City of Mesa Newsletter - Retiree Open Enrollment for 2027 Benefit Programs

IMPORTANT DATES – OPEN ENROLLMENT PERIOD:

- **Begins Wednesday, October 7, 2026** – *online using eBenMesa enrollment application*
- **You're Invited! Peace, Love & Wellness *"Flower Power ~ Benefits Hour"* Wellness and Benefits Fair** – Mesa Convention Center on **Tuesday, October 13, 2026**, from 8 am to 1 pm – extended computer lab hours for enrollment support until 4pm
- **Kiosk enrollments during Open Enrollment – City Hall/MCP Tower, 6th floor Employee Benefits Office**
- **Open Enrollment Ends Wednesday, October 21, 2026, at 6 pm**

OPEN ENROLLMENT ACTIVITIES:

It's a **"passive"** Open Enrollment! You do not have to do anything but be informed about your options and log-in to eBenMesa at **https://retirees.mesaaz.gov/** if you want to browse **OR** if you want to make any changes to your 2027 retiree health care coverage (add or delete dependents, change medical, dental or vision care plan options, or move from retiree only to eligible family or vice versa). You can also opt-out of programs but remember if you do opt-out, **it is irrevocable** – you become permanently ineligible for that plan type with the City of Mesa.

If you do not make any changes during Open Enrollment, current medical/prescription drug, dental and vision plan enrollments will roll over automatically to 2027 with any medical plan rate changes, along with some medical and prescription drug coverage changes detailed later in this newsletter.

During Open Enrollment you can call 480-644-2299 or email benefits.info@mesaaz.gov or you can visit the Employee Benefits Office at City Hall, 20 E. Main St., Mesa, Suite 600 (enter off Main Street thru City Hall main entrance), M – Th from 7:30 am to 5:30 pm. Enter the building from Main Street and request Security to let us know you're here for Benefits Department computer kiosks or available assistance. The City's P*eace, Love & Wellness "Flower Power ~ Benefits Hour" Wellness and Benefits Fair* at the Mesa Convention Center (retirees welcome!) on October 13, 2026, from 8am – 1pm is also an opportunity to receive assisted enrollment with our specialists in the computer lab. This year we are extending our computer lab hours until 4pm.

2027 BENEFIT PROGRAM HIGHLIGHTS:

City of Mesa retiree benefit plans will continue in 2027 with current administrators/vendors and comprehensive high value coverage. Administrators and networks include **Cigna** for medical and behavioral health coverage**, MedImpact (MI)** and **VibrantRX** for prescription drug coverage along with **PaydHealth Select Drugs and Products Program - Advocacy Services for Specialty Drugs** (for non-Medicare eligible retirees and dependents). **Delta Dental of Arizona** administers dental plan services. **VSP** insures and administers vision care services and materials. **ComPsych** provides Employee Assistance Program (EAP) services during the first 18 months after retirement.

Reminder: all City of Mesa retiree medical plan members (including covered family members) have access to the City's **Employee Health and Wellness Center** for primary and preventive care services and dermatology screenings free of charge for all covered family members (age 2 and over) at 59 S. Hibbert Street in Mesa. Schedule appointments by telephone at 480-644-9355(WELL).

The City's Mesa Wellness 360 program for employees provides health and wellness classes and programs that can be accessed by retiree medical plan members. Most classes are online and recorded for later access (some classes may be in-person), and there is no charge. Topics include Diabetes Education, Disease Management, Financial Well-Being, Healthy Mind, Mindful Eating/Weight Management, Nutrition, and Stress Management. Please contact the Health and Wellness department by email at MesaWellness@MesaAZ.gov for more information, schedules/topics and how to register.

MEDICAL PLAN SUMMARY OF BENEFITS: **RED PRINT INDICATES A CHANGE**

	Basic Medical		Choice Medical		Copay Medical	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible Individual/Family	$550/$1,650	$1,500/$4,500	$300/$900	$1,500/$4,500	$0	$1,500/$4,500
What the Plan Pays - Coinsurance	50%	25% after deductible and balance bill to you	80%	50% after deductible and balance bill to you	100%	50% after deductible and balance bill to you
Max Medical Out-of-Pocket (MOOP) Individual/Family	$4,500/$9,000	Unlimited	$3,000/$6,000	Unlimited	$4,600/$9,200	Unlimited
PCP Office Visit -What you Pay	$20	75% after deductible and balance bill to you	20%	50% after deductible and balance bill to you	$25	50% after deductible and balance bill to you
Specialist Office Visit - What you Pay	$30	75% after deductible and balance bill to you	20%	50% after deductible and balance bill to you	$50	50% after deductible and balance bill to you
Preventive Services - What you Pay	$0	Not Covered	$0	Not Covered	$0	Not Covered
Inpatient Hospital Services (Medical, Surgical and Behavioral Health) – What you Pay	50%	Not covered (except emergency and gaps in care authorized admissions)	20%	Not covered (except emergency and gaps in care authorized admissions)	Inpatient Hospital - $400 per admission event	50% after deductible and balance bill to you
Outpatient Hospital or Free Standing Facility Services and Professional Services – What you Pay	50%	75% after deductible and balance bill to you	20%	50% after deductible and balance bill to you	Outpatient Hosp - $250 per event Emer. Room Visit - $200 per event	50% after deductible and balance bill to you
Laboratory Services (Outpatient) – What you Pay	$0	Not Covered	$0	Not Covered	0%	50% after deductible and balance bill to you
X-Ray/Ultrasound/High Tech Radiology (Outpatient) – What you Pay	$0	Not Covered	$0	Not Covered	$0	Preventive Mammogram/DEXA screenings: Not Covered; All other services: 50% after deductible and balance bill to you
Chiropractic Services – What you Pay	50%	Not Covered	20%	Not Covered	$30 copay	50% after deductible and balance bill to you
Outpatient Rehab Therapies for medical related diagnoses: PT/OT/ST – What you Pay	50%	Not Covered	20%	Not Covered	$30 copay	50% after deductible and balance bill to you
Cigna/Pathwell Bone and Joint Case Management/Referral Services and Hinge Health Virtual Exercise Therapy for Musculoskeletal services – What you Pay	$0	Not Covered	$0	Not Covered	$0	Not covered

2027 Prescription Drug Benefits – MedImpact Commercial Benefits (non-Medicare Part D):

2027 Prescription Drug Plan "One Plan for All" Basic, Choice and Copay Plans – Commercial RX Benefits
Network Retail Pharmacy: (up to a 30-day supply)
Tier 1 Generic**:* Greater of ***$10 copay or 20% (max ***$60***); Insulin: max is $35
Tier 2 Preferred Brand: Greater of ***$35*** copay or ***30%*** (max ***$120***); Insulin: max is $35
Tier 3 Non-Preferred Brand: Greater of ***$60*** copay or ***50%*** (max ***$180***); Insulin: max is $35
Network Pharmacy Retail-90 and Mail Order Pharmacy: (up to 90-day supply)
***Tier 1 Generic**:* Greater of **$20** copay or 20% (max **$120**); Insulin: max is $105
***Tier 2 Preferred Brand**:* Greater of **$70** copay or **30%** (max **$240**); Insulin: max is $105
***Tier 3 Non-Preferred Brand**:* Greater of **$120** copay or **50%** (max **$360**); Insulin: max is $105
Specialty Pharmacy: (up to a 30-day supply)
***Tier 4 Specialty Generic** (non-Medicare)*: Greater of **$25** copay or **50%** (max **$200**)
Tier 5 *Specialty Preferred Brand (non-Medicare)*: Greater of **$65** copay or **50%** (max **$390**)
***Tier 6 Specialty Non-Preferred Brand** (non-Medicare only)*: Greater of **$100** copay or **50%** (max **$450**)
Rx Max Out of Pocket $5,000 per person or $10,000 per family
Eligible for MedImpact MedAssist manufacturer copay assistance programs for many high cost non-Specialty Brand Drugs and PaydHealth Specialty Drug Advocacy Services for copayment assistance and/or benefactor funding.

****ITEMS IN RED PRINT HAVE BEEN CHANGED****

2027 Prescription Drug Benefits – VibrantRX Medicare Part D/Wrap Benefits:

2027 Prescription Drug Plan "One Plan for All" Basic, Choice and Copay Plans – Medicare Part D/ RX Wrap Benefits
Network Retail Pharmacy: (up to a 30-day supply)
Tier 1 Generic**:* Greater of ***$10 copay or 20% (max ***$60***); Insulin: max is $35
Tier 2 Preferred Brand: Greater of ***$35*** copay or ***30%*** (max ***$120***); Insulin: max is $35
Tier 3 Non-Preferred Brand: Greater of ***$60*** copay or ***50%*** (max ***$180***); Insulin: max is $35
Network Pharmacy Retail-90 and Mail Order Pharmacy: (up to 90-day supply)
***Tier 1 Generic**:* Greater of **$20** copay or 20% (max **$120**); Insulin: max is $105
***Tier 2 Preferred Brand**:* Greater of **$70** copay or **30%** (max **$240**); Insulin: max is $105
***Tier 3 Non-Preferred Brand**:* Greater of **$120** copay or **50%** (max **$360**); Insulin: max is $105
Specialty Pharmacy: (up to a 30-day supply)
Tier 4 Specialty Preferred for Medicare Part D: Greater of **$25** copay or **50%** (max **$100**)
***Tier 5(D) Specialty Non-Preferred Brand** (Medicare Part D only)*: Greater of **$65** copay or **50%** (max **$185**)
RX Max Out of Pocket for VibrantRX/Medicare Part D Retiree Individuals $2,400 (included in below for Wrap coverage)
Rx Max Out of Pocket $5,000 per person or $10,000 per family – non-Medicare covered Wrap Benefits
GLP-1 Weight Loss Only medications not covered under Wrap benefits (may be covered under new Medicare related Bridge Program)

****ITEMS IN RED PRINT HAVE BEEN CHANGED****

Important Reminders:

- Visit our Employee Benefits website at **www.mesaaz.gov/benefits** and check out the Retiree and Open Enrollment sections (2027 Plan Document, required notices, eligibility/qualifying event rules and vendor information/contact phone numbers and websites).
- **Update your contact information with Employee Benefits and make sure to provide your email address (or alert family members of the need to do this if you are unable).**
- Remove dependents no longer eligible for coverage, or who you no longer want covered, including committed partners and ex-spouses.

Medical, Dental and Vision Plan Monthly Premium

2027 Medical/Prescription Drug Plan Monthly Premiums			
YOUR PREMIUM MAY BE DIFFERENT TO THE CHART BELOW. Quoted rates are **estimates only**, net of **standard** ASRS or PSPRS subsidies and Medicare discounts for up to two Medicare eligible persons covered under the Plan. Your actual monthly premium rate may be higher if you selected Optional Premium Benefit that reduces ASRS subsidy amounts (or due to other factors that applied to your specific retirement). **Contact Retiree Benefits Administration at 480-644-2299 or email to benefits.info@mesaaz.gov for more information.**	**Basic Medical Plan 2027 Monthly Premiums**	**Choice Medical Plan 2027 Monthly Premiums**	**Copay Medical Plan 2027 Monthly Premiums**
Single Coverage			
Non-Medicare Eligible	**$40**	**$153**	**$426**
Medicare Eligible	**$0**	**$103**	**$376**
Family Coverage			
Retiree and All Covered Family **Non-Medicare** Eligible	**$73**	**$333**	**$768**
One Person Only **Medicare** Eligible	**$18**	**$278**	**$713**
At Least Two Persons **Medicare** Eligible	**$0**	**$223**	**$658**

2027 Retiree Dental Monthly Premiums	Single Coverage	Family Coverage
Dental Preventative Plan	**$0**	**$6**
Dental Choice Plan	**$9.50**	**$34**
Dental Choice Plus Plan	**$24.50**	**$114**
2027 Vision Monthly Premiums	**Single Coverage**	**Family Coverage**
Vision Basic Plan	**$1.00**	**$8.15**
Vision Choice Plus Plan	**$5.66**	**$20.95**
Vision Premium Plus Plan	**$9.57**	**$31.73**

Retiree Logon to eBenMesa for Open Enrollment Activities:

Go to: **https://retirees.mesaaz.gov/** from any computer or tablet with internet connection. Enter your credentials, which means your "domain", username and password as described below:

- ✓ **Enter retiree Domain of**: ext\ (Tip: you must include the backslash, it's above the enter key on your keyboard)
- ✓ **Enter your Username after the domain**: **R**XXXXX (Username is your 5-digit City employee ID number, preceded by capital **R;** if you only have a 4-digit employee ID #, add a leading zero before your ID # to make 5-digits)
- ✓ **Enter your Password:** Mesa$XXXX (this is temporary for initial logon – you will be prompted to reset) - after $ sign enter the last 4-digits of your social security number.

Enrollment Steps in eBenMesa:

1. After entering **https://retirees.mesaaz.gov/retiree** and log in with the credentials above, you are in eBenMesa.
2. Links on the eBenMesa Home Screen:
   a. **Open Enrollment – click this when you are ready to proceed**
   b. Upload Benefit Forms and Documents – click this when you need to upload dependent verification documents
   c. Current Enrollment – click to view or print the current year's enrollment for reference
3. Click on each tab to review, edit and/or enroll and save and continue through each tab in the application for Dependents, Medical, Dental and Vision. As you "save and continue" each tab will show a green checkmark, and you will be advanced to the next tab.
4. Check Out tab shows all dependents and enrollments by plan. Review carefully, go back to any previous tabs and make changes if needed. When you are ready, type in your Electronic Signature (must be identical to the name above the signature line) on the Check Out tab. Click the Final Submission button, print for your records if desired. Your participation in the survey after Final Submission is appreciated.
5. You may return to eBenMesa as many times as you want during the Open Enrollment period, even after you have completed a Final Submission. Note: you must Save and Continue on each tab that you update. You are not required and will not have the option to do another Final Submission if you have already completed a Final Submission earlier in the Open Enrollment period.