment with an in-network Registered Dietitian (RD). She left her benefit guide at home, but remembered the 1.800.ASK.BLUE number for IBX. She called and was helped with finding a nearby RD. During her initial visit, Ms. Jackson and her RD established goals, outlined a plan with actions steps, and then scheduled her next appointment.
March 30	Ms. Jackson met with her RD to discuss completed actions taken and 1 action step that she did not finish. Ms. Jackson also discussed a few more goals that she wanted to try, so she and her RD adjusted her plan to incorporate new changes.
April 10 – December 15	During the next 9 months, Ms. Jackson lost about 30 pounds (5% of her body weight) and saw her RD 10 additional times. She joined a walking club in her neighborhood and has now changed to a Mediterranean diet that includes fruits, nuts, vegetables, legumes, and fish. She is adherent with her hypertension and weight loss medications, as well as the healthy actions outlined in her nutrition counseling plan. With her lifestyle changes and stabilized blood pressure, Ms. Jackson feels stronger and healthier.
January 5	Ms. Jackson met with her PCP, was very excited to discuss her weight loss journey, and to renew her weight loss medication pre-authorization. Ms. Jackson's PCP will review her current biometrics, make certain that her screenings are up to date, discuss if there are any other issues she'd like to address, and then determine how to proceed during the 2nd year of weight loss medication.

# Dental Benefits ... A Link To Whole Health

Retiree dental benefits are included as a part of the retiree health benefits package for retirees with a retirement date of 1/1/2022 or later.

## Option 1: Concordia Flex – PPO

This is a dental PPO plan, which means you can visit any licensed dentist (primary care or specialist) without a referral. However, you can save more money by seeing a dentist in the **Elite Prime Network**. This is because in-network dentists cannot bill you more than United Concordia’s negotiated fees, but out-of-network dentists can. Both will charge you for deductibles or services that exceed plan limitations.

### Services Covered at 100%

- **Preventive services**, including cleanings, exams, and x-rays
- **Basic services**, such as root canals and gum disease care

### Services Covered at 80%

- **Major services**, such as implants, crowns, new dentures, and bridges
- **Basic restorative services**, includes amalgam (silver-colored) and resin (tooth-colored) fillings for front and back teeth
- **Orthodontic services** for covered adults and children with no deductible

### Deductibles, Maximums, And Limitations

- **Annual deductible** – \$25 per person or \$75 per family must be paid out-of-pocket before the plan will provide coverage for services (excluding preventive and orthodontic services)
- **Annual maximum** – The plan will pay up to \$2,500 per person toward the cost of dental services performed in 2026 (excluding orthodontics)
- **Orthodontic maximum** – For the lifetime of each covered individual, the plan will pay up to \$2,000 toward the cost of orthodontic services
- **Frequency limitations** – Cleanings, routine exams, and bitewing x-rays are covered at a frequency of two per person per calendar year. For a complete list of limitations, contact Customer Service.

**Make Sure Your Dentist Is In-Network Before You Go** Call United Concordia at **866.851.7568** or go to [unitedconcordia.com/find-a-dentist](https://www.unitedconcordia.com/find-a-dentist)

## Option 2: Concordia Plus – DHMO

With a DHMO plan, you must select a primary dentist from the **DHMO Concordia Plus Network** to coordinate all of your dental care needs, including referrals to specialists. Each family member can choose their own primary dentist. While the network of dentists available under this plan is much smaller, you can save money because there are no deductibles or benefit limitations. Most services are done at no cost; however, copayments may be required for some services. You will always know what you will be charged through a provided copayment schedule of benefits.

### Plan Features

- Preventive, Basic, Major, and Basic restorative services covered at no or low cost (**NOTE:** Resin fillings are covered for back teeth only.)
- Primary dentists coordinate all care
- Same copayments for specialists as general dentists
- No annual maximum or deductible



**IMPORTANT:** The DHMO plan does not cover out-of-network dentists. Make sure your preferred primary dentist is in the DHMO Concordia Plus Network before you enroll.

Feature	Concordia Flex (PPO) Elite Prime Network	Concordia Plus (DHMO)
Network size (5-county Phila. area)	3,200+ participating dentists	250+ primary care dentists
Out-of-network coverage	Yes	No
Primary Dentist required	No	Yes
Self-referrals allowed	Yes	No, primary dentist must make all referrals
Implants	Yes	No
Pregnancy Benefit included	Yes	No
Annual Deductibles	\$25/person or \$75/family (None for preventive and orthodontic services)	None
Annual Maximum	\$2,500/person/calendar year (Orthodontics have a separate lifetime maximum of \$2,000 for each covered individual)	None



United Concordia Dental Customer Service

866.851.7568

Set Up MyDentalBenefits

<https://www.unitedconcordia.com/benefits/get-started>



Learn how to make the most of your dental plan



## How Do The Dental PPO And HMO Compare?

Besides the difference in access to dentists between the PPO (large number, in- and non-network) and the DHMO (small number, *in-network only*), there are also differences in what's covered that tend to cause big questions. To show those differences clearly, we've **highlighted them** among the main features of the plans in the chart below.

Feature	Concordia Flex (PPO) Elite Prime Network		Concordia Plus (DHMO)
Network size (5-county Phila. area)	3,200+ participating dentists		250+ primary care dentists
Out-of-network coverage	Yes		No
Primary Dentist required	No		Yes
Self-referrals allowed	Yes		No, primary dentist must make all referrals

Benefits	In-Network (Elite Prime)	Non-Network	In-Network Only
<b>Diagnostic/Preventive Services</b>	Plan Pays		
Exams, X-rays, Cleanings & Fluoride Treatments, Sealants, Space Maintainers	100%	100%	\$0 copay
Pregnancy Benefit (one additional cleaning)			<b>Not Covered</b>
<b>Basic Services</b>			
Extractions, Denture Repair, Endodontics (e.g. root canals), Periodontics (gum disease care), Oral Surgery	100%	100%	Scheduled benefits
Basic Restorative (Fillings) – amalgam (silver color) and resin (tooth color)	80% after deductible	80% after deductible	<b>\$0 copay Resin fillings covered for BACK TEETH only</b>
<b>Major Services</b>			
Crowns, Repairs of Crowns, Inlays, Onlays & Bridges; Dentures	80% after deductible	80% after deductible	Scheduled benefits
<b>Implants</b>			<b>Not covered</b>
<b>Orthodontics</b>			
Diagnostic, Active, Retention Treatment	80%, no deductible (per covered individual)	80%, no deductible (per covered individual)	<b>Scheduled benefits (for dependent children to age 23 only. Does not cover adults.)</b>
<b>Maximums &amp; Deductibles (combined in- and non-network)</b>			
Annual Deductible	\$25 per person/\$75 per family (None for preventive and ortho)		None
Annual Maximum	\$2,500 per person per calendar year (excludes orthodontics)		No maximum
Separate Lifetime Orthodontic Maximum	\$2,000		Scheduled benefits (per child to age 23)

## Vision Benefits ... To Support Whole Health

Retiree vision benefits are included as a part of the retiree health benefits package for retirees with a retirement date of 1/1/2022 or later.

Once you've elected the City Retiree Health Plan, you're eligible for EyeMed Vision Care benefits to further support your whole health. Chronic diseases, such as diabetes and high blood pressure, can be detected early with eye exams.

EyeMed offers retirees the option of using EyeMed in-network (Advantage Network) or out-of-network (non-participating) Doctors of Optometry and Ophthalmology.

### City CAP Retirees

**FIND AN EYE DOCTOR** (Advantage Network) **800.526.8085**



### Vision Provider Locator

<https://eyedoclocator.eyemedvisioncare.com/cityofphilly/en>

### See Vision Benefits

<http://member.eyemedvisioncare.com/cityofphilly>



### Laser Vision Correction

EyeMed retirees are eligible to receive 15% off retail price or 5% off a promotional price for Lasik or PRK through U.S. Laser Network, owned and operated by LCA Vision. For LASIK providers, call **800.988.4221**.

### Helpful Discounts Too

There are additional discounts available once you have used your in-network EyeMed benefits. They include:

- 40% off a complete pair of glasses
- 20% off non-prescription sunglasses
- 15% off conventional contact lenses
- discounts on hearing exams and hearing aids through Amplifon Hearing Health Care **877.203.0675**, with up to 64% off the retail price of hearing aids from top brands

## How Vision Benefits Work

Vision Care Services	In-Network Retiree Cost	Out-Of-Network Reimbursement
<b>Routine Eye Exam</b> <i>with dilation as necessary; Once every 12 months</i>	\$0 copay	Up to \$30
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b> <i>Once every 24 months</i>	\$0 copay; \$110 allowance; 20% off retail price over \$110	Up to \$50
<b>Standard Plastic Lenses</b>	Choose plastic lenses OR contact lenses once every 12 months	
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$45
Trifocal/Lenticular	\$0 copay	Up to \$65
Standard Progressive Lens	\$45 copay	Up to \$65
Premium Progressive Lens	\$45 copay (plus 70% of the charge less \$110 allowance)	Up to \$65
<b>Lens Options</b>	Paid by the retiree and added to the base price of the lens	
UV Treatment and Tint (solid and gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$0	Up to \$12
Standard Polycarbonate	\$35	N/A
Standard Polycarbonate, kids under 19	\$0	Up to \$20
Standard Anti-Reflective Coating	\$40	N/A
Polarized and Other Add-Ons and Services	30% off retail price	N/A
<b>Contact Lens Fit and Follow Up</b>	Contact lens fit and two follow up visits are available after a comprehensive eye exam has been completed. Choose plastic lenses OR contact lenses once every 12 months.	
Standard Contact Lens	Up to \$40	N/A
Premium Contact Lens	10% off retail	N/A
Conventional	\$0 copay; \$90 allowance; 15% off retail price over \$90	Up to \$90
Disposable	\$0 copay; \$90 allowance; plus balance over \$90	Up to \$90
Medically Necessary	\$0 copay; paid in full	Up to \$300
<b>Type 1 or 2 Diabetic Retinopathy Services</b> <i>Once Every 6 Months</i>		
Medical Follow Up Eye Examination	\$0 copay	Up to \$77
Fundus Photography Examination	\$0 copay	Up to \$50
Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

**IMPORTANT Out-Of-Network Notes:**

**Payment and Claims**

When you use an out-of-network provider you will be responsible to pay the provider in full at the time of service.

To be reimbursed up to the allowable amount, you must submit an out-of-network claim to EyeMed.

Refer to the chart to see eligible reimbursement amounts.

**Notes:** Retirees and dependents who purchase contact lenses online can apply their contact lens benefits at [www.contactsdirect.com](http://www.contactsdirect.com).

**For prescription contact lenses for only 1 eye:** the plan will pay one-half of the amount allowable for contact lenses for both eyes, once every 12 months.

## Life & AD&D Insurance For Peace Of Mind

To help your family continue its lifestyle if you die or suffer a serious accidental injury, the City provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through Minnesota Life Insurance Company, an affiliate of **Securian Financial**.



### Basic Life And AD&D Insurance for Retirees

**Retirees before January 1, 2024:** The City of Philadelphia provides **\$6,000 of Basic Life and Accidental Death & Dismemberment** coverage at no cost to eligible retirees.

**Retirees on or after January 1, 2024:** The City of Philadelphia provides **\$7,500 of Basic Life and Accidental Death & Dismemberment** coverage at no cost to eligible retirees.

- **Basic Life insurance** will be paid to your designated beneficiary in the event of your death while retired.
- **Accidental Death & Dismemberment insurance** will be paid to your designated beneficiary if you die as the result of an accident — OR — will be paid to you, if you suffer a serious accidental injury that results in loss of limb(s), vision, or hearing.

To file a claim call **215.686.0859**.

### Important: Designate and Update Beneficiary

Your beneficiary for Life and AD&D Insurance as an active employee does **not transfer to Retiree Life and AD&D Insurance**. Please name or update your beneficiary for Retiree Life Insurance because it is the only way to ensure that benefits go to whom you want.

To designate or change your beneficiary, log in to the LifeBenefits.com website and enter your user ID and password as explained below.

- **Website:** LifeBenefits.com
- **User ID:** The letters COP followed by your employee ID number
- **Password:** Your 8 digit date of birth (MMDDYYYY) followed by the last four digits in your Social Security number

**EXAMPLE:** If your date of birth is August 2, 1960 and the last four digits of your Social Security number are 1234, enter 080219601234, as your password.

If you prefer a paper form, a Beneficiary Designation form is included in the back of this Retiree Guide.

**Questions? Call Securian at 877.494.1754.**

## Benefits To Meet Your Life Needs

Life happens. When it does, turn to these benefits that are designed to help you in times of need and are only a click or a call away.



### Legal, Financial & Grief [LifeBenefits.com/lfg](https://LifeBenefits.com/lfg)

Access one or all to meet your needs:

- Will preparation
- Unlimited telephonic guidance and consultation with professionals
- Comprehensive web and mobile resources
- Thirty-minute face-to-face consultation with an attorney for each unique legal issue

username: **lfg** | password: **resources**

**877.849.6034**

Provided by TELUS Health



### Travel Assistance [LifeBenefits.com/travel](https://LifeBenefits.com/travel)

Available 24/7/365 for personal or business travel 50+ miles from home:

- Medical professional locator services
- Assistance replacing lost or stolen luggage, medication, or other critical items
- Medical or security evacuation
- Medically necessary repatriation
- Repatriation of mortal remains

U.S./Canada **855.516.5433**

All other locations **415.484.4677**

Insurance policies are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by Morneau Shepell, PricewaterhouseCoopers LLP, and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions, and restrictions may apply when utilizing the services. To learn more, visit the provider website.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates. Minnesota Life Insurance Company is an affiliate of Securian Financial Group, Inc.



### Legacy Planning [Securian.com/legacy](https://Securian.com/legacy)

Access to a variety of information and resources to work through end-of-life issues:

- End-of-life planning
- Final arrangements
- Important directives
- Express Assignment for expedited funeral home assignments



### Empathy Beneficiary Support

[join.empathy.com/securian](https://join.empathy.com/securian)

Holistic support, designed to help beneficiaries get back on their feet following the loss of a loved one.

- Available at no cost for beneficiaries
- On-demand tools and human support to help loved ones save valuable time after loss
- Beneficiaries will be invited to take advantage of this program via the app or website during the claims process.

Empathy app access code:

**emp-securian**

## Lifestyle Benefits For Every Day

The City offers lifestyle benefits that fit your individual needs and help you and your family with your physical, mental, and financial wellbeing.

### NEW! Concierge Services\*

#### Help With All Your Unique Care Needs

With Care Concierge, you can start a care project right away and get expert help with any need across life's most vital moments. Whether it's care for yourself, your spouse, your children, your parents, or a member of your chosen family, Wellthy is here to help by tackling to-do's, advocating on your behalf, and connecting you with resources that make taking care of yourself and your family as seamless as possible.

#### Who You Can Use This Benefit For:

Wellthy supports families caring for loved ones—including parents, in-laws, children, spouses, siblings, and beyond—regardless of their condition or circumstance.

#### Wellthy Care Coordinators Can Help With:

- **Medical coordination:** Scheduling doctor visits, follow-ups, and specialist care
- **Care at home:** Researching and arranging trusted in-home aides or child care
- **Support for children:** Navigating school systems, IEPs, and special education
- **Financial and insurance help:** Untangling coverage, bills, and appeals
- **Transitions in care:** Managing hospital discharges, rehab stays, or long-term care placements
- **Special circumstances:** Finding local and national resources for unique or urgent needs

And so much more!

Wellthy's services are fully covered by the City. If any services Wellthy arranges (e.g., transportation or in-home aides) involve out-of-pocket costs, they will let you know in advance and offer clear options.

*\*Wellthy Concierge Services exclude the First Judicial District and Local 286.*



Let Wellthy Help!

877.588.3917



Scan the QR code  
or visit:

[wellthy.com/  
member/phila](https://wellthy.com/member/phila)

Click "Get Started"  
and input your payroll  
number to verify  
eligibility and get  
matched with a Care  
Coordinator today!

## NEW! City Discount Program

### Your Exclusive Perks are Here!

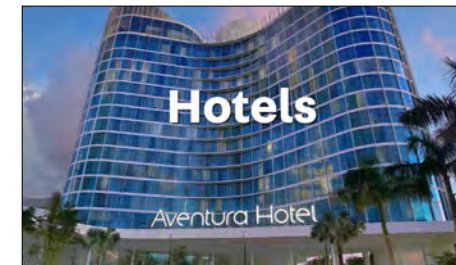
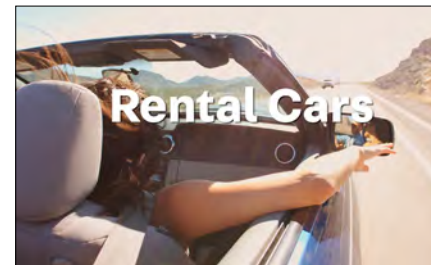
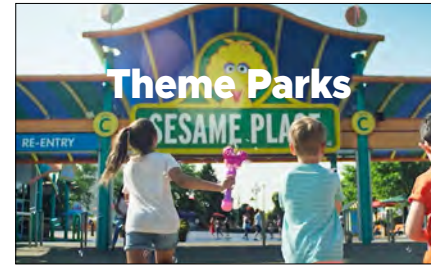
Your financial wellbeing is our priority, and we've partnered with TicketsatWork to offer an incredible savings platform that supports your lifestyle. Find savings for:

- Hotels around the world
- Tickets for theme parks, shows, and attractions
- Dining experiences
- Health and wellness
- Electronics

... *and much more!*

### Get Started Now

- Watch our quick intro video
- Go to [www.ticketsatwork.com/](http://www.ticketsatwork.com/) to register and access your perks.
- Use Company Code: **CityofPhiladelphia**



## Voluntary Pet Wellness And/Or Pet Health Plans Through Wagmo

All eligible retirees can elect Voluntary Pet health plans to help lower the cost of pet care for your cat or dog. They cover wellness visits such as routine or preventive care check-ups and offer customizable plans for those unexpected vet visits resulting from injuries or illnesses.

### Choose From Two Options

- **Wagmo Pet Wellness** plans reimburse for your pet's routine and preventive care.
- **Wagmo Pet Insurance** provides coverage and protection against unexpected vet expenses.

### Eligibility And Enrollment

All City retirees who are eligible for the CAP Retiree Health Plan may purchase Wagmo Pet Wellness and/or Pet Insurance. If you enroll in Wagmo coverage, it will start 30 days after enrollment.

**If you have Wagmo Pet coverage when you retire, your Wagmo Pet Wellness or Pet Insurance coverage can be seamlessly transferred through Wagmo.**

If you do not enroll in Wagmo Pet insurance during Open Enrollment or when first eligible, you can enroll only if you have a qualified life event or at the next Open Enrollment.



## WAGMO

Ready To Enroll?

<https://wagmo.io/benefits/enroll?source=enroll-start&flow=employee-id>

Want To Find Rates, Review Your Policy, or Update Your Coverage?

<https://wagmo.io/>

Call

855.836.8785

Email

[support@wagmo.io](mailto:support@wagmo.io)



### Wagmo Pet Wellness

Wagmo Pet Wellness plans help you save money on routine pet care not typically covered by pet insurance plans and provide discounts on some pet products. Depending on the services you want covered for your pet, you can choose from three coverage levels:

- Value: \$21/month per pet (up to 5)
- Classic: \$38/month per pet (up to 5)
- Deluxe: \$55/month per pet (up to 5)

Go to Wagmo website ([www.wagmo.io/enroll/start](http://www.wagmo.io/enroll/start)) to enroll or get more information.

#### How It Works

- Your cat or dog is eligible for a pet wellness plan regardless of age, breed, or pre-existing conditions.
- You have the freedom to visit any licensed veterinarian in the United States.
- No deductibles or waiting periods.
- Wellness reimbursements are processed within 24 hours via PayPal, Venmo, or bank transfer.



### Wagmo Pet Insurance

With Wagmo Pet Insurance, you can rest assured knowing that unexpected veterinary bills for your pet are covered. It covers emergencies and illnesses such as hospital stays and surgeries. Go to the Wagmo website for more information about what's covered, deductibles, and coinsurance levels.

#### How it Works

- Visit any licensed veterinary practice in the United States.
- Up to 100% coverage after your deductible has been met.
- Claims are reimbursed via direct check or PayPal.

#### Why Pet Insurance?

- There are no required necessary networks, so you can stay with your licensed vet.
- Reimbursements are hassle-free.
- Coverage also includes 24/7 access to telehealth advice from veterinary professionals and access to PetMeds, a pet pharmacy site, and BarkBox, a subscription service that provides custom toys and treats to your dog.

## Aflac Voluntary Benefits: Continue Employee Coverage On A Direct Bill Basis When You Retire

If you already have Aflac voluntary benefits when you retire, you can continue (port) your same coverage at the same cost to help take care of expenses not covered by the CAP Retiree Plans. To continue coverage, you will send payment directly to Aflac, as described under "It's Portable" below.

### Aflac Voluntary Benefits

*Continue if retiring after 1/1/2015 and enrolled as an active employee on your retirement date*

- Critical Illness Insurance

*Continue if retiring after 1/1/2026 and enrolled as an active employee on your retirement date*

- Group Term to 120 Life Insurance
- Accident Insurance
- Hospital Indemnity Plan



### Guaranteed Acceptance

There is a guaranteed acceptance or issue when you enroll as an active employee, prior to retirement, and you will not be required to answer any health questions or take a physical exam.

### It's Portable: You Can Take It With You

All of the Aflac voluntary benefit options ensure:

- Your rates will never change.
- When you retire, you can keep your coverage level at your same issue age, meaning the cost does not change.
- You have 60 days from your retirement date to contact Aflac and port your coverage.

Contact Aflac at **800.433.3036** (Monday - Friday, 8:00 a.m. - 8:00 p.m. ET) to continue Aflac voluntary benefit insurance coverage(s) at the same cost by sending payment directly to Aflac. **Use the City's Group Policy #AGC0003053986.**

### Aflac Voluntary Benefits Stay the Same after Retirement

You cannot make changes to your Aflac coverage upon retirement or during Open enrollment. You can, however, cancel coverage at any time.

*See the following pages to learn more about Aflac voluntary benefits.*

### Aflac's Website for City of Philadelphia Retirees

<https://www.aflacatwork.com/enroll/Lib/LoginAflac.aspx?Path=thecityofphiladelphia>

- Newly eligible
- Experience a qualified life event

### Aflac's Customer Service Website

<https://www.aflacgroupinsurance.com/customer-service/default.aspx>

- Current Coverage
- Benefits Info
- File Claims

### Aflac/CAIC

Once you've enrolled, Policyholder Customer Service

**800.433.3036**

**Monday – Friday  
8:00 a.m. – 8:00 p.m. ET**

Email  
[AflacCustomerService](mailto:AflacCustomerService)

## Critical Illness Insurance For Life-Changing Conditions

When you retire, you can continue (port) your Aflac Critical Illness Insurance if you were enrolled as an active employee on your retirement date. Critical Illness Insurance pays a cash benefit for serious health conditions, such as a heart attack, cancer, or stroke. Critical Illness Insurance is provided by Aflac/Continental American Insurance Company (CAIC).

**Open Enrollment:** If you are a retiree currently enrolled in Critical Illness Insurance during Open Enrollment, you do not need to take any action. Your current coverage will be rolled over to the next calendar year.

### Highlights of Critical Illness Insurance

Feature	
Continuing Coverage After You Retire	When you retire with the City, Critical Illness Insurance will stop on the last day of the month in which you were an active employee. However, you can contact Aflac at 800.433.3036 (Monday - Friday, 8:00 a.m. - 8:00 p.m. ET) to continue Critical Illness Insurance at the same cost by sending payment directly to Aflac. Use the City's Group Policy #24817.
If You Want To Increase, Decrease, Or Cancel Critical Illness Insurance	You cannot make changes to your Critical illness coverage upon retirement or during Open enrollment. You can, however, cancel coverage at any time.
Pays In Addition To Other Benefits	Critical Illness Insurance pays in addition to all other insurance you have. No benefits will be paid for losses resulting from any intentionally self-inflicted injury.
Cash Lump Sum Payment	After you are diagnosed with a covered condition, submit a claim, and are approved, you will receive a lump sum payment that can be used for medical and non-medical expenses. (See the list of covered conditions on the next page.)
No Waiting Period Between Multiple Or Re-Occurring Conditions	There is no waiting period to receive benefits between multiple or re-occurring conditions.
It's Portable: You Can Take It With You At The Same Cost	There is no change to the cost of Critical Illness at retirement. If you port coverage, you will pay the same amount you paid as an active employee; however, you will make payments directly to Aflac. You have up to 60 days to port your coverage.
Earn \$100 For Preventive Screenings	If you and your covered spouse participate in preventive screenings, such as biometrics or breast cancer screening, you are each eligible for a \$100 annual wellness benefit paid directly to you from Aflac. For details, call Aflac Customer Service.

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**No Health Questions to Answer  
No Pre-Existing Condition Exclusion**

## What's Covered

Critical Illness Insurance provides a lump sum cash benefit if you or a covered family member are diagnosed with one of the following conditions.

**NOTE:** No benefits will be paid for losses resulting from any intentionally self-inflicted injury.

## Critical Illness Insurance Covered Conditions

### Human Coronavirus Benefit

- Hospitalization: 4+ days = 10% of insured amount
- Hospitalization: 10+ days = 25% of insured amount
- Hospitalization: ICU = 40% of insured amount

- Addison's Disease\*
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's or Parkinson's Disease
- Benign brain tumor
- Bone Marrow Transplant
- Cancer
- Coma
- Carcinoma In-situ\*
- Cerebrospinal Meningitis\*
- Coronary Artery Bypass\*

- Diphtheria\*
- End-Stage Renal Failure
- Heart Attack
- Huntington's Chorea\*
- Legionnaire's Disease\*
- Loss of Sight, Speech or Hearing
- Major Organ Failure
- Malaria\*
- Muscular Dystrophy\*
- MS (Multiple Sclerosis)
- Myasthenia Gravis\*
- Necrotizing Fasciitis\*
- Osteomyelitis\*
- Paralysis
- Polio\*
- Rabies\*
- Scleroderma\*
- Sickle Cell Anemia\*
- Skin Cancer (\$1,000)

- Stroke
  - Systemic Lupus\*
  - Tetanus\*
  - Tuberculosis\*
- \* 25% of insured amount*

### Childhood Conditions

- Autism Spectrum Disorder (\$3,000 lump sum lifetime maximum benefit)
- Down Syndrome
- Type 1 Diabetes
- Cystic Fibrosis
- Cerebral Palsy
- Cleft Lip or Cleft Palate
- PKU (Phenylalanine Hydroxylase Deficiency Disease)

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[AflacCustomerService](mailto:AflacCustomerService)

## Check Out These Additional Protection Programs Included With Your Aflac Critical Illness Insurance.



### Fraud Protection

Fraud Protection, powered by EZShield, helps protect and monitor personal information and restore it if you're impacted by fraud or identity theft.

**Aflac Fraud Protection • 866.826.8851**  
[aflac.ezshield.com](http://aflac.ezshield.com)



### Health Advocate & Medical Bill Saver Resources

Helps you find doctors and treatment centers, get second opinions, coordinate care, get approvals from insurers, and untangle medical bills and claims.

**Health Advocate • 855.423.8585**

# Group Term To 120 Life Insurance

When you retire, you can continue (port) your Aflac Group Term to 120 Life Insurance if you were enrolled as an active employee as of your retirement date. Group Term to 120 Life Insurance provides financial support for your loved ones for the long term. While an active employee between the ages of 18-70, you can purchase from \$25,000 up to \$200,000 of portable life insurance. **There is a guaranteed acceptance or issue when you enroll as an active employee, and you will not be required to answer any health questions or take a physical exam.**

## Accelerated Benefits Option

You may opt to receive a portion of your death benefit while you are still alive if you suffer from a terminal illness and/or chronic condition. You may receive up to 50% of the lump sum or 25 periodic payments equal to 4% of the death benefit. There is a 90-day waiting period.



## Highlights of Group Term to 120 Life Insurance

Feature	
Flexible Coverage Options	<p><b>To enroll you must be an active employee between the ages of 18-70.</b> Dependent children must be between the ages of 15 days to age 25. Rates are based upon age band and level of coverage. Coverage is also available for spouse or child(ren), provided you are also enrolled in Group Term to 120 Life Insurance.</p> <ul style="list-style-type: none"> <li>Spouse will be insured for 50% of your amount, up to \$50,000.</li> <li>Dependent children are covered at \$25,000.</li> </ul>
Continuing Coverage After You Retire	<p>If you have employee Group Term to 120 Life Insurance when you retire with the City, coverage will stop on the last day of the month in which you were an active employee. However, you can contact Aflac at 800.433.3036 (Monday - Friday, 8:00 a.m. - 8:00 p.m. ET) to continue coverage at the same cost by sending payment directly to Aflac. Use the City's Group Policy #24817.</p>
Pays In Addition To Other Benefits	<p>Group Term to 120 Life Insurance pays in addition to all other insurance you have.</p>
Cash Lump Sum Payment	<p>If the policyholder passes away during the term, the beneficiary receives the death benefit in a cash lump sum payment.</p>
After-Tax Contributions Mean Tax-Free Benefits	<p>Because you pay for Group Term to 120 Life Insurance with after-tax dollars, cash benefits are received tax-free.</p>
Waiver Of Premium	<p>If insured is totally disabled for 3 continuous months, premiums will be waived for 24 months.</p>
It's Portable: You Can Take It With You	<p>If you change jobs or retire, you can keep your coverage level at your same issue age as when you first enrolled, meaning the cost does not change. You have up to 60 days to port your coverage. Retirees can renew coverage for as long as needed (to age 120).</p>

**Aflac's Website for City of Philadelphia Retirees**

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**Aflac/CAIC**

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Email [AflacCustomerService](mailto:AflacCustomerService)



**No Health Questions to Answer  
No Pre-Existing Condition Exclusion**

## Accident Insurance

When you retire, you can continue (port) your Aflac Accident Insurance if you were enrolled as an active employee as of your retirement date. If you have an unexpected event like an accident, you may experience time away from work and lost wages that can impact your ability to pay for everyday expenses, including rent, mortgage, groceries, and utility bills. Accident Insurance helps pay out-of-pocket expenses associated with an accident, including medical and non-medical costs. **There is a guaranteed acceptance or issue when you enroll as an active employee, and you will not be required to answer any health questions or take a physical exam.**

### Highlights of Accident Insurance

Feature	
<b>Flexible Coverage Options</b>	You can choose coverage for your spouse if over age 18, and child(ren) up to age 26, provided you are also enrolled in the Accident Insurance plan. Accident Insurance is a fixed rate program based on coverage tiers for Retiree, Retiree + Spouse, Retiree + Children, and Family.
<b>Continuing Coverage After You Retire</b>	If you have employee Accident Insurance when you retire with the City, coverage will stop on the last day of the month in which you were an active employee. However, you can contact Aflac at 800.433.3036 (Monday - Friday, 8:00 a.m. - 8:00 p.m. ET) to continue coverage at the same cost by sending payment directly to Aflac. Use the City's Group Policy #24817.
<b>Pays In Addition To Other Benefits</b>	Accident Insurance helps pay the bills your major medical insurance doesn't cover.
<b>Payment Options</b>	Aflac Accident Insurance pays you cash benefits directly (unless assigned).
<b>After-Tax Contributions Mean Tax-Free Benefits</b>	Because you pay for Accident Insurance with after-tax dollars, cash benefits are received tax-free.
<b>Earn \$50 for Preventive Screenings</b>	If you and your covered spouse participate in preventive screenings, such as biometrics or breast cancer screening, you are each eligible for a \$50 annual wellness benefit paid directly to you from Aflac. For details, call Aflac Customer Service.
<b>It's Portable: You Can Take It With You</b>	If you change jobs or retire, you can keep your coverage level at your same issue age as when you first enrolled, meaning the cost does not change. You have up to 60 days to port your coverage.

### Coverage Schedule

Accident Insurance pays a fixed amount to cover accidental injuries. See the following coverage schedule for more information.

Outpatient Benefits	
ER/Urgent Care	\$300/visit + \$250/x-ray per accident
Doctor's Office	\$150/visit + \$100/x-ray per accident
Major Diagnostic Testing	\$200/accident
Dislocations	Up to \$4,000/accident based upon a benefits schedule
Fractures	Up to \$5,000/accident based upon a benefits schedule
Inpatient Benefits	
Hospital Admission	\$1,250/accident
Hospital Confinement	\$300/day up to 365 days/accident
ICU	\$300/day up to 30 days/accident, within 6 months after the accident
Additional Benefits	
Rehabilitation Unit	\$125/day up to 31 days/accident

### What It Costs

Coverage	BiWeekly Rates
Retiree	\$3.22
Retiree + Spouse	\$5.67
Retiree + Children	\$7.23
Family	\$9.68

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**No Pre-Existing  
Condition Exclusion**

## Hospital Indemnity Plan

When you retire, you can continue (port) your Aflac Hospital Indemnity Insurance if you were enrolled as an active employee as of your retirement date. The Hospital Indemnity Plan supplements your major medical coverage and offers protection or assistance with in-patient treatment, including coinsurance and deductibles. **There is a guaranteed acceptance or issue when you enroll as an active employee, and you will not be required to answer any health questions or take a physical exam.**

### Highlights of The Hospital Indemnity Plan

Feature	
Flexible Coverage Options	You can choose coverage for your spouse if over age 18, and child(ren) up to age 26, provided you are also enrolled in the Hospital Indemnity Plan.
Continuing Coverage After You Retire	If you have employee Hospital Indemnity coverage when you retire with the City, coverage will stop on the last day of the month in which you were an active employee. However, you can contact Aflac at 800.433.3036 (Monday - Friday, 8:00 a.m. - 8:00 p.m. ET) to continue coverage at the same cost by sending payment directly to Aflac. Use the City's Group Policy #24817.
Pays In Addition To Other Benefits	The Hospital Indemnity Plan helps pay the bills your major medical insurance doesn't cover.
Payment Options	Receive cash benefits paid directly to you. <b>NOTE:</b> The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year.
After-Tax Contributions Mean Tax-Free Benefits	Because you pay for Hospital Indemnity insurance with after-tax payments, cash benefits are received tax-free.
Earn \$100 for Preventive Screenings	If you and your covered spouse participate in preventive screenings, such as biometrics or breast cancer screening, you are each eligible for a \$100 annual wellness benefit paid directly to you from Aflac. For details, call Aflac Customer Service.
It's Portable: You Can Take It With You	If you change jobs or retire, you can keep your coverage level at your same issue age as when you first enrolled, meaning the cost does not change. You have up to 60 days to port your coverage.



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**No Pre-Existing Condition Exclusion**

### Coverage Schedule

The Hospital Indemnity Plan pays a fixed amount to cover certain benefits and conditions when hospitalized. See the following coverage schedule for more information.

Inpatient Benefits	
Hospital Admission	\$1,000 per covered accident/sickness per calendar year
Hospital Confinement	\$200/day per covered accident/sickness up to 30 days
ICU	\$200/day per covered accident/sickness up to 30 days, payable in addition to the confinement benefit
Rehabilitation Benefit	\$100/day per covered accident/sickness up to 30 days

### What It Costs

Coverage	BiWeekly Rates
Retiree	\$7.90
Retiree + Spouse	\$15.84
Retiree + Children	\$12.80
Family	\$20.74

## Rights & Notices

### Affordable Care Act (ACA): Preventive Care Services

The following preventive services must be covered 100% when you use an in-network provider. This means they must be covered without a copay, deductible, or coinsurance. The City's benefit program complies with this standard. For a comprehensive list, please contact the City Benefits Department.

#### Covered Preventive And Drug Services (Partial List)

Note that covered drugs, vitamins, and contraceptives obtained at a pharmacy require a prescription, including over-the-counter drugs and products. **Contact the City Benefits Department for a full list of covered preventive items.**

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 45
- **Contraceptives** (oral, emergency, injectables, implantable devices and vaginal rings, transdermal patch, and barrier methods)
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV Pre-Exposure Prophylaxis (PrEP)** — generic form of Truvada (emtricitabine-tenofovir)
- **HIV** screening for all adults at higher risk
- **Immunization** vaccines for adults (and children, as age-appropriate) – doses, recommended ages, and recommended populations vary
- **Obesity** screening and counseling for all adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk
- **Vitamins** and supplements, including iron supplements, fluoride supplements, folic acid, and vitamin D

### COBRA Continuation Coverage

When City health coverage ends due to a termination of employment, you and your covered dependents may be eligible to continue coverage for up to 18 months by paying the full cost of coverage under COBRA continuation rules. COBRA is the federal statute that permits covered retirees and dependents to continue health coverage temporarily, at their own expense, if certain Qualifying Events occur that would ordinarily result in the loss of coverage. Other Qualifying Events in which your dependents may continue coverage for up to 36 months include retiree divorce or death, entitlement to Medicare, and a dependent child losing eligibility for health coverage.

### Women's Health Coverage

The City's medical and prescription drug plans include preventive coverage for women, as required by the Affordable Care Act (also known as federal health care reform). Coverage for the following services, drugs, and supplies for women will be covered at 100% when you or your covered family member visits an in-network provider:

- Well-woman visits
- Breastfeeding support, supplies, and counseling
- FDA-approved contraception methods, sterilization, and reproduction-related patient education and counseling
- Counseling for sexually transmitted infections
- HIV Screening and counseling
- HPV DNA testing
- Gestational diabetes screenings
- Domestic and interpersonal violence screening and counseling

In addition, the City's health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call Independence Blue Cross at 800.275.2583 for more information.

## Maternity And Newborn Infant Coverage

Coverage under the City's medical plans provides that maternity or newborn child coverage may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, health care plans and insurance issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the group health plans sponsored by the City of Philadelphia to periodically send a reminder to participants about the availability of the plans' Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the plans' legal duties with respect to protected health information (PHI) and how the plans may use and disclose PHI. The complete HIPAA Privacy Notice is included in the back of this guide. For more information on the plans' privacy policies or your rights under HIPAA, call our HIPAA Officer at 215.686.0612. See Joint Notice of Privacy Practices: HIPAA on page 63.

## Premium Assistance Under Medicaid And The Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Pennsylvania, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 866.444.EBSA (3272).

**If you live in Pennsylvania, see sidebar information; you may be eligible for assistance paying your employer health plan premiums. This information is current as of July 31, 2025. Contact your State for more information on eligibility.**

### Pennsylvania Medicaid

<https://www.pa.gov/en/agencies/dhs.html>

**800.692.7462**

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

### U.S. Department of Labor

[Retiree Benefits Security Administration](http://www.dol.gov/ebsa)

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

**866.444.EBSA**

### U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

**877.267.2323**

Menu Option 4,  
Ext. 61565

## Important Notice From The City Of Philadelphia About Your Prescription Drug Coverage And Medicare (Medicare Part D Notice)

### To Retirees Eligible For Medicare Coverage As Of January 1, 2026

If you are Medicare eligible (or if you or your dependents are Medicare eligible or will be during 2026)—and you participate in the City of Philadelphia Prescription Drug Coverage—this notice applies to you.

**Keep this Creditable Coverage notice where you can find it.** Please disregard this information if it does not apply to you.

### Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. The notice has information about your current prescription drug coverage with the City of Philadelphia and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare.** You can get this coverage if you join a Medicare Prescription Drug Plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may offer more coverage for a higher monthly premium.
- 2. The City of Philadelphia has determined that the prescription drug coverage offered by the City of Philadelphia for retirees is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.**

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you also may join a Medicare drug plan during a two (2) month Special Enrollment Period (SEP).

### What Happens To Your Current Coverage If You Join A Medicare Drug Plan?

If you decide to join a Medicare Part D drug plan, your City of Philadelphia Retiree Health benefits will be terminated.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Philadelphia and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage

For more information about your City Administered Prescription Drug coverage, contact our Benefits Administrator on the next page.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if the coverage through the City of Philadelphia changes. You also may request a copy of this notice at any time.

### Pennsylvania Medicaid

<https://www.pa.gov/en/agencies/dhs.html>

800.692.7462

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

### U.S. Department of Labor

Retiree Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

866.444.EBSA

### U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

877.267.2323

Menu Option 4,  
Ext. 61565

## For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. If you are eligible for Medicare, you’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

1. Visit [www.medicare.gov](http://www.medicare.gov)
2. Call your State Health Insurance Assistance Program (see the inside back cover of the “Medicare & You” handbook for their telephone number) for personalized help.
3. Call 800.MEDICARE (800.633.4227).  
TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

**Remember: Keep this Creditable Coverage notice.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Date:** October 15, 2025

**Title:** Deputy Human Resources Director  
Health and Welfare Benefits  
City of Philadelphia

**Contact:** [marsha.greene-jones@phila.gov](mailto:marsha.greene-jones@phila.gov)

**Address:** Two Penn Center Plaza  
1500 JFK Boulevard, FL 16  
Philadelphia, PA 19102

## About This Enrollment Guide: Disclaimer

This enrollment guide is a summary of benefits options and not intended to be a complete description of the City’s benefit plans/ programs. If there are any discrepancies between this benefits enrollment guide and any City Administered benefit plan or policy, the applicable plan documents or policy shall govern. This guide does not represent a guarantee of benefits eligibility or employment. In addition, the City reserves the right to change or stop benefits at any time for any reason, as permitted by applicable laws, rules, and regulations. Retirees who are represented by one of the City municipal labor unions may, or may not, be eligible for the programs described in this document. The eligibility of union-represented retirees for these programs will be governed by the applicable collective bargaining agreement(s) and/or be subject to collective bargaining.



# CAP Employee Benefits

CITY OF PHILADELPHIA

**Policy Effective Date:** October 28, 2013

**Policy Amended:** October 15, 2025

**Purpose:** To establish guidelines for benefits enrollment in the City Administered Health Plan (CAP) Retirement Plan.

**Eligibility:** To qualify for the five years of CAP Retiree Health coverage, a City employee must have **ten years of service** and meet the **age requirements** for the retiree plan in which you are enrolled. Time purchases are not eligible for inclusion in the calculation of time for retiree health benefits.

- Exempt employees can meet the service requirements when all service years add up to ten years (service may be intermittent)
- Civil service employees must have ten years of continuous service.

If you meet age and service requirements, you are eligible to participate in the City Administered Retiree Health Plan (CAP).

Retirees classified as eligible to participate in the City Administered Health Plan may include regular, non-represented, exempt (called “Flex employees”), and provisional employees and those employed by First Judicial District of Pennsylvania (FJD), who are either exempt, non-represented or represented by Local 286.

A Retiree in a union classified position who previously opted into the City Administered Health Plan as a permanent DC-33 CAP or DC-47 CAP member (meaning you have opted out of your collective bargaining benefits coverage) will continue to be grandfathered into the CAP for so long as they are enrolled in the plan.

As per the DC-33 contract effective July 1, 2021, DC-33 retirees may **not** enroll into the CAP plan as new members after July 1, 2023. DC-33 members who rescind union membership or waive union benefits are **not** eligible to join the CAP Benefit program at any time.

A retiree in a DC-47 Local 2186 classified position currently or who has been promoted into the same **may not** enroll in the CAP Benefits program as a new member.

City of Philadelphia retiree’s **ineligible** to participate in the CAP include:

- Part-time employees
- Temporary employee
- Seasonal employees
- Contracted employees
- Retirees who are members of a collective bargaining unit to which participation in the CAP has not been established in the current collective bargaining agreement.

**Eligible Dependent Include:**

- Lawful Spouse - as certified with a marriage certificate
- Biological birth child through age 25

- Biological birth child of a life partner through age 25
- Adopted child through age 25
- Stepchild through age 25 (current marriage verification required)
- Legal court ordered child through age 25 (court order required)
- Noncustodial child for whom the CAP has received a Qualified Medical Child Support Order
- Disabled child over age 26 - as certified by the medical Insurance Administrator

**\*Married employee dependents (children) are not eligible to enroll in any City Administered Health Plan.**

**\*Life Partners** – Pennsylvania state law allows same-sex marriage. As a result of this law, the City Administered Health Plan will no longer cover new life partners and their dependent children on or after January 1, 2017. The City Administered Health Plan will continue to cover current life partners enrolled in the Health Plans as of December 31, 2016, and their dependent children, for as long as they and their dependents remain eligible.

However, if a life partner and his/her dependent child are enrolled in the City Administered Health Plan as of December 31, 2016, is dropped from coverage, s/he is not eligible to be re-enrolled in the Health Plan on or after January 1, 2017.

\* The criteria for dependent eligibility determination is based upon the submission of the verification documents stipulated in this policy (see pages 4 – 6). Married dependents (children) are ineligible for coverage under the City Administered Health Plan.

## DEFERRAL OF RETIREE COVERAGE

You can make a one-time election to defer enrolling in your Retiree Health coverage when first eligible. If you defer enrolling in Retiree Health coverage, you can enroll at any time as long as you remain eligible and meet all of the enrollment requirements.

When you enroll at a later date, coverage will begin on the first of the month after the City receives your completed enrollment forms.

At the time of the deferral election the City will calculate the amount of contributions that would have been made towards the retirees healthcare during the deferral period. When the retiree notifies the City to start their contributions, the accumulated balance of the City contributions will be drawn down each month until the contributions have been exhausted.

It should be understood that the accumulated deferred contributions will not purchase the same number of months of healthcare contributions as non-deferred contributions.

When the cost of coverage increases during your deferral period, the City will review your accumulated contributions and calculate the balance of healthcare available; your contributions will not purchase five years of retiree coverage.

## WAIVE COVERAGE

An employee who has waived coverage as an active employee will be allowed to enroll in their choice of retiree medical benefits upon retirement.

A retiree who elects to waive coverage at retirement may reinstate in a retiree medical plan at any time during their five-year City-paid coverage period, for the remaining duration of that period. It should be understood; the remaining time of health coverage is subject to termination at the end of the retiree's five years of city credit coverage.

## SURVIVOR SPOUSE/ DEPENDENT HEALTH BENEFITS

In the event of the death of a retiree with a retiree spouse and or dependent coverage, the survivor can elect to continue coverage for the balance of the five-year retiree coverage in the CAP City Credit Retiree program for so long as they remain eligible.

If the surviving spouse and/or dependent are active City employees, they will be required to enroll in their own respective active health plan; the remaining balance of Retiree Health coverage will be deferred.

If the surviving spouse (dependents are not eligible) later qualifies for Retiree Health coverage they may defer their own Retiree coverage and activate the deferred surviving spouse coverage upon retirement. There will be no reduction in health care benefits for the surviving spouse or, if applicable, their retiree benefits. This may be discussed upon retirement.

## ENROLLMENT POLICY AND PROCEDURES

### Benefit Enrolment for Mid-Year Qualifying Life Events (QLE's)

As per IRS guidelines, all enrollments related to a QLE change must be accompanied by supporting proof of dependent eligibility. QLE documents must be provided to the Benefits Retiree team member within 30 days of the qualifying event. For a birth/adoption qualifying life event, enrollments must be completed within six months of the date of birth; coverage will be retroactive. Enrollments received after six months of birth will not be accepted. **There are no exceptions to the rules.**

The requested QLE change will not be implemented if the required documents are not submitted to the Retiree Benefits team, within the required period. Requested benefit changes requested as a result of a QLE received after this period will not be processed for the current benefit year.

QLEs are only permitted if the change is consistent with the QLE. For example, having a child does not permit the retiree to add a spouse.

Retirees experiencing a QLE will be required to provide the documentation from the **Definitions and Required Documents**

Employees experiencing a QLE will be required to provide documentation from the **Definitions and Required Documents List** (see pages 4 – 6).

Listing of Mid-Year Qualifying Life Events	Benefits Action	Documentation
<b>Marriage</b>	Addition	See Required Documents List page 4 – 6.
<b>Life Partnership</b>	Removal	Life Partner termination statement, signed by both parties
<b>Divorce</b>	Removal	Divorce Decree
<b>Separation</b>	Removal	Statement of separation by attorney, signed by both parties
<b>Birth</b>	Addition	See Required Documents List page 4 – 6.
<b>Adoption</b>	Addition	See Required Documents List page 4– 6.
<b>Legal Guardianship</b>	Addition	See Required Documents List page 4 –6.

<b>Gaining other health coverage or Waive City coverage</b>	Removal	Letter or cert. stating start date of coverage; including type i.e., health, RX, dental etc. and members gaining or currently covered
<b>Losing other health coverage</b>	Addition	Letter or cert. stating start date of coverage loss; including type of loss coverage i.e. health, RX, dental etc. and members losing coverage.

### REQUIRED DOCUMENTATION FOR BENEFITS ELIGIBILITY

In order for a dependent to be covered under the CAP, the employee must provide valid proof of eligibility. To certify eligibility, the employee must provide the required documentation from the Required Documents list below to the retiree team. This information must be provided within the 30day eligibility period. A copy of this documentation will be maintained on file by the retiree health and welfare team.

Please note all Social Security Cards must match the name of enrolled individuals.

#### Dependent Eligibility Verification Documentation

DEPENDENT TYPE	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Spouse	<ul style="list-style-type: none"> <li>• Marriage Certificate, and Social Security Card</li> <li>• Foreign nationals without a social security card must submit a birth certificate, until a social security card can be produced, a social security card must be produced within 12 months of enrollment.</li> </ul> <p><b>AND ONE</b> of the following tax documents:</p> <ul style="list-style-type: none"> <li>• Page 1 and signature page of employee’s current or prior year Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the spouse (<i>it is recommended that all personal financial information is redacted</i>)</li> <li>• Page 1 and certificate of filing or email confirmation of electronic submission of employee’s current and prior year Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the spouse.</li> </ul> <p><b>OR ONE</b> of the following documents (these are some examples) to show marriage is still current (Note: if document lists SPOUSE ONLY the document must reflect an address, and the address must be the same as the address on file for the employee):</p> <ul style="list-style-type: none"> <li>• Current mortgage statement, home equity loan, or lease agreement</li> <li>• Current Property Tax documents</li> <li>• Automobile registration that is currently in effect</li> <li>• Current credit card or account statement</li> <li>• Current utility bill</li> <li>• Assignment of a durable property power of attorney or health care power of attorney</li> <li>• Valid government-issued ID</li> </ul> <p><b>NOTE: “Current” is defined as within the last 12 months.</b></p>

<p><b>Biological (natural) child through age 25</b></p>	<ul style="list-style-type: none"> <li>• Birth Certificate (issued by a state, county, or vital records office) and <b>Social Security Card</b></li> <li>• Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 -months of enrollment.</li> </ul> <p><i><b>NOTE:</b> Both parents’ names must appear on the Birth Certificate. If the employee’s name is not listed on the certificate, then the non-employee who is named on the birth certificate must be linked to the employee through the marriage records submitted.</i></p>
<p><b>Biological (natural) child of a life partner through age 25</b></p>	<ul style="list-style-type: none"> <li>• Birth Certificate (issued by a state, county, or vital records office) and <b>Social Security Card</b></li> <li>• Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 months of enrollment.</li> </ul> <p><i><b>NOTE:</b> Both parents’ names must appear on the Birth Certificate. If the employee’s name is not listed on the certificate, then the non-employee who is named on the birth certificate must be linked to the employee through the marriage records submitted.</i></p>
<p><b>Adopted child through age 25</b></p>	<p><b>ONE</b> of the following legal documents and <b>Social Security Card</b>:</p> <ul style="list-style-type: none"> <li>• Certificate of adoption (court documents) signed by a judge showing that the employee has adopted the child.</li> <li>• Certified copy of the Placement Report or Petition for Adoption from the adoption agency showing intent to adopt.</li> <li>• International adoption papers from country of adoption</li> <li>• Birth Certificate (issued by a state, county or vital records office naming the adopted parents)</li> <li>• Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 -months of enrollment.</li> </ul>
<p><b>Stepchild through age 25</b></p>	<p><b>BOTH</b> of the following documents and <b>Social Security Card</b>:</p> <ul style="list-style-type: none"> <li>• Marriage Certificate (indicating stepchild’s biological parent is married to employee)</li> <li>• Birth Certificate of stepchild (issued by a state, county or vital records office) listing spouse.</li> <li>• Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 -months of enrollment.</li> </ul>
<p><b>Legal court ordered child through age 25</b></p>	<ul style="list-style-type: none"> <li>• Court Order signed by a judge verifying legal custody of the child and <b>Social Security Card</b></li> <li>• Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 -months of enrollment.</li> </ul>
<p><b>Non-custodial child for whom the CAP has received a Qualified Medical Child Support Order</b></p>	<p><b>ONE</b> of the following documents and <b>Social Security Card</b>:</p> <ul style="list-style-type: none"> <li>• Court Order signed by a judge.</li> <li>• Medical Support Order issued by a state agency.</li> </ul>

	<ul style="list-style-type: none"> <li>Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 -months of enrollment.</li> </ul>
<p><b>Disabled child [over age 26]</b></p>	<p><b>ALL</b> of the following and <b>Social Security Card</b>:</p> <ul style="list-style-type: none"> <li>You must submit the required document(s) for the appropriate dependent category above, as proof that the child is your or your spouse.</li> <li>Current government-issued ID or document showing eligibility for Social Security Income (SSI) or Social Security Disability Income (SSDI)</li> <li>Approved Disabled Child Form from the medical insurance carrier/administrator.</li> <li>Foreign nationals without social security cards may use birth certificate <b>only</b> until a social security card is secured. A social security card must be produced within 12 -months of enrollment.</li> </ul>

**RESOURCES TO OBTAIN DOCUMENTS**

**NOTE: If your legal documents are in a foreign language, please include a notarized translation in English.**

- Birth Certificates & Marriage Licenses: <http://www.cdc.gov/nchs/w2w.htm> (click on your State for details).
- Children born outside the United States: [http://travel.state.gov/passport/get/first/first\\_825.html](http://travel.state.gov/passport/get/first/first_825.html)
- Approved Disabled Child Form: Contact Independence Blue Cross at 1-800 ASK-BLUE (275-2583).

10-2025 mgj

# Blue Distinction® and Blue Distinction Centers+

## Pennsylvania

### Philadelphia County

**Albert Einstein Medical Center**  
5501 Old York Rd  
Philadelphia, PA 19141

- Cardiac Care+
  - Hospital
- Knee and Hip Replacement
  - Hospital
- Spine Surgery+
  - Hospital
- Transplants - Solid Organ
  - Adult Kidney Deceased
- Transplants - Solid Organ
  - Adult Kidney Living

**Chestnut Hill Hospital**  
8835 Germantown Avenue  
Philadelphia, PA 19118

- Bariatric+
  - Comprehensive Center

**Childrens Hospital of Philadelphia**  
3401 Civic Center Boulevard  
Philadelphia, PA 19104

- Transplants - Bone Marrow
  - Pediatric Bone Marrow
- Transplants - Solid Organ
  - Pediatric Liver

**Hospital of the University of Pennsylvania**  
3400 Spruce St  
Philadelphia, PA 19104

- Bariatric
  - Comprehensive Center
- Cardiac Care+
- Maternity Care
- Spine Surgery+
  - Hospital
- Transplants - Bone Marrow
  - Adult Bone Marrow
- Transplants - Solid Organ
  - Adult Heart
- Transplants - Solid Organ
  - Adult Kidney Deceased
- Transplants - Solid Organ
  - Adult Kidney Living
- Transplants - Solid Organ
  - Adult Liver Deceased
- Transplants - Solid Organ
  - Adult Liver Living
- Transplants - Solid Organ
  - Adult Lung

**Pennsylvania Hospital**  
800 Spruce Street  
Philadelphia, PA 19107

- Bariatric
  - Comprehensive Center
- Knee and Hip Replacement+
  - Hospital
- Maternity Care
- Spine Surgery+
  - Hospital

**Presbyterian Medical Center**  
51 N 39th St  
Philadelphia, PA 19104

- Bariatric
  - Comprehensive Center
- Cardiac Care+
- Spine Surgery+
  - Hospital
- Substance Use Treatment

**Temple University Hospital, Inc.**  
7600 Central Ave  
Philadelphia, PA 19111

- Bariatric
  - Comprehensive Center

**Temple University Hospital, Inc.**  
3401 North Broad Street  
Philadelphia, PA 19140

- Bariatric+
  - Comprehensive Center
- Transplants - Bone Marrow
  - Adult Bone Marrow
- Transplants - Solid Organ
  - Adult Heart
- Transplants - Solid Organ
  - Adult Kidney Deceased
- Transplants - Solid Organ
  - Adult Kidney Living
- Transplants - Solid Organ
  - Adult Lung

**The Consortium Inc Main Site**  
451 S University Ave  
Philadelphia, PA 19104

- Substance Use Treatment

**Thomas Jefferson University Hospitals Inc**

111 South 11th Street  
Philadelphia, PA 19107

- Bariatric+
  - Comprehensive Center
- Cardiac Care+
- Knee and Hip Replacement
  - Hospital
- Maternity Care
- Transplants - Bone Marrow
  - Adult Bone Marrow
- Transplants - Solid Organ
  - Adult Heart
- Transplants - Solid Organ
  - Adult Kidney Deceased
- Transplants - Solid Organ
  - Adult Kidney Living

**TJUH - Methodist Hospital**

2301 S Broad St  
Philadelphia, PA 19148

- Bariatric
  - Comprehensive Center

**University of Pennsylvania, Penn Fertility Care**

3701 Market St, Suite 730  
Philadelphia, PA 19104

- Fertility

**Bucks County**

**Doylestown Hospital**

595 W State St  
Doylestown, PA 18901

- Cardiac Care+
- Knee and Hip Replacement+
  - Hospital
- Spine Surgery
  - Hospital

**Grand View Hospital**

700 Lawn Avenue  
Sellersville, PA 18960

- Bariatric+
  - Comprehensive Center
- Knee and Hip Replacement+
  - Hospital
- Maternity Care+

**Jefferson Health Northeast**

380 North Oxford Valley Road  
Langhorne, PA 19047

- Knee and Hip Replacement+
  - Hospital

**Penn Foundation Recovery Center**

807 Lawn Avenue  
Sellersville, PA 18960

- Substance Use Treatment

**Rothman Orthopaedic Specialty Hospital**

3300 Tillman Drive  
Bensalem, PA 19020

- Knee and Hip Replacement+
  - Hospital

**St Mary Medical Center**

1201 Langhorne Newtown Rd  
Langhorne, PA 19047

- Spine Surgery+
  - Hospital
- Knee and Hip Replacement+
  - Hospital

**Chester County**

**Chester County Hospital**

701 East Marshall Street  
West Chester, PA 19380

- Cardiac Care+
- Knee and Hip Replacement+
  - Hospital
- Maternity Care+

**Main Line Hospitals, Inc - Paoli Memorial**

255 W Lancaster Ave  
Paoli, PA 19301

- Knee and Hip Replacement+
  - Hospital
- Maternity Care+

**Phoenixville Hospital**

140 Nutt Road  
Phoenixville, PA 19460

- Knee and Hip Replacement
  - Hospital

**Recovery Centers of America At Devon**

235 W Lancaster Ave  
Devon, PA 19333

- Substance Use Treatment

## Delaware County

**Crozer Chester Community Division**  
301 W. 15th Street  
Chester, PA 19013

- Substance Use Treatment
- Bariatric+
  - Comprehensive Center
- Substance Use Treatment

**Delaware County Memorial Hospital**  
501 N Lansdowne Ave  
Drexel Hill, PA 19026

- Knee and Hip Replacement+
  - Hospital

**Mercy Fitzgerald Hospital**  
1500 Lansdowne Ave  
Darby, PA 19023

- Bariatric+
  - Comprehensive Center

**Mirumont Treatment Center**  
100 Yearsley Mill Road  
Media, PA 19063

- Substance Use Treatment

**Providence Treatment**  
1223 N Providence Rd  
Media, PA 19063

- Substance Use Treatment

**Riddle Memorial Hospital**  
1068 W Baltimore Pike  
Media, PA 19063

- Knee and Hip Replacement+
  - Hospital
- Maternity Care+
- Spine Surgery+
  - Hospital

## Montgomery County

**Abington Memorial Hospital**  
1200 Old York Rd  
Abington, PA 19001

- Bariatric+
  - Comprehensive Center
- Cardiac Care+
- Knee and Hip Replacement+
  - Hospital
- Maternity Care+
- Spine Surgery+
  - Hospital

**Abington Reproductive Medicine, Abington IVF and Genetics, Toll Center for Reproductive Sciences**  
Arches Bldg, 1200 Old York Rd, 2nd Floor  
Abington, PA 19001

- Fertility

**Albert Einstein Medical Center**  
60 Township Line Rd  
Elkins Park, PA 19027

- Bariatric+
  - Comprehensive Center

**Einstein Medical Center Montgomery**  
559 W Germantown Pike  
East Norriton, PA 19403

- Bariatric+
  - Comprehensive Center
- Cardiac Care+
- Knee and Hip Replacement+
  - Hospital

**Holy Redeemer Hospital Medical Center**  
1648 Huntingdon Pike  
Meadowbrook, PA 19046

- Maternity Care+
- Spine Surgery+
  - Hospital

**Huntingdon Valley Surgery Ctr (ASC)**  
1800 Byberry Rd  
Huntingdon Valley, PA 19006

- Knee and Hip Replacement+
  - ASC

**Lankenau Hospital**  
100 Lancaster Avenue  
Wynnewood, PA 19096

- Cardiac Care+
- Knee and Hip Replacement
  - Hospital

**Lansdale Hospital**  
100 Medical Campus Drive  
Lansdale, PA 19446

- Knee and Hip Replacement+
- Spine Surgery
  - Hospital

**Main Line Fertility and Reproductive Medicine**  
825 Old Lancaster Rd, Suite 170  
Bryn Mawr, PA 19010

- Fertility

**Main Line Hospitals, Inc - Bryn Mawr**  
130 South Bryn Mawr Ave  
Bryn Mawr, PA 19010

- Bariatric+
  - Comprehensive Center
- Knee and Hip Replacement+
  - Hospital

**Physicians Care Surgical Hospital**  
454 Enterprise Dr  
Royersford, PA 19468

- Knee and Hip Replacement+
  - Hospital

**Pottstown Hospital**  
1600 East High Street  
Pottstown, PA 19464

- Knee and Hip Replacement+
  - Hospital

**Reproductive Medicine Associates of Philadelphia**  
625 Clark Ave, Suite 17B  
King of Prussia, PA 19406

- Fertility+

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association



3957300 (10/25)

**THE CITY OF PHILADELPHIA  
GROUP HEALTH PLANS  
JOINT NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.***

**IMPORTANT: Receipt of this Notice does not mean you are eligible for or enrolled under any of the Plans. Eligibility and enrollment are determined by the Plan documents and your elections.**

**1. Why am I receiving this Notice?**

Under the City of Philadelphia Flex Plan, the City of Philadelphia (“City”) provides certain group health benefits that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). These group health benefits include:

- Medical Coverage Benefits;
- Prescription Coverage Benefits;
- Dental Coverage Benefits;
- Vision Coverage Benefits;
- Health Care Flexible Spending Account Benefits;
- Employee Assistance Plan Benefits; and
- Wellness Benefits.

The City also sponsors certain group health plans for retirees that are subject to HIPAA. These plans include:

- The City of Philadelphia Medical Plan for Retirees;
- The City of Philadelphia Prescription Drug Plan for Retirees;
- The City of Philadelphia Dental Plan for Retirees; and
- The City of Philadelphia Vision Plan for Retirees;

Together these health benefits and plans will be referred to in this Notice as the “Plans” and individually they will be referred to as a “Plan”. For purposes of HIPAA compliance, the Plans operate as an organized health care arrangement (“OHCA”). This allows the City to have one

notice and one set of policies and procedures encompassing all the City’s health benefit plans that are part of the OHCA. Each Plan that is part of the OHCA may disclose protected health information about you to another Plan that is part of the OHCA for payment and health care operations activities of the Plans.

In addition, the City of Philadelphia Flex Plan is a hybrid entity under HIPAA. This means that this Notice shall only apply and be interpreted to apply to those portions of the Flex Plan identified above that are subject to the HIPAA Privacy Rule as a group health plan.

Some of the Plans are self-insured by the City, which means the City assumes the financial risk of paying for the Plan benefits, and some of the Plans are insured by an insurance company that assumes the financial risk. To the extent you are enrolled in a Plan or option under a Plan that is not self-insured by the City, you may receive a separate privacy notice from your insured Plan or option. That notice will apply to the insurer’s privacy practices.

HIPAA protects the privacy and security of your personal health information that is created, used, maintained, or disclosed by the Plans. The Plans are required by law to:

- Maintain the privacy and security of your protected health information in their possession.

- Provide you with this Notice describing the Plans’ legal duties and privacy practices and your rights concerning your PHI;

- Follow the duties and practices described in this Notice; and

- Notify you if a breach occurs that compromises the privacy or security of your PHI.

## **2. What is Protected Health Information (PHI)?**

Protected Health Information, sometimes referred to as PHI, is any information created, received or maintained by a Plan that relates to the past, present or future physical or mental health or condition of an individual or the past, present or future provision of and/or payment for the provision of health care to an individual and which identifies (or may be used to identify) an individual. PHI includes information that may appear on paper or in any other form. It does not include employment records held by the City in its role as employer.

## **3. How do the Plans typically use or disclose my PHI?**

The Plans, and the individuals who administer them, may use, receive, or disclose your protected health information, without obtaining a written authorization from you, to assist in your treatment, to evaluate and pay claims for health care services, and to conduct health care operations. These activities cover a broad range of functions. Specific examples of the ways in which your PHI may be used and disclosed for these purposes are set forth below. This list is representative only and does not include every use and disclosure that is permitted under each category.

For Treatment. The Plans may disclose your PHI to your providers for treatment. For example, a doctor treating you for a particular condition may need to obtain information from a Plan about

prior treatment of you for a similar or different condition, including the identity of the health care provider who treated you previously.

For Payment. The Plans may use and disclose your PHI to calculate premiums, to determine or fulfill their responsibility for covering and providing benefits under the Plans, and to obtain reimbursement and pay for health care you have received. Activities related to this purpose may include determining eligibility for benefits, making coverage determinations, administering claims, and utilization review activities. For example, a physician submits an authorization to a Plan prior for your hospital visit for knee surgery for the Plan to evaluate the authorization and grant coverage approval prior to the service being rendered. A Plan may send explanations of benefits (EOBs) and other claim denials to the employee or former employee who is enrolled in the Plan.

For Health Care Operations. The Plans may use and disclose your PHI for certain operational purposes. Such activities may include conducting quality assessment to ensure that members of the Plans receive quality care, case management and care coordination, credentialing health care providers, underwriting and obtaining a contract of insurance, obtaining stop-loss insurance, business planning and development, customer service, resolving internal grievances, and general administrative functions. For example, the Plans may use your PHI to verify enrollment information and to perform audits. PHI may also be used to provide you with the opportunity to participate in certain activities under a disease management program to the extent these features are available now or in the future under the Plans.

If applicable to your circumstances, the Plans may use and disclose your PHI to contact you and to tell you about treatment alternatives or information about other health-related benefits and services that may be relevant to you and to provide you with appointment (or treatment) reminders.

Under certain terms and conditions, the Plans (and the HMOs or insurers offering benefits under the Plans) may disclose your protected health information to the City as the Plan sponsor. Ordinarily, these disclosures are limited to enrollment information and information necessary for the administration of the Plans. The Plan documents identify by position the specific employees or other individuals who are authorized to have access to or receive your protected health information for plan administration purposes. The City cannot use your protected health information obtained from the Plans for any employment-related actions without your authorization.

The Plans contract with other businesses and individuals for certain plan administrative services. Each of these “business associates” may obtain, create, use, and disclose your health information for purposes of performing services for or on behalf of the Plans so long as the business associate agrees in writing to protect the privacy of your information and meet certain other specified requirements. Certain business associates may also use and disclose PHI for their own management, administrative, and legal responsibilities (and for purposes of aggregating data with data obtained from other clients for evaluation of Plan design issues and other appropriate Plan purposes).

The Plans may use or disclose PHI for underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of contracts for health insurance. However, a Plan may not use or disclose any genetic information of an individual for these purposes.

A Plan may disclose PHI to health care providers, to health plans outside this OHCA, and to

health care clearinghouses (companies that translate electronic health information from one format to another) for purposes of their own payment or certain health care operation services (such as quality assurance, case management, care coordination, licensing, credentialing and the detection of fraud and abuse).

#### 4. How else may the Plans use or disclose my PHI?

The Plans are also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

When required to do so by law;

For certain public health activities (such as reporting for COVID-19 or other disease outbreaks);

For reporting abuse, neglect, or domestic violence to government authorities authorized by law to receive such information;

To a health oversight agency for the purpose of conducting health oversight activities authorized by law;

In the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request, or other lawful process;

To a law enforcement official for certain law enforcement purposes, such as providing limited information to locate a missing person or report a crime;

To a coroner, medical examiner, or funeral director for purposes of carrying out his or her duties;

To organ donation organizations to facilitate donations and transplants of organs, eyes, and tissues;

For research purposes, such as research related to the prevention of disease or disability, if the research study meets requirements designed to protect your privacy;

To avert a serious threat to the health or safety of you or any other person;

For specified government functions, such as military or veterans' activities, national security, or intelligence activities, and your care if you are imprisoned;

As authorized by and to the extent necessary to comply with laws and regulations related to workers' compensation or similar programs;

To persons involved in your care or who help pay for your care, such as a family member, or to a disaster relief organization, if you are unavailable or unable to object and we believe the disclosure is in your best interest.

The Plans **are required to** disclose PHI about you when:

You or your personal representative requests it; or

The U.S. Department of Health and Human Services requests information to assess whether the Plans are complying with privacy laws.

## 5. When will the Plans ask my permission to use or disclose my PHI?

In any circumstances not described in this Notice, the Plans will not use or disclose your PHI unless you authorize the use or disclosure in writing. For example, the Plans will obtain your authorization to market (or allow other parties to market) products and services to you or to sell your PHI to a third party. The Plans will also obtain your consent for most uses or disclosures of psychotherapy notes and for disclosures of your PHI that are considered a sale of PHI under HIPAA.

Your authorization is not required for uses or disclosures of psychotherapy notes that are necessary for treatment, payment, or health care operations, including the use, by the originator of the psychotherapy notes, for treatment, or the use or disclosure of that information for training purposes as provided by law. The Plans may also use and disclose these notes to defend against litigation or other legal proceeding brought by you or on your behalf.

You can choose to allow the Plans to share your PHI with persons involved in your care or who help pay for your care, such as family members and friends. We will ask you if you want us to share your PHI and give you an opportunity to object, unless the circumstances clearly indicate you would like us to share your PHI with a person involved in your care or payment for your care. The Plans may also advise a family member or close friend about your location (for example, that you are in the hospital) or death, unless other laws would prohibit such disclosures. In these situations, when you are present and not incapacitated, the Plans will either: (1) obtain your agreement, (2) provide you with an opportunity to disagree to the use or disclosure, or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Plans may use professional judgment to determine that the disclosure is in your best interest and disclose PHI relevant to a person's involvement with your care, payment related to your health care, or for notification purposes. If you are deceased, the Plans may disclose to individuals involved in your care or payment for your health care prior to your death the PHI that is relevant to that individual's involvement, unless you have previously instructed the Plans otherwise.

## 6. **If you have a legally designated personal representative, the Plan will provide your PHI to the extent that person is legally authorized to act on your behalf. Explanations of Benefits (EOBs) and other claim denials will continue to be sent to the subscriber (employee or former employee who enrolls in a Plan). How do I authorize the release of my PHI from a Plan?**

You will need to complete and sign a written authorization form. Once you give us the authorization to release your information, we cannot guarantee that the person who receives the information will not further disclose it. You may take back or "revoke" your authorization, in writing, at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken. To find out where to deliver your authorization and how to revoke an authorization, contact the Information Contact Identified in Item 10.

**7. Are there other laws that further restrict how my PHI may be used or disclosed by the Plans?**

Under certain circumstances, Pennsylvania, local, and federal laws place stricter privacy restrictions on the use and disclosure of certain types of sensitive health information, including but not limited to: (1) HIV/AIDS status; (2) information relating to the diagnosis and treatment for mental health, intellectual disability, substance use disorders, reproductive health care information, and communicable diseases; and (3) counseling notes. Generally, these laws permit the use and disclosure of these types of sensitive health information for such purposes as treatment and payment of health care claims, but otherwise require health care providers, and sometimes others, to keep that information confidential unless you consent to disclosure.

Your authorization is required for uses or disclosures of records relating to substance use disorder that are necessary for treatment, payment, or health care operations (“TPO”). A one-time authorization allows the Plan to make any future uses or disclosures necessary for TPO purposes.

Any substance use disorder disclosures related to defending judicial (civil or criminal) or administrative proceedings, as well as disclosures related to counseling notes, require additional authorization. Any authorizations for these purposes cannot be combined with an authorization for TPO purposes.

As explained more fully below, you may be able to request a Plan to restrict its uses and disclosures made for purposes of payment or health care operations where you have paid for the health care item or service entirely out of your own pocket. If you have any questions about a Plan’s use and disclosure of sensitive health information, please contact the person identified as the Information Contact in Item 10 or, where applicable, the customer service telephone number appearing on the back of your health benefits card.

**8. What are my individual rights with respect to my PHI?**

You have the right to:

See and get a copy of your health and claims records and other health information about you held by a Plan in a designated record set. You will generally receive a response to your request within 30 days. In certain situations, your request to see and copy your PHI may be denied. For example, you may not get access to information compiled in reasonable anticipation of a trial or administrative proceeding.

Request that a Plan correct certain of your records if you believe the information is incorrect or incomplete. We may say no to your request, but we will tell you why in writing within 60 days.

Receive a list (accounting) of times a Plan has shared your health information, who it shared it with, and why. We will include all disclosures except those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked the Plan to make). A Plan does not need to account for disclosures that occurred either before the Plan became a self-insured Plan of the City or more than six years before your request, whichever occurred later.

Get a paper copy of this Notice at any time, even if you previously received it electronically or elected to receive it electronically.

Be notified of an unauthorized acquisition, access, use, or disclosure of your PHI that compromises the security or privacy of the PHI.

Ask a Plan to restrict its uses and disclosures of your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan is not generally required to agree to a requested restriction. However, the Plan must follow your request to restrict disclosures made for purposes of payment or health care operations where you have paid for a health care item or service entirely out of your own pocket.

Ask a Plan to contact you in a specific way (for example, on your home or office phone) or to send mail to a different address. A Plan will consider all reasonable requests and must say “yes” if you say you would be in danger if it does not. You will need to renew this request upon a change in your Plan options or administrators.

Certain administrative rules may apply to these individual rights. For example, you may be required to submit a request in writing or on a prescribed form, and you may be charged the cost of copying and postage. Your right to make a request does not necessarily mean that your request will be approved. Where a response to your request is appropriate, it will ordinarily be provided to you in writing.

### **9. How do I make a complaint if I think my rights have been violated?**

You can complain if you feel any Plan has violated your rights by contacting us at the address listed below. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, as described at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

### **10. Who Is the Plan’s Information Contact?**

If you would like more information about the Plans’ privacy practices or would like to exercise any of your rights (such as your right to request a copy of your health information), you may contact:

City of Philadelphia  
Office of Human Resources – Health and Welfare Benefits  
Attn: GHP HIPAA Privacy Officer  
Two Penn Center Plaza  
1500 J. F. Kennedy Blvd., 16<sup>th</sup> Floor  
Philadelphia, PA 19102  
Telephone: 215-686-0612

If you wish to complain about how a Plan is handling your protected health information, you may contact:

City of Philadelphia  
HIPAA Privacy Officer  
1515 Arch Street, 15th floor  
Philadelphia, PA 19102  
HIPAAprivacy@phila.gov

**11. What is the effective date of this Notice?**

This Updated Notice is effective on November 6, 2025

**12. Can this Notice be changed?**

We can change the terms of this Notice at any time, and the changes will apply to all PHI we maintain. Any time the Notice is materially changed, we will provide you with a copy.

## Beneficiary Designation



Securian Life Insurance Company • Minnesota Life Insurance Company  
Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

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### INSTRUCTIONS:

1. Clearly print or type the information.
2. Sign and date the completed form.
3. Attach and submit on: [www.LifeBenefits.com/contactus](http://www.LifeBenefits.com/contactus)  
Or Fax to: 651-665-4827  
Or Mail to: Securian Financial Group, Inc.  
PO Box 64086  
St Paul, MN 55164-0086

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### GENERAL BENEFICIARY INFORMATION:

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%.
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

CONTINUE ON TO NEXT PAGE

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

## Beneficiary Designation

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name <b>City of Philadelphia</b>		Policy number <b>34021</b>
Insured's name (first, middle initial, last)		ID (or last four of SSN)
Address (street, city, state, zip)		Email address
Insured's date of birth	Policyowner (if different than insured)	Policyowner's phone number

**This designation applies to all coverages.**

**PRIMARY BENEFICIARY(IES)** - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	

**Total Primary Shares Must Equal 100%**

**CONTINGENT BENEFICIARY(IES)** - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip)		Relationship to insured	

**Total Contingent Shares Must Equal 100%**

**SIGNATURE REQUIRED** - This beneficiary revokes all prior designations.

Policyowner's signature <b>X</b>	Date
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