



## **New Hire Employee Benefits Guide Plan Year 2026**

---

This Open Enrollment Guide provides you with all you need to know to allow you to make informed benefit choices for you and your family in 2026

Email:  
[Benefits.info@mesaaz.gov](mailto:Benefits.info@mesaaz.gov)

Phone:  
(480)644-2299

Website:  
[www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits)



## Contents

YOUR BENEFITS GUIDE .....	3
WHO CAN YOU COVER UNDER YOUR BENEFIT PLANS?.....	3
REVIEW YOUR LIFE INSURANCE BENEFICIARIES REGULARLY .....	4
KEEP YOUR CONTACT INFORMATION CURRENT USING EMPLOYEE SELF SERVICE (ESS) .....	4
SPECIAL QUALIFYING EVENT ENROLLMENT (AKA "MID-YEAR" ENROLLMENT).....	4
MEDICAL AND PRESCRIPTION DRUG BENEFIT HIGHLIGHTS AND RATES .....	4
DENTAL PLAN BENEFIT HIGHLIGHTS AND RATES .....	5
VISION CARE BENEFIT HIGHLIGHT AND RATES .....	5
FLEXIBLE SPENDING ACCOUNTS (FSA) - HEALTH AND DEPENDENT CARE .....	5
GROUP TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE .....	7
BUSINESS TRAVEL ACCIDENT/COMMUTER TRAVEL ACCIDENT (BTA) INSURANCE .....	9
SHORT TERM DISABILITY (STD) INSURANCE.....	9
CONTACTS .....	10



## YOUR BENEFITS GUIDE

The employee benefit programs described in this Guide are effective January 1, 2026. Take the time to familiarize yourself with benefit options, eligibility rules, and costs. This Guide provides you with important summary and highlights about City of Mesa's benefit programs so you can make the best plan choices for your and your family's needs in 2025. Every attempt has been made to ensure the accuracy of the information in this Guide. It provides general information on programs and summaries of benefits offered to city employees and their dependents. All information is subject to change and is not a guarantee of benefits.

For more detailed information about benefit programs, including eligibility and coverage, exclusions and limitations, please refer to the City of Mesa Plan Document /Summary Plan Description ["Plan Document"] available at [www.mesaaz.gov/benefits](http://www.mesaaz.gov/benefits). If there is a difference between this Guide, our benefits website information and any other benefits-related publications and the Plan Document (or under policies/certificates), the Plan Document (or underlying policies/certificates) will prevail.

## WHO CAN YOU COVER YOUR BENEFIT PLANS?

Eligible dependents include:

- A legally married spouse
- A committed partner as defined under the City's Plan Document
- Child(ren) up to age 26:
  - Natural born children
  - Stepchildren (natural born or adopted children of your spouse/committed partner)
  - Adopted or legally placed for adoption children of you and/or your spouse/committed partner
  - Child (up to age 18) for whom the employee and/or the employee's spouse/committed partner has obtained a court-ordered and current foster or legal guardianship status
  - Disabled adult children over age 26 with current social security award eligibility, who are natural born, adopted, adult foster or adult legal guardianship status of employee and/or spouse/committed partner

When you first enroll/re-enroll a dependent, you must provide proof of dependent status, which may include the following:

- For legal spouse: marriage certificate
- For Children:
  - Birth certificate and,
    - Marriage Certificate for spouse for stepchildren or,
    - Legal or Court documents for adoption, foster, legal guardianship children or,
    - Current social security award determination (or documentation that proves eligibility for such) for adult *disabled children*

For Committed Partners, you must provide proof of status upon initial enrollment, and during every Open Enrollment period thereafter, which includes the following: Affidavit of Committed Partnership and two documents that verify joint address and financial inter-dependence.



## **REVIEW YOUR LIFE INSURANCE BENEFICIARIES REGULARLY**

You will see information in later sections about Life Insurance, Accidental Death and Dismemberment Insurance and Business Travel Accident/Commuter Travel Accident Insurance. If you are eligible for any of these coverages, take a moment to review your beneficiaries regularly and make any needed updates. This protects both you and your beneficiaries' rights under these various insurance programs. You can use eBenMesa to make beneficiary changes at any time throughout the year.

## **KEEP YOUR CONTACT INFORMATION CURRENT USING EMPLOYEE SELF SERVICE (ESS)**

Our insurance administrators and carriers rely on your contact information being up to date. We provide them with the address information you provided in ESS. If your information is not current, you may miss time-sensitive and important benefit information which may include Explanation of Benefits, denied claims, precertification approvals or denials, etc. Additionally, as we move towards the end of the year, various payroll and benefit tax forms may be mailed to you using your ESS contact information.

## **SPECIAL QUALIFYING EVENT ENROLLMENT (AKA "MID-YEAR" ENROLLMENT)**

If you do not enroll in benefits during an initial eligibility period or during an Open Enrollment period, you are not able to enroll until the next Open Enrollment period unless you experience a Special Qualifying Event or "mid-year" status change. These changes must generally be made/notified within 31 days of the qualifying event. Common qualifying events include:

- Marriage
- Divorce
- Gain of child(ren)
- Qualified Medical Support Court Order
- Loss of eligibility (child turns 26 or age 18 if previously a foster or legal guardianship child)
- Death of a dependent
- Loss of other health insurance coverage

If you have questions on qualifying events, see the Plan document, visit the Benefits website, or call the Benefits Department at 480-644-2299.

## **MEDICAL AND PRESCRIPTION DRUG BENEFIT HIGHLIGHTS AND RATES**

You have the option to choose from three medical plan design options that are each Preferred Provider Organization (PPO) Plans with Cigna administration and Open Access Plus (OAP) provider (national) network: Basic Medical Plan, Choice Medical Plan and Copay Medical Plan.

Prescription drug benefits are administered within these medical plans by MedImpact Healthcare Systems, who provide access to all the major pharmacy chains and many independent pharmacies in the prescription provider network. Mail Order and Specialty Pharmacy are also available.

Specialty Drug Advocacy Services are available through PaydHealth who coordinates with MedImpact to determine patient eligibility for alternative funding and dispensing for many very high-cost Specialty medications. Participation is mandatory and outcomes can result in significant savings to both the patient and the Plan.



## 2026 ACTIVE EMPLOYEE RATES - MEDICAL (Monthly)

	SINGLE COVERAGE	FAMILY COVERAGE
<b>BASIC BENEFIT PLAN</b>	\$18	\$36
<b>CHOICE BENEFIT PLAN</b>	\$178	\$396
<b>COPAY BENEFIT PLAN</b>	\$267	\$806

## DENTAL PLAN BENEFIT HIGHLIGHTS AND RATES

The City of Mesa offers three Dental Plan options: Preventive Dental Plan, Dental Choice Plan and the Dental Choice Plus Plan. Dental Plans are administered by Delta Dental of Arizona (DDAZ) and use the DDAZ PPO provider network and the extended Delta Dental Premier Network. Dental benefit levels are the same in and out-of-network; however, if you use in-network dental providers, your benefits are calculated off discounted dental provider charges rather than full billed charges for covered dental services and this will save both you and the plan money.

## 2026 ACTIVE EMPLOYEE RATES - DENTAL (Monthly)

	SINGLE COVERAGE	FAMILY COVERAGE
<b>DENTAL PREVENTATIVE PLAN</b>	\$0.00	\$6.00
<b>DENTAL CHOICE PLAN</b>	\$9.50	\$34.00
<b>DENTAL CHOICE PLUS PLAN</b>	\$24.50	\$114.00

## VISION CARE BENEFIT HIGHLIGHT AND RATES

VSP is our vision care insurance provider for annual eye exams/refractions and vision materials purchases. You can choose one of three plans offered that will best meet your needs: Basic Vision, Vision Plus or Vision Premium Plus.

The three plans differ primarily in the frequency with which you can receive materials purchases and some differences in allowances and copays or enhancements on vision materials.

## 2026 ACTIVE EMPLOYEE - VISION (Monthly)

	SINGLE COVERAGE	FAMILY COVERAGE
<b>VISION BASIC PLAN</b>	\$1.00	\$8.15
<b>VISION PLUS PLAN</b>	\$5.66	\$20.95
<b>VISION PREMIER PLUS PLAN</b>	\$9.57	\$31.73

## FLEXIBLE SPENDING ACCOUNTS (FSA) - HEALTH AND DEPENDENT CARE

FSAs are an opportunity for you to have pre-tax dollars withheld from your paycheck every pay period to pay for eligible healthcare or dependent care (child day care or dependent elder care) expenses. These accounts administered by Navia Benefit Solutions are a great way to save money for eligible expense reimbursements and lower your taxable income.

Participation in FSA's **requires enrollment during initial enrollment eligibility, and each year thereafter during the Open Enrollment period.** Enroll in the Healthcare FSA if you want to use the account to pay for eligible out-of-pocket medical expenses. Enroll in the Dependent Care FSA if you want to use the account to pay for eligible dependent care expenses.



FSAs are “use it or lose it” accounts, which means you’ll forfeit any amount left in the account at the end of the plan year. ***This means you must plan and estimate your enrolled amounts with care.*** Healthcare FSA’s have limited rollover eligibility from one plan year to the next, but to rollover eligible amounts from a prior plan year, you must be enrolled in a current year plan.

You cannot transfer funds from a Dependent Care FSA account to a Healthcare FSA account or vice versa.

## HEALTHCARE FSA

With the Healthcare FSA, you can use funds to pay for eligible out-of-pocket expenses for medical, dental and vision care such as copays, coinsurance, and deductibles for you and your dependents. You may also pay for medical supplies and equipment, prescription drugs, orthodontia, eyeglasses, contact lenses and more. Exceptions – you cannot use FSA funds for cosmetic or general health and well-being services.

Your Healthcare FSA debit card will be loaded with your annual election amounts on January 1<sup>st</sup>. Any eligible rollover amounts are loaded generally by late February each year. The minimum annual election amount for Healthcare FSA is **\$100**, and the maximum is **\$3,300**. Eligible expenses for 2026 must be incurred from January 1, 2026, through December 31, 2026. This means that you can only use your Healthcare FSA debit card to pay for services that occur in 2026. If you are on a payment plan for a surgery or procedure that occurred in 2025 or earlier, you cannot use 2026 funds for this payment plan. The deadline to submit receipts for reimbursement for expenses incurred in 2026, is March 31, 2027.

Remember, plan carefully because unused funds at the end of the planned year will be forfeited. One exception to this rule is the **\$660** healthcare FSA rollover feature. This feature allows you to carry over up to **\$660** of unused funds from the 2026 plan year into the 2027 plan year, providing you enroll for a Health FSA Account for the 2027 calendar year.

An important FSA responsibility you need to keep in mind if you have a Health FSA account is substantiation requirements. This means action is required on your part to prove/document that your Healthcare FSA debit card purchases are true eligible expenses under IRS guidelines for yourself and your qualified tax dependents. You will need to substantiate to Navia Benefit Solutions when they alert you. A substantiation request means you need an itemized statement/bill/invoice or EOB from your provider that includes all the following elements:

1. Date and place of service/product purchase
2. Description of services/products provided
3. To whom the services/products were provided
4. Cost/Charge for those services.

Documentation that does not provide all four elements is not adequate substantiation (e.g., a cash register receipt). If you do not effectively substantiate your FSA debit card purchases, you will be required to pay the money back to Navia Benefit Solutions so that you and the Plan remain compliant with IRS regulations. Note: For most major pharmacies, prescription drug purchases that you use your debit card to pay, are generally “auto substantiated” at time of purchase.

## DEPENDENT CARE FSA

The Dependent Care FSA is a separate account in which you enroll every year to set aside pre-tax money from your paycheck to pay for dependent care expenses. Expenses could include childcare or qualified elder care expenses. The minimum annual amount to enroll is \$100 and the maximum is \$7,500 (depending upon your Federal tax filing status). You may use your Navia debit card to pay for dependent care expenses if your balance meets or exceeds your purchase. Check your dependent



care balance on the Navia portal or mobile app, then swipe your card for not more than your balance. Your Navia debit card may be declined by some daycare providers because they are not an approved vendor. There is no roll-over feature for the Dependent Care FSA, so plan carefully because any unused funds will be forfeited. Pay attention to changes in your dependent care needs throughout the year and if you are no longer paying for childcare or your children's age-out of childcare eligibility etc. be sure to complete a timely drop of our dependent care election, so deductions can cease going forward.

## **GROUP TERM LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

### **BASIC GROUP TERM LIFE AND BASIC AD&D INSURANCE**

The City of Mesa, through The Standard, helps protect your beneficiaries by providing full-time employees with free Basic Life insurance coverage equal to your annual base salary rounded up to the next higher \$1,000. The maximum amount of basic coverage provided is \$500,000.

AD&D insurance provides your beneficiaries with additional protection if loss of life is due to an accident, in which case coverage doubles (an additional amount equal to your Basic Life amount is paid to your beneficiaries). Basic AD&D coverage premiums are paid by the City of Mesa at no cost to you.

You are automatically enrolled in Basic Life and AD&D if you are eligible. Your only responsibility is to keep your beneficiaries current in the eBenMesa application for Beneficiary Designations. Open Enrollment is an ideal time to review and update beneficiaries.

Note: If you are an Elected Official, City Manager or an Executive Pay Plan employee, your coverage levels may vary. See the City of Mesa's Plan Document, MetLife Certificate of Coverage, or contact the Employee Benefits department for more information.

### **VOLUNTARY LIFE AND AD&D**

If you would like to purchase additional protection, The Standard offers Voluntary Life and AD&D Insurance to full-time and part-time benefit eligible employees for you, your spouse/committed partner, and your children.

Voluntary Life insurance coverage for you and your spouse/committed partner is available in \$50,000 increments up to a maximum of \$1,000,000. Coverage amounts for your spouse/committed partner cannot exceed your own Basic and Voluntary Life coverage amounts combined. For example, if you have \$50,000 basic life coverage provided by the City and you are enrolled in Supplemental Life for \$100,000 coverage, then your total amount of life insurance coverage = \$150,000. This \$150,000 is the maximum amount of Voluntary Life Insurance coverage that you can elect for your spouse or committed partner. Some or all your election for your spouse/committed partner is subject to evidence of insurability requirements with The Standard depending upon the timing of when you are enrolling a spouse/committed partner in coverage.

Voluntary Life Insurance for your dependent children up to 26 years of age (age 18 if legal guardian or foster children) can be purchased in increments of \$5,000 up to a maximum of \$20,000.

If you enroll in Voluntary Life Insurance coverage, you and each of your covered family members are automatically enrolled in an equal amount of Voluntary AD&D Insurance coverage. This doubles the coverage if loss of life is due to an accident and provides even more protection for you or your beneficiaries under these circumstances.

### **EVIDENCE OF INSURABILITY REQUIREMENTS**

New hires to the City can purchase Voluntary Life insurance up to \$300,000 (this is called the



Guaranteed Issue amount - GI) with no evidence of insurability requirements (a Statement of Health Form and process) for The Standard. For spouse/committed partner, a new hire can purchase up to \$50,000 coverage without the spouse/committed partner satisfying evidence of insurability. For dependent children, evidence of insurability is not required for any amount of coverage.

During Open Enrollment, you can increase your Voluntary Life insurance coverage without completing a Statement of Health Form/process with The Standard, up to a total of \$50,000 providing the total Voluntary Life coverage remains below \$300,000 and providing you had at least \$50,000 coverage already in place. If your increment amount is more than \$50,000, or your total coverage amount is more than \$300,000, or if you are a late entrant with \$0 Voluntary Life coverage currently, you will need to satisfy evidence of insurability requirements (Statement of Health Form and process with The Standard) before the increased coverage amounts can be activated. Any amount of increase in spouse/committed partner Voluntary Life Insurance coverage during Open Enrollment requires a Statement of Health Form/process. For your dependent children, a Statement of Health form is not required if you choose to add or increase their coverage during Open Enrollment.

## **VOLUNTARY LIFE & AD&D RATES**

Voluntary Life and AD&D rates for you and your spouse/committed partner are based on age as of the first of a calendar year (or age at the time of a new hire enrollment activation).

<b>Age Band</b>	<b>Cost per \$1,000 per Month</b>	<b>Cost per \$10,000/Month</b>
Under 25	<b>\$0.08</b>	<b>\$0.80</b>
25-29	<b>\$0.08</b>	<b>\$0.80</b>
30-34	<b>\$0.10</b>	<b>\$1.00</b>
35-39	<b>\$0.12</b>	<b>\$1.20</b>
40-44	<b>\$0.14</b>	<b>\$1.40</b>
45-49	<b>\$0.20</b>	<b>\$2.00</b>
50-54	<b>\$0.26</b>	<b>\$2.60</b>
55-59	<b>\$0.46</b>	<b>\$4.60</b>
60-64	<b>\$0.70</b>	<b>\$7.00</b>
65-69	<b>\$1.30</b>	<b>\$13.00</b>
70+	<b>\$2.08</b>	<b>\$20.80</b>



Voluntary Life and AD&D rates for children are not based on age but rather based upon the amount of coverage you select.

<b>Amount of Coverage</b>	<b>Monthly Cost of Voluntary Life/AD&amp;D Coverage for Dependent Children</b>
<b>\$5,000</b>	\$0.60
<b>\$10,000</b>	\$1.20
<b>\$15,000</b>	\$1.80
<b>\$20,000</b>	\$2.40
<b>*Monthly rates cover all eligible children-whether 1 or multiple children.</b>	

## **BUSINESS TRAVEL ACCIDENT/COMMUTER TRAVEL ACCIDENT (BTA) INSURANCE**

Business Travel Accident/Commuter Travel Accident Insurance is another protection the City of Mesa provides to full-time, active employees free of charge. The coverage is through New York Life Group Benefit Solutions. Eligible employees receive the following:

\$200,000 of coverage for accidental death while traveling on City business locally, out of town, or out of state, or commuting to and from work.

Eligible employees are automatically enrolled in this benefit. Your beneficiary designation is automatically the same as your Basic Life beneficiary designation, so be sure to keep this current.

## **SHORT TERM DISABILITY (STD) INSURANCE**

STD voluntary insurance coverage is available for purchase through The Standard. This benefit provides 66.66% of your base salary to a maximum weekly benefit of \$2,000, if you become unable to work due to a covered injury, illness, or pregnancy. With STD plans, you must satisfy a waiting period after a covered disability commences before benefits can start to pay. The Standard offers three different waiting period options. Premiums vary based on the waiting period you select - the shorter the waiting period, the higher the premium rate you will pay.

<b>Waiting Period</b>	<b>Monthly Cost per \$10 of Weekly Disability Benefit</b>
<b>14 day</b>	\$0.40
<b>29 day</b>	\$0.10
<b>44 day</b>	\$0.08

Take a moment to review the rates for each plan and consider whether you're in the plan most appropriate for you. Questions to ask yourself include:

1. Do I have any planned procedures, conditions, or circumstances that will require me to be out of work for up to six months, and will I have enough paid time off income from the City to get me through the work time I lost during the insurance waiting period?
2. For unplanned events, how much sick, vacation and other paid time off accruals do I have that will get me through the work time I lost during the insurance waiting period?
3. If I only plan to be out for a few days or weeks, am I better off using my paid time off accruals since it will cover my pay at 100% instead of using STD, which only covers a percentage of my pay?

The eBenMesa enrollment system Short Term Disability tab has a calculation tool you can use to determine your cost of STD coverage.



Note: When you enroll in STD Plans for the first time or change to an STD plan with a shorter waiting period, you will have a pre-existing limitation of benefits applied to you. A pre-existing condition is any medical condition for which you were diagnosed, treated, or experienced symptoms of before the coverage effective date. This means for any claim that you file during the first six months after your coverage is effective, if that condition arose or was treated by a provider during the three-month period prior to your coverage effective date, your disability benefit may be reduced. The pre-existing limitation will no longer apply after you have been enrolled in the plan for 6 months.

## BENEFIT VENDOR CONTACTS

Administrator	Customer Service	Web Portal
<b>Cigna - Medical</b>	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>MedImpact</b>	866-387-3537	<a href="http://www.medimpact.com">www.medimpact.com</a>
<b>PaydHealth</b>	877-869-7772	
<b>Delta Dental</b>	602-588-3981	<a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>
<b>Vision Service Plan (VSP)</b>	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Navia Benefit Solutions - Flexible Spending Account</b>	800-669-3539	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
<b>ComPsych - Employee Assistance Program</b>	866-519-7415	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
<b>LegalShield/IDShield</b>	480-695-0501	<a href="http://www.legalshield.com/info/cityofmesa">www.legalshield.com/info/cityofmesa</a>
<b>United Pet Care</b>	877-872-8800	<a href="http://www.unitedpetcare.com">www.unitedpetcare.com</a>
<b>The Standard (Life Insurance)</b>	800-378-2395	<a href="http://www.standard.com">www.standard.com</a>





## CITY OF MESA MEDICAL BENEFIT PLAN HIGHLIGHTS

2026	BASIC PLAN		CHOICE PLAN		COPAY PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Single Family	\$550 \$1650	\$1500 \$4500	\$300 \$900	\$1500 \$4500	\$0 \$0	\$1500 \$4500
Coinsurance (Plan Pays)	50% after deductible	50% + balance billing after deductible	80% after deductible	50% + balance billing after deductible	N/A, you pay Copays depending on the service	50% + Balance billing After deductible
Out-of-Pocket Maximum Single Family	\$4500 \$9000	No Maximum	\$3000 \$6000	No Maximum	\$4200 \$9200	No Maximum
Preventive Care (Plan Pays)	100% no deductible applies	Not covered	100% no deductible applies	Not covered	100% no deductible applies	Not covered
Physician/Specialist Office Visit (You Pay)	\$20 / \$30 Copay	75% + balance billing after deductible	20% / 20% after deductible	50% + balance billing after deductible	\$25 / \$50 Copay Allergy Shot \$15 Copay	50% + balance billing after deductible
Chiropractic or Rehabilitation Therapy (You Pay)	50% after deductible	75% + balance billing after deductible	20% after deductible	50% + balance billing after deductible	\$30 Copay	50% + balance billing after deductible
Urgent Care (You Pay)	50% after deductible	75% + balance billing after deductible	20% after deductible	50% + balance billing after deductible	\$60 Copay	50% + balance billing after deductible
Inpatient Hospital Services (You Pay)	50% after deductible	75% + balance billing after deductible	20% after deductible	50% + balance billing after deductible	\$400 Copay	50% + balance billing after deductible
Outpatient Hospital Services (You Pay)	50% after deductible	75% + balance billing after deductible	20% after deductible	50% + balance billing after deductible	\$400 Copay	50% + balance billing after deductible
ER Visit (You Pay)	50% after deductible	Same as In-Network	20% after deductible	Same as In-Network	\$200 Copay	Same as In-Network
Behavioral Health Outpatient Visits (Plan Pays)	100% no deductible applies	25% + balance billing after deductible	100% no deductible applies	50% + balance billing after deductible	100% no deductible applies	50% + balance billing after deductible





## CITY OF MESA DENTAL BENEFIT PLAN HIGHLIGHTS

2026	PREVENTIVE CHOICE PLAN	DENTAL CHOICE PLAN	DENTAL CHOICE PLUS PLAN
Annual Deductible	<ul style="list-style-type: none"> <li>• No deductible for preventive and diagnostic services</li> <li>• \$50 deductible per individual for basic services</li> <li>• Family deductible will not exceed \$150</li> </ul>	<ul style="list-style-type: none"> <li>• No deductible for preventive and diagnostic services</li> <li>• \$50 deductible per individual for basic services</li> <li>• Family deductible will not exceed \$150</li> </ul>	<ul style="list-style-type: none"> <li>• No deductible for preventive and diagnostic services</li> <li>• \$50 deductible per individual for basic services</li> <li>• Family deductible will not exceed \$150</li> </ul>
Annual Maximum (Plan Pays)	\$1,000/person	\$2,000/person	\$2,300/person
Preventive Services (Plan Pays)	100%	100%	100%
Basic Services (Plan Pays)	80%	80%	80%
Major Services (Plan Pays)	Not Covered	80%	80%
Orthodontia (Plan Pays)	Not Covered	Not Covered	80% up to \$1,500/year; \$3,000 lifetime





## CITY OF MESA VISION PLAN HIGHLIGHTS - 2026

Coverage with an In-Network Provider			Coverage with an In -Network Provider		
Benefit	Description	Member Cost	Benefit	Description	Member Cost
Well Vision Exam	<ul style="list-style-type: none"> <li>Focuses on eyes and overall health and wellness</li> <li>Retinal Screening (Digital/Photographic)</li> <li><b>Every Calendar Year</b></li> </ul>	\$ 10 copay \$ 20 copay	Well Vision Exam	<ul style="list-style-type: none"> <li>Focuses on eyes and overall health and wellness</li> <li>Retinal Screening (Digital/Photographic)</li> <li><b>Every Calendar Year</b></li> </ul>	\$ 10 copay \$ 20 copay
<b>Prescription Glasses</b>		<b>\$ 10 copay</b>	<b>Prescription Glasses</b>		<b>\$ 10 copay</b>
Frames (selection/brands vary by provider)	<ul style="list-style-type: none"> <li>\$170 allowance for wide selection of frames</li> <li>\$190 allowance for featured frame brands</li> <li>\$95 allowance at Costco/Walmart/Sam's Club</li> <li>20% savings on the amount over applicable allowances</li> <li><b>Every other calendar year</b></li> </ul>	Included in Prescription Glasses copay + Discounted amounts above allowances (if applicable)	Frames (selection/brands vary by provider))	<ul style="list-style-type: none"> <li>\$170 allowance for wide selection of frames</li> <li>\$190 allowance for featured frame brands</li> <li>\$95 allowance at Costco/Walmart/Sam's Club</li> <li>20% savings on the amount over applicable allowances</li> <li><b>Every calendar year</b></li> </ul>	Included in Prescription Glasses copay + Discounted amounts above allowances (if applicable)
Lenses for Eyeglasses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, trifocal and lenticular lenses</li> <li><b>Every other calendar year</b></li> </ul>	Included in Prescription Glasses copay	Lenses for Eyeglasses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, trifocal and lenticular lenses</li> <li><b>Every calendar year</b></li> </ul>	Included in Prescription Glasses copay
Lenses Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Impact-resistant lenses (no copay for children under age 26)</li> <li>Average savings of 30% on all other non-covered options/enhancements (e.g., scratch resistant and antiglare coatings, tints, light reactive lenses, UVA/UVB protection)</li> <li><b>Every other calendar year</b></li> </ul>	\$0 copay From \$95 - 105 From \$150 - \$175 \$10 copay	Lenses Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Impact-resistant lenses (no copay for children under age 26)</li> <li>UVA/UVB Protection</li> <li>Average savings of 30% on all other non-covered options/enhancements (e.g., scratch resistant and antiglare coatings, tints, light reactive lenses)</li> <li><b>Every calendar year</b></li> </ul>	\$0 copay From \$95 - \$105 From \$150 - \$175 \$10 copay \$0 copay



Basic Vision Plan			Vision Plus Plan and Premium Plus Plan		
Coverage with an In-Network Provider			Coverage with an In -Network Provider		
Benefit	Description	Member Cost	Benefit	Description	Member Cost
VSP EasyOptions (choice of one of these upgrades per person, per calendar year)	• Not covered or included		VSP EasyOptions (choice of one of these upgrades per person, per calendar year)	<ul style="list-style-type: none"> <li>• Vision Premium Plus Plan only</li> <li>• \$250 frame allowance (instead of \$170 frame allowance), or</li> <li>• \$300 contact lens allowance (instead of \$220 contact lens allowance), or</li> <li>• Fully covered premium or custom progressive lenses, or</li> <li>• Fully covered light-reactive lenses, or</li> <li>• Fully covered anti-reflective coating</li> </ul>	
In-Network Essential Medical Eye Care (EMEC) Program	Program Retinal screening for members with diabetes \$0. Additional exams and services (frequency as medically necessary) for members with diabetes, glaucoma, or age-related macular degeneration and for all members, exams and services for diagnosis and treatment of eye conditions, including pink eye, vision loss and cataracts: \$20				
In-Network Low Vision Benefit	Up to \$1,000 benefit every other calendar year for low vision analysis/diagnosis and supplemental testing; supplemental visual aids generally paid at 75% of cost (included in \$1000 benefit)				
In-Network Retail Locations	1. Costco/Walmart/Sam's Club Optical: Vision care materials purchased at these locations will have different allowances and no additional discounts compared to other approved retail and VSP Network providers (many but not all exam services at these retail locations are in-network, but some are out-of-network coverage only) 2. EasyOptions upgrades in Premium Plus Vision Plan not available at Costco/Walmart/Sam's Club 3. Online in-network (copay, allowances, and discounts) Retail Purchasing for Contacts, Frames and Sunglasses – through Eyeconic – accepts prescriptions from both in-network and out-of-network providers				
Out-of-Network Vision Care Coverage	Frequency of coverage is the same as in-network services (varies by Basic Vision, Vision Plus or Vision Premium Plus Plan) Exam – up to \$70 coverage for out-of-network Exam services Contacts – up to \$200 allowance (\$250 for medically necessary contacts) – both including fitting/evaluation Frames – up to \$70 coverage Single vision lenses – up to \$40 coverage Lined bifocal lenses – up to \$60 coverage Lined Trifocal Lenses – up to \$80 coverage Lined Lenticular lenses – up to \$100 coverage Progressive lenses – up to \$60 coverage				
Extra Savings – Discounts (Not covered Benefits)	<b>Glasses and Sunglasses</b> • 20% savings on additional glasses and sunglasses, including lens enhancements, from any in-network provider within 12 months of Well Vision Exam <b>Laser Vision Correction</b> • Average 15% discount off regular prices or 5% off promotional prices from contracted facilities <b>Hearing Aid Discount Program</b> • Through TruHearing DHMO – large selection of digital hearing aids; free enrollment/membership in TruHearing				



# Supplemental Life and AD&D Rates

## For Employee, Spouse or Committed Partner

Age Band	Cost per \$1,000 per Month	Cost per \$10,000/Month
Under 25	<b>\$0.08</b>	\$0.80
25-29	<b>\$0.08</b>	\$0.80
30-34	<b>\$0.10</b>	\$1.00
35-39	<b>\$0.12</b>	\$1.20
40-44	<b>\$0.14</b>	\$1.40
45-49	<b>\$0.20</b>	\$2.00
50-54	<b>\$0.26</b>	\$2.60
55-59	<b>\$0.46</b>	\$4.60
60-64	<b>\$0.70</b>	\$7.00
65-69	<b>\$1.30</b>	\$13.00
70+	<b>\$2.08</b>	\$20.80



## For Children

Coverage Amount	Cost per \$1,000/Month
\$5,000	\$0.60
\$10,000	\$1.20
\$15,000	\$1.80
\$20,000	\$2.40





