The City of SAN DIEGO

OPEN ENROLLMENT

2026

City of San Diego
RETIREE HEALTH BENEFITS

Open Enrollment is October 27 - November 25, 2025

Call (855) 380-5898 (toll free)

Visit www.SDRetireeHealth.com for plan information and enrollment forms.

CareCounsel

CareCounsel services are available to City of San Diego retirees and continuances at no cost

CareCounsel is a health care assistance program providing health care education, information, advocacy, and coaching in an independent and confidential manner.

CareCounsel services are available to retirees at no cost, and are available all year. Expert CareCounselors are registered nurses and health care professionals who are available by telephone to assist retirees with issues such as:

1. Understanding your health benefits.

2. Serving as a liaison with your health plan or health care provider when you need help.

3. Assisting with claims payment and billing problems or service denials.

4. Helping you make smart decisions when choosing a primary care provider, specialist, hospital or long-term care provider.

5. Addressing provider network access issues, such as getting an appointment or referrals to specialists.

6. Understanding drug formularies and getting the most from your health care dollars.

7. Educating yourself when you or a family member has a disease or condition, so you can form an effective partnership with your doctors.

A note about CareCounsel's services
CareCounsel is different from your health plan. CareCounsel does not provide medical advice or treatment, but serves as an advocate to ensure your needs are met.

Call CareCounsel at
1-888-227-3334 or visit their website at
www.carecounsel.com

Table of Contents

The information in this booklet is intended to provide retired members of the City of San Diego with a current and accurate summary of their retiree health benefits; however, it is not a legal document or a substitute for the law. The language used in this booklet is not intended to create a contract between the City of San Diego or The City of San Diego Retiree Health Service Center and any member. The City Charter and Municipal Code of the City of San Diego govern the operations of the City of San Diego Retiree Health Service Center. Accordingly, if any information in this handbook conflicts with the Charter or the Municipal Code, the Charter and Municipal Code must prevail.

What's New for 2026

- EyeMed will be the new vision carrier beginning in 2026. Retirees may elect a Silver or Gold version of the plan depending on their budget and optical needs. If retirees are currently enrolled in the City-sponsored VSP vision plan, and take no action towards their vision coverage during open enrollment, they will automatically transition to the EyeMed Silver vision plan, effective January 1, 2026. SDPEBA VSP vision plan will still be available to eligible members. *See pages 16-17 for premium costs and benefit summary details.*

- Beginning with the 2026 open enrollment period, retirees choosing to elect San Diego Public Employee Benefit Association (SDPEBA) medical, dental and vision plans, must enroll directly through the City of San Diego Retiree Health Service Center. *(See page 20 for detailed information on eligbility and enrollment.)* Members should continue to contact SDPEBA directly at (888) 315-8027 for any questions regarding the Sharp Medical, MetLife Dental, or VSP Vision plans.

- The medical insurance reimbursement form has been updated. If you are a retiree submitting for reimbursement of your privately-secured medical premiums, please use the new form found on SDRetireeHealth.com to ensure your request is processed smoothly. You can scan the QR code at the bottom of this page to access the website.

Scan the QR Code for instant access to the membership portal!

Open Enrollment Basics and Deadlines

What Happens During Open Enrollment?

Open enrollment is the designated period during which all City members and beneficiaries receiving a monthly pension are eligible to enroll in sponsored medical, dental, and vision plans. Notably, all members receiving a monthly pension are eligible for enrollment regardless of whether they receive a healthcare allowance. Should you choose to enroll in a sponsored plan and do not have an allowance, the entire premium will be deducted from your monthly pension payment. Retirees covered through the option C defined contribution plan have the option to enroll in a sponsored healthcare plan, and subsequently seek reimbursement of the premium from their respective Option C trust fund provider.

What if I Don't Want to Change My Medical, Dental or Vision Plan?

If you are not making changes to your current medical, dental or vision plan, you do not have to take any action during Open Enrollment and your coverage will remain the same in 2026. **Please Note: Retirees currently enrolled in the City-sponsored VSP vision plan will automatically transition to the EyeMed Silver vision plan effective, January 1, 2026.**

Open Enrollment is from Monday, October 27 through Tuesday, November 25, 2025

How Do I Make Changes to My Coverage?

You may submit your open enrollment elections with one of the following methods:

1. **Online Enrollment:** Complete online enrollment by visiting SDRetireeHealth.com. You will see a flashing enrollment button to begin the process. Enter any new dependents you want to cover on your plan, your elections will be saved as you go. Once done, you will be prompted to generate a confirmation statement showing the cost of your selected benefits, the dependents covered, and reimbursement details. We recommend printing this statement for your records. You may visit the online enrollment system as many times as you would like during the open enrollment period. Your benefit elections as of the end of the day, November 25, 2025, will be your final elections for the 2026 plan year.
2. **Enrollment Worksheet:** The retiree open enrollment worksheet is enclosed within your open enrollment packet. This comprehensive form consolidates all sponsored healthcare plan options for your convenience. **Please Note: New enrollment or dis-enrollment for the sponsored Medicare plans necessitates the completion of an additional carrier-specific form before changes can be processed**. All enrollment forms should be submitted to the service center by the end of the day, November 25, 2025. Additional worksheets can be found on SDRetireeHealth.com.

Where Can I Find Carrier-Specific Medicare Enrollment and Disenrollment forms?

You can find the sponsored Medicare plan enrollment forms for your specific carrier on SDRetireeHealth.com, under the Resources tab. Alternatively, you can call us at (855) 380-5898 to have the forms sent to you by mail. If you are switching from one Medicare plan to another, you will need to fill out a disenrollment form for your current plan. All forms must be submitted to the City of San Diego Retiree Health Service Center by the end of the day, November 25, 2025. You may submit your enrollment and disenrollment forms by **secure upload** by logging into your SDRetireeHealth.com account and uploading the documentation directly to our service center, **mail** at City of San Diego Retiree Health Service Center, 3149 Haggerty Hwy, Commerce Twp, MI 48390 or **fax** at 248-960-2072.

Members 65 or older are typically eligible for Medicare and are strongly encouraged to elect one of the sponsored Medicare plans available. If you are newly enrolling or changing your Medicare plan option, you will be required to complete an additional carrier-specific enrollment and/or dis-enrollment form before these changes are processed.

Scan the QR Code for instant access to the membership portal!

Dependent Eligibility

The City of San Diego requires that retirees submit documentation showing proof of eligibility, for any new dependents enrolled in sponsored benefits for the 2026 plan year. Any new dependent(s) added during open enrollment, must provide eligibility documentation to the City of San Diego Retiree Health Service Center no later than December 31, 2025. Any new dependent(s) not verified as eligible by December 31, 2025 will be removed from 2026 coverage. **Retirees with existing dependents already enrolled in coverage are not required to submit documentation.**

Relationship	Eligibility Requirements	Documentation to Submit
Spouse or **Domestic Partner**	**Spouse**: Person to whom you are legally married **Domestic Partner**: Meets the City of San Diego's domestic partner eligibility requirements. City of San Diego Affidavit of Domestic Partnership can be found on SDRetireeHealth.com, under the 'Resources' tab.	**Spouse**: Marriage Certificate **Domestic Partner**: **1.** City of San Diego Affidavit of Domestic Partnership or Declaration of Partnership filed with the California Secretary of State, and **2.** The City of San Diego Health Plan Certification of Federal Tax Dependent Status form
Children	**Biological Child:** Retiree's child(ren) under the age of 26 **Step Child:** Retiree's child(ren) under the age of 26 **Child of a Domestic Partner** **Adopted Child, Foster Child or Child placed for adoption:** Child under age 26 that was legally adopted by the retiree, a foster child, or child placed for adoption with retiree **Unmarried, Disabled Child:** Disabled child over the age of 26 who is dependent on you for support and was disabled before age 26. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your health plan. **Unmarried, Child under a legal guardianship:** Child or Grandchild up to age 26, if you show proof of legal custody ***Children are eligible to be covered through the end of the month in which they turn age 26, unless unmarried and disabled.***	**Biological Child, Step Child or Child of a Domestic Partner:** Birth certificate which identifies the retiree as the parent, or which identifies the spouse or domestic partner of the retiree as the parent (the spouse or domestic partner must be verified eligible for coverage as stated above) **Adopted Child, Foster Child or Child placed for adoption:** Child's Birth Certificate and court documentation **Unmarried, Disabled Child:** **1.** Birth certificate or Hospital Verification Letter, and **2.** Social Security Disability Award Letter, Disability certification package or Disability application from your health plan completed by your child's doctor and returned to your the City of San Diego Retiree Health Service Center for approval each year or as requested by the insurance company. **Unmarried, child under a legal guardianship:** **1.** Child's Birth Certificate or Hospital Verification Letter and **2.** Court documentation

Enrolling Outside of Open Enrollment

There are certain exceptions, called "qualifying events," that allow for enrollments or changes to sponsored plans outside of Open Enrollment. Qualified life events that require a mid-year benefit change can be submitted on SDRetireeHealth.com.

Retirement

New retirees may enroll in any sponsored plan, COBRA plan or privately secured plan at the time of their retirement. Retirees may enroll in a sponsored plan by completing an enrollment worksheet, or online by visiting SDRetireeHealth.com during their new retiree enrollment period. Once enrolled, the retiree must wait until the next Open Enrollment period to change providers.

Adding new dependent(s)

Retirees may add new dependents to their sponsored health plan within **31 days** of marriage, birth or adoption. If new dependents are not enrolled within the **31 day** period, the retiree must wait until the next Open Enrollment period to add their dependent(s).

Loss of Coverage

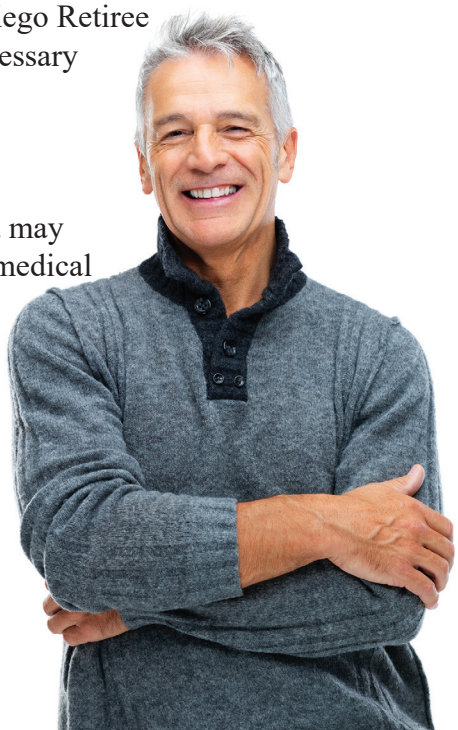
If the retiree or their dependent unexpectedly loses coverage from an outside health plan due to circumstances beyond their or a dependent's control, they may enroll in a sponsored plan at any time during the year. Proper documentation, such as a loss of coverage letter, must be submitted with the enrollment form within **60 days** of the loss of coverage.

Moving Out of the Area

Most health plans have a limited provider service area. You may find that your current health plan does not provide coverage if you move out of San Diego County or California. Please contact your health plan **six to eight weeks** prior to moving to determine if your new residence will be out of the service area. If so, please contact the City of San Diego Retiree Health Service Center immediately to obtain forms and make the necessary changes.

Medicare Eligibility

When you or a covered dependent become eligible for Medicare, you may change to the Medicare plan associated with your current sponsored medical plan, even outside of open enrollment.



Out-of-State Enrollment

If you live or are moving outside of California

Cigna Open Access Plus and Cigna Medicare Surround plans are available for retirees living outside of California. You can view the details of these plans in this booklet.

Kaiser Permanente offers its KPMP (Kaiser Multi-Site Plan) to retirees residing in Hawaii, Colorado, Georgia, Oregon and Washington. Details and rates on the KPMP plan are not included in this booklet. If you would like more information on the KPMP plan, please contact the City of San Diego Retiree Health Service Center at (855) 380-5898 to have an enrollment packet sent to you.

If you live out of state and elect not to enroll in a sponsored plan, you may enroll in a privately secured health insurance plan of your choice and request reimbursement for the cost of the insurance premium up to your allowance. Remember, the reimbursement is available for healthcare premiums only for the retiree and does not include dependent coverage. See the reimbursement instructions on pages 28-29 of this booklet for more information.

Health Plan Rate Changes

MONTHLY PREMIUM CHANGES FOR 2026

Premium Changes for NON-MEDICARE Plans (Subscriber-only rate)			
HEALTH PLAN	**OLD 2025 PREMIUMS**	**NEW 2026 PREMIUMS**	**% CHANGE**
Cigna Open Access Plus	**$3,028.76**	**$3,028.76**	0%
Cigna Select HMO	**$1,563.19**	**$1,563.19**	0%
Cigna HMO	**$2,038.06**	**$2,038.06**	0%
Kaiser HMO	**$1,630.65**	**$1,746.85**	7.1%
SDPEBA Sharp Classic HMO	**$1,716.43**	**$1,829.92**	6.6%
SDEPBA Sharp Select HMO	**$1,412.17**	**$1,505.55**	6.6%

Premium Changes for MEDICARE Plans (Subscriber-only rate)			
HEALTH PLAN	**OLD 2025 PREMIUMS**	**NEW 2026 PREMIUMS**	**% CHANGE**
Cigna Medicare Surround	**$483.36**	**$492.92**	2%
SCAN Health HMO	**$205.00**	**$195.00**	-4.9%
Cigna Medicare HMO	**$553.74**	**$558.85**	0.9%
Kaiser Senior Advantage HMO	**$217.03**	**$233.04**	7.4%
SDPEBA Sharp Direct Advantage HMO	**$208.00**	**$219.00**	5.3%

2026 Monthly Health Premiums

Cigna Medicare Surround- *Nationwide*

Coverage for Subscriber with Medicare	Total Monthly Premium
Subscriber only	**$492.92**
Subscriber + one dependent with Medicare	**$985.84**
Subscriber + one dependent without Medicare (Cigna Open Access Plus)	**$3,521.68**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$4,014.60**
Subscriber + two or more dependents without Medicare	**$7,125.98**

Choice of any physician or hospital that accepts Medicare. Choosing a provider that accepts Medicare assignment will ensure the lowest out-of-pocket expenses. To find a Medicare provider call 1-800-MEDICARE or visit **www.medicare.gov.**

Summary of Benefits can be found on page 42.

Cigna Open Access Plus- *Nationwide**

Coverage for Subscriber without Medicare	Total Monthly Premium
Subscriber only	**$3,028.76**
Subscriber + one dependent with Medicare (Cigna Medicare Surround)	**$3,521.68**
Subscriber + one dependent without Medicare	**$6,633.06**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$7,125.98**
Subscriber + two or more dependents without Medicare	**$9,207.34**

**OAP is not available in New Mexico*

Choice of physician and hospital. For a directory of Network providers, contact Cigna Customer Service or use Provider Search on the Cigna website at **www.cigna.com.**

Summary of benefits can be found on pages 43-44.

2026 Monthly Health Premiums

SCAN Health HMO - *California Only*

Coverage for Subscriber with Medicare	Total Monthly Premium
Subscriber only	**$195.00**
Subscriber + one dependent with Medicare	**$390.00**
Subscriber + one dependent without Medicare (Cigna SoCal Select HMO)	**$1,758.19**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$1,953.19**
Subscriber + two or more dependents without Medicare	**$3,618.18**

Assignment of Primary Care Physician within the SCAN Health Plan Network. **Please Note:** Scripps Clinic and Scripps Coastal are not in-network.

Summary of Benefits can be found on page 45.

Cigna Southern California Select HMO

Choice of physician and hospital within the Scripps network.

Summary of Benefits can be found on page 46.

Coverage for Subscriber without Medicare	Total Monthly Premium
Subscriber only	**$1,563.19**
Subscriber + one dependent with Medicare (SCAN Health Plan)	**$1,758.19**
Subscriber + one dependent without Medicare	**$3,423.18**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$3,618.18**
Subscriber + two or more dependents without Medicare	**$4,751.98**

2026 Monthly Health Premiums

Cigna Medicare HMO - *California Only*

Coverage for Subscriber with Medicare	Total Monthly Premium
Subscriber only	**$558.85**
Subscriber + one dependent with Medicare	**$1,117.73**
Subscriber + one dependent without Medicare (Cigna HMO)	**$2,596.91**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$3,155.79**
Subscriber + two or more dependents without Medicare	**$5,022.31**

Choice of physicians and hospitals within Cigna's HMO network, or any physician or hospital who accepts Medicare. If you use providers outside of the network, you will be responsible for any amount that Medicare does not pay.

Summary of Benefits can be found on page 47.

Cigna Southern California HMO Plan (Cigna HMO)

Choice of physician, hospital and assignment of primary care physician within the Cigna HMO Network.

Summary of Benefits can be found on page 48.

Coverage for Subscriber without Medicare	Total Monthly Premium
Subscriber only	**$2,038.06**
Subscriber + one dependent with Medicare (Cigna Medicare HMO)	**$2,596.91**
Subscriber + one dependent without Medicare	**$4,463.46**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$5,022.31**
Subscriber + two or more dependents without Medicare	**$6,195.65**

2026 Monthly Health Premiums

Kaiser Senior Advantage HMO - *California Only*

Coverage for Subscriber with Medicare	Total Monthly Premium
Subscriber only	**$233.04**
Subscriber + one dependent with Medicare	**$466.08**
Subscriber + one dependent without Medicare	**$1,979.89**
Subscriber + one dependent with Medicare and one additional dependent without Medicare	**$2,212.93**
Subscriber + two or more dependents without Medicare	**$3,726.74**

Choice of physician, hospital and primary care provider within the Kaiser Permanente of California Network.

Summary of Benefits can be found on page 49.

Kaiser HMO - *California Only*

Choice of physician, hospital and primary care provider within the Kaiser Permanente of California Network.

Out of state Kaiser available in GA, HI, WA, OR and CO. Contact City of San Diego Retiree Health Service Center for information.

Summary of Benefits can be found on page 50.

Coverage for Subscriber Without Medicare	Total Monthly Premium
Subscriber only	**$1,746.85**
Subscriber + one dependent with Medicare	**$1,979.89**
Subscriber + one dependent without Medicare	**$3,493.70**
Subscriber + one dependent with Medicare and one additional dependent without Medicare.	**$3,726.74**
Subscriber + two or more dependents without Medicare	**$5,240.55**

2026 Monthly Health Premiums

Sharp Direct Advantage with Sharp Classic HMO - *San Diego County Only*

Choice of physician and hospital - Choice of Primary Care Physician within the Sharp Advantage Network

Coverage for Subscriber With Medicare	Total Monthly Premium
Subscriber only	**$219.00**
Subscriber + one dependent with Medicare	**$438.00**
Subscriber + one dependent without Medicare	**$2,048.92**
Subscriber + one dependent with Medicare and one additional dependent without Medicare.	**$2,267.92**
Subscriber + two or more dependents without Medicare	**$3,878.84**

Sharp Direct Advantage with Sharp Select HMO - *San Diego County Only*

Choice of physician and hospital - Choice of Primary Care Physician within the Sharp Advantage Network

Coverage for Subscriber With Medicare	Total Monthly Premium
Subscriber only	**$219.00**
Subscriber + one dependent with Medicare	**$438.00**
Subscriber + one dependent without Medicare	**$1,724.55**
Subscriber + one dependent with Medicare and one additional dependent without Medicare.	**$1,943.55**
Subscriber + two or more dependents without Medicare	**$3,230.10**

Sharp Classic HMO - *San Diego County Only*

Coverage for Subscriber Without Medicare	Total Monthly Premium
Subscriber only	**$1,892.92**
Subscriber + one dependent with Medicare	**$2,048.92**
Subscriber + one dependent without Medicare	**$3,659.84**
Subscriber + one dependent with Medicare and one additional dependent without Medicare.	**$3,878.84**
Subscriber + two or more dependents without Medicare	**$5,489.76**

Sharp Select HMO - *San Diego County Only*

Coverage for Subscriber Without Medicare	Total Monthly Premium
Subscriber only	**$1,505.55**
Subscriber + one dependent with Medicare	**$1,724.55**
Subscriber + one dependent without Medicare	**$3,011.10**
Subscriber + one dependent with Medicare and one additional dependent without Medicare.	**$3,230.10**
Subscriber + two or more dependents without Medicare	**$4,516.65**

Sharp health plans are sponsored by SDPEBA, and available to all retirees.
All questions regarding these plan should be directed to SDPEBA Benefits:
Phone: (888) 315-8027 or **Email: info@sdpeba.org**

Summary of Benefits for the Sharp plans can be found on pages 51-53.

2026 Monthly Health Premiums

DeltaCare USA HMO

Available in the following states:

AZ, CA, FL, HI, MI, NV, OK, OR, TN, TX, UT

Coverage For	Monthly Premium
Subscriber Only	**$12.19**
Subscriber + One	**$24.50**
Subscriber + Family	**$48.86**

Group Number
79343-08001

Customer Service
888-643-3138

Website
www.deltadentalins.com
To find a dentist, select the DeltaCare USA provider network

Covered Services	Network Dentist	Non-Network Dentist
Class I Diagnostic/Preventive Services	Plan pays 100%	Not covered
Class II Basic Services	$0-$280 co-pay[1]	Not covered
Class III Major Services	$0-$240 co-pay[1]	Not covered
Orthodontics Adult and Dependent Treatments	$1,700-$1,900 co-pay[1]	Not covered
Cosmetics Services and Implants Implant Prosthetics/Surgery, Veneers	Not covered	Not covered
Annual Program Maximum (per covered person)	No maximum[1]	Not covered
Lifetime Orthodontic Maximum (per covered person)	No maximum[1]	Not covered

[1] Please refer to the DeltaCare USA co-payment schedule at www.SDRetireeHealth.com for additional details on covered services and member co-payments.

Delta Dental PPO - *Nationwide*

Coverage For	Monthly Premium
Subscriber Only	**$21.90**
Subscriber + One	**$43.82**
Subscriber + Family	**$75.95**

Group Number
21003-08001

Customer Service
888-643-3138

Website
www.deltadentalins.com
To find a dentist, select the Delta Dental PPO provider network

Covered Services	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist
Class I Diagnostic/Preventive Services	Plan pays 100%	Plan pays 100% of Maximum Allowable Charge
Class II Basic Services	Plan pays 70%	Plan pays 70% of Maximum Allowable Charge
Class III Major Services	Not covered	Not covered
Orthodontics Adult and Dependent Treatments	Not Covered	Not covered
Cosmetics Services and Implants Implant Prosthetics/Surgery, Veneers & Bleaching	Not covered	Not covered
Annual program maximum (per covered person)	$1,000 Class I & II (unlimited for Class III)	
Lifetime Orthodontic Maximum (per covered person)	None	
Annual Program Deductible (per person/per family)	$50/$150—Class II only	

[1]Maximum Allowable Charge paid by Delta Dental is at the PPO contracted fee and available by submitting a predetermination to Delta Dental of California. Non-PPO dentists may charge enrollees the difference between the PPO maximum allowable charge and the dentists submitted fee. For additional details regarding your PPO benefits, please view your benefit summary www.SDRetireeHealth.com

2026 Monthly Health Premiums

Starting in 2026, the City-sponsored vision benefits will be administered by EyeMed instead of VSP. While many providers participate in both networks, some may differ. EyeMed offers a broader network that includes major retail providers like LensCrafters, Target Optical, and Pearle Vision, giving members greater flexibility and convenience. Costco will become an out-of-network provider under EyeMed. However, the out-of-network cost at Costco is only a small price increase compared to what members previously paid in-network with VSP. So while Costco is no longer in-network, members can still choose to use it with minimal cost impact. Your vision benefits will continue to cover routine eye exams, glasses, and contact lenses, but there may be differences in coverage levels, copays, or discounts. Full details of your new plan options, including out-of-network costs can be found SDRetireeHealth.com.

EyeMed Silver Vision - *Nationwide*

Coverage For	Monthly Premium
Subscriber Only	**$5.46**
Subscriber + One	**$10.91**
Subscriber + Two or more	**$12.81**

Customer Service
(866) 939-3633

Website
www.eyemed.com

It's important to review the EyeMed provider directory to confirm whether your current eye doctor is in-network under EyeMed. Visit eyemed.com and click "Find an Eye Doctor" to find an in-network provider in your area.

Covered Services	Description	In-Network Copay	Frequency
Exam Services	Focuses on your eyes and overall wellness Retinal imaging	$0 Up to $39	Once every plan year
Frame	20% off balance over $150 allowance	$0	Once every other plan year
Standard Plastic Lenses	• Single vision • Bifocal • Trifocal/Lenticular • Progressive - Standard • Progressive - Premium Tier 1-3 • Progressive - Premium Tier 4 • Progressive - Premium Tier 5	$0 $0 $0 $0 $85 - $110 $185 $225	Once every plan year
Lens Options	• Anti Reflective Coating - Standard • Anti Reflective Coating - Premium Tier 1-2 • Anti Reflective Coating - Premium Tier 3 • Photochromic - Non-Glass • Polycarbonate - Standard • Polycarbonate - Standard < 19 years of age • Scratch Coating/Tint/UV Treatment • All Other Lens Options	$45 $57 - $68 $85 $75 $40 $0 $15 20% off retail price	Once every plan year
Contact Lens Fit and Follow-Up	• Fit and Follow-Up - Standard • Fit and Follow-Up - Premium	Up to $40 10% off retail price	Once every plan year
Contact Lenses	• Contacts - Conventional • Contacts - Disposable • Contacts - Medically Necessary	$0; **15% off balance over $130 allowance** $0; **100% of balance over $130 allowance** $0; **paid-in-full**	Once every plan year
Other	Hearing Care from Amplifon Network Lasik or PRK from U.S. Laser Network	Discounts on hearing aids; call (877) 203- 0675 15% off retail or 5% off promo price; call (800) 988-4221	As needed

2026 Monthly Health Premiums

EyeMed Gold Vision - *Nationwide*

Coverage For	Monthly Premium
Subscriber Only	**$10.87**
Subscriber + One	**$21.72**
Subscriber + Two or more	**$25.51**

Customer Service
(866) 939-3633

Website
www.eyemed.com

It's important to review the EyeMed provider directory to confirm whether your current eye doctor is in-network under EyeMed. Visit eyemed.com and click "Find an Eye Doctor" to find an in-network provider in your area.

Covered Services	Description	In-Network Copay	Frequency
Exam Services	Focuses on your eyes and overall wellness Retinal imaging	$0 $0	Once every plan year
Frame	20% off balance over $200 allowance	$0	Once every plan year
Standard Plastic Lenses	• Single Vision • Bifocal • Trifocal/Lenticular • Progressive - Standard • Progressive - Premium Tier 1-3 • Progressive - Premium Tier 4 • Progressive - Premium Tier 5	$0 $0 $0 $0 $85 - $110 $185 $225	Once every plan year
Lens Options	• Anti Reflective Coating - Standard • Anti Reflective Coating - Premium Tier 1-2 • Anti Reflective Coating - Premium Tier 3 • Photochromic - Non-Glass • Polycarbonate - Standard • Polycarbonate - Standard < 19 years of age • Scratch Coating/Tint/UV Treatment • All Other Lens Options	$0 $57 - $68 $85 $25 $40 $0 $15 20% off retail price	Once every plan year
Additional Glasses Allowance	Complete pair (frame & lens with or without lens options) purchase required in order to receive 40% discount.	40% off retail; 100% of balance over $50	Once every plan year
Contact Lens Fit and Follow-Up	• Fit and Follow-Up - Standard • Fit and Follow-Up - Premium	Up to $40 10% off retail price	Once every plan year
Contact Lenses	• Contacts - Conventional • Contacts - Disposable • Contacts - Medically Necessary	$0; **15% off balance over $200 allowance** $0; **100% of balance over $200 allowance** $0; **paid-in-full**	Once every plan year
Other	Hearing Care from Amplifon Network Lasik or PRK from U.S. Laser Network	Discounts on hearing aids; call (877) 203- 0675 15% off retail or 5% off promo price; call (800) 988-4221	As needed

2026 Monthly Health Premiums

SDPEBA MetLife Dental HMO *California Only*

Coverage For	Monthly Premium
Subscriber Only	**$21.00**
Subscriber + Spouse/DP	**$40.90**
Subscriber + Child(ren)	**$40.90**
Family	**$58.46**

SDPEBA MetLife Dental PPO *Nationwide*

Coverage For	Monthly Premium
Subscriber Only	**$72.16**
Subscriber + Spouse/DP	**$140.48**
Subscriber + Child(ren)	**$140.48**
Family	**$227.02**

Covered Services	Network Dentist[1]	Non-Network Dentist
Diagnostic/Preventive Services	$0-$20 co-pay[2]	Not covered
Tests and Examinations	$0-$50 co-pay[2]	Not covered
Restorative Treatment	$0-$40 co-pay[2]	Not covered
Orthodontics Adult and Dependent Treatments	$0 - $1,450 co-pay[2]	Not covered
Crowns, Veneers	Co-pays vary[2]	Not covered
Implant Services	Co-pays vary[2]	Not covered
Surgical Services	Co-pays vary[2]	Not covered

Covered Services	In-Network	Out-Of-Network % of R&C Fee[3]
Type A - Preventive	Plan pays 100%	Plan pays 100%[3]
Type B - Basic Restorative	Plan pays 90%	Plan pays 80%[3]
Type C - Major Restorative	Plan pays 60%	Plan pays 50%[3]
Type D - Orthodontia	Plan pays 50%	Plan pays 50%[3]
Annual Maximum Benefit (per covered person)	$2,000	
Lifetime Orthodontic Maximum (per covered person)	$1,500	
Annual Deductible (Per Individual)	$50	

Please contact SDPEBA at (888) 315-8027 or visit the website at sdpeba.org for plan details.

[1] Choosing an in-network provider must be done prior to accessing services under the MetLife HMO plan. Please contact SDPEBA at (888) 315-8027 or visit the website at sdpeba.org for assistance in finding a provider.

[2] Please refer to the SDPEBA MetLife Dental co-payment schedules at www.sdpeba.org for additional details on covered services and member co-payments.

[3] Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable & Customary charge is based on the lowest of: • the dentist's actual charge,•the dentist's usual charge for the same or similar services or•the usual charge of most dentists in the same geographic area.

2026 Monthly Health Premiums

SDPEBA VSP Vision - *Nationwide*

Coverage For	Monthly Premium
Subscriber Only	**$20.88**
Subscriber + Spouse/DP	**$36.98**
Subscriber + Child(ren)	**$36.98**
Family	**$61.00**

SDPEBA Benefits
(888) 315-8027

Website
www.vsp.com
www.sdpeba.org

Covered Services	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$0	Every calendar year
Prescription Glasses			See frame and lenses
Frame	• $200 allowance for a wide selection of frames • $220 allowance for enhanced featured frame brands • 20% savings on the amount over your allowance • $200 Walmart/Sam's Club/Costco frame allowance	$0	Every calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	$0	Every calendar year
Lens Enhancement	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Scratch-resistant lenses • UV Protection • Average savings of 30% on other lens enhancements	$0 $0 $0 $0 $0	Every calendar year
Contacts **(Instead of Glasses)**	• $200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat $20 per exam. Immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.Coordination with your medical coverage may apply. Ask your VSP doctor for details.	$20 per exam	Available as needed
VSP Lightcare	1st Pair $200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.	$0	Every calendar year
Additional Pairs of Eyewear			
Frame	• $170 frame allowance • 20% savings on the amount over your allowance • $170 Walmart/Sam's Club/Costco frame allowance	$0	Every calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	$0	Every calendar year
Contacts (Instead of Glasses)	• $170 allowance for additional contacts • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year

Please contact SDPEBA at (888) 315-8027 or visit the website at sdpeba.org for plan details.

How To Enroll in SDPEBA Dental & Vision Plans

To enroll into SDPEBA's dental and/or vision plans you must be a member of one (1) of the following retiree associations: REA, POA, RFPA, MEA or AFSCME 127*. When accessing the SDRetireeHealth.com enrollment portal, if the SDPEBA plans are not listed as an enrollment option, please contact SDPEBA at (888) 315-8027 for membership assistance.

Open Enrollment: The last day to make enrollment changes is November 25, 2025. Any changes made during open enrollment will become effective as of January 1, 2026.

New Retiree: If you are enrolled in SDPEBA's dental PPO plan at the time of your retirement, you can keep the same "active" coverage (now called Retiree Enhanced PPO plan) into retirement by continuing coverage. Please know that if there is ever a break in the "active" coverage (Retiree Enhanced PPO) including switching to the HMO plan, there will not be an option to re-enroll back into the Retiree Enhanced PPO coverage. You would be able to enroll into the Retiree PPO plan at the current plan benefits in the event you had a break in coverage.

Ways to enroll:

- Visit SDRetireeHealth.com When you enter the portal you will see a flashing enrollment button to begin the online enrollment.
- Complete the Open Enrollment worksheet located in your open enrollment packet, or can also be found on SDRetireeHealth.com. This worksheet consolidates all of the healthcare plan options into one form.
- Enroll by phone by contacting the City of San Diego Retiree Health Service Center team at (855) 380 - 5898.

IMPORTANT: The City of San Diego Health Service Center only administers enrollment of the SDPEBA dental and vision plans. If you have any plan specific questions, please call SDPEBA at (888) 315-8027 or email support@sdpeba.org.

** Simultaneous enrollment into SDPEBA and the City of San Diego's dental and vision plans is not allowed.*

** Surviving dependents are eligible for all SDPEBA plans, and the membership requirement is waived.*

Health Allowance
Retired Prior to October 6, 1980

Use Allowance For Health Expenses

If you retired or terminated City employment as a vested member prior to October 6, 1980 and are eligible for and receiving a retirement benefit from SDCERS, you are eligible to receive:

$1,200 ANNUAL allowance

Allowance Can Be Used To Reimburse for Health Expenses

Retirees who retired prior to October 6, 1980 may use their health allowance for a variety of health insurance expenses, including:

- Monthly premiums for sponsored health insurance, COBRA, or privately secured health insurance (please see the *"How to Request Reimbursement"* on pages 28-29 of this booklet).
- Medicare Part B (please see the *"Medicare Reimbursement: Part A and Part B"* section on page 32 of this booklet for detailed information on Medicare Part B Reimbursement).
- Doctor co-payments
- Prescription drugs
- Hospital co-payments

Remember: It is your responsibility to immediately notify the City of San Diego Retiree Health Service Center of any changes to your health care premium or, if you cancel or disenroll from a plan. If you receive a reimbursement overpayment, you are responsible to pay back any overpayment made to you.

If you are enrolled in a sponsored health plan

If you are enrolled in a sponsored health plan, you do not need to submit proof of payment for reimbursement.

Reimbursement of premiums will be added to your monthly retirement benefit until the maximum annual allowance has been reached. Once the maximum annual allowance has been reached, no additional healthcare allowance will be paid until the next fiscal year.

You may submit your documentation by **secure upload** by logging into your SDRetireeHealth.com account and uploading the documentation directly to our service center, **mail** at City of San Diego Retiree Health Service Center, 3149 Haggerty Hwy, Commerce Twp, MI 48390 or **fax** at 248-960-2072.

Health Allowance

Retired on or after October 6, 1980

Allowance for Retirees Retired October 6, 1980 through June 30, 2009		
Retirement Date	**Non-Medicare Eligible**	**Medicare-Eligible**
Prior to July 1, 2009	**$1,710.85** per month	**$1,611.06** per month + reimbursement for 100% of Medicare Part B (dollar amount varies) if enrolled in Medicare

Allowance for Retirees Retired July 1, 2009 through March 31, 2012 With 20+ Years of Service Credit *		
Retirement Date	**Non-Medicare Eligible**	**Medicare-Eligible**
July 1, 2009 through June 30, 2011 (except for POA & Local 127)	**$1,534.21** per month	**$1,444.85** per month + reimbursement for 100% of Medicare Part B (dollar amount varies) if enrolled in Medicare
July 1, 2011 through March 31, 2012 (except for POA & Local 127)	**$1,472.38** per month	**$1,386.64** per month + reimbursement for 100% of Medicare Part B (dollar amount varies) if enrolled in Medicare
July 1, 2009 through March 31, 2012 (POA & Local 127)	**$740.27** per month	**$697.16** per month + reimbursement for 100% of Medicare Part B (dollar amount varies) if enrolled in Medicare

Option A & B: Allowance for Eligible Retirees Retired On or After April 1, 2012 with 20+ Years of Service Credit	
Option A	**Option B**
$11,491.56 per year	**$5,500.00** per year

Health Allowance

Retired on or after October 6, 1980

Allowance for Retirees Retired on or after July 1, 2009 With 10-19 Years of Service Credit

* Retirees eligible for an allowance who retired July 1, 2009 through March 31, 2012 and Option A & B must have at least 10 years of City of San Diego service credit to be eligible for 50% health allowance, and 20 years of City of San Diego service credit (reciprocal time does not count) to receive 100% of their determined allowance.

Years of Eligible City of San Diego Service Credit	Percentage of Your Determined Health Allowance You Are Eligible For
10 years	50% of determined allowance
11 years	55% of determined allowance
12 years	60% of determined allowance
13 years	65% of determined allowance
14 years	70% of determined allowance
15 years	75% of determined allowance
16 years	80% of determined allowance
17 years	85% of determined allowance
18 years	90% of determined allowance
19 years	95% of determined allowance

Members Without A Monthly or Annual Allowance

General Members beginning employment between July 1, 2005 and June 30, 2009 are not eligible for retiree health allowance.

Safety Members and Elected Officers beginning employment or assuming office on or after July 1, 2005 are not eligible for retiree health allowance.

General Members hired on or after July 1, 2009 contribute to the Retiree Medical Trust and may access those funds upon separation from the City. For information on how to submit a claim for reimbursement from the Retiree Medical Trust, please contact Voya/TASC at 1-866-678-8322.

Age Eligible:

If on the effective date of your disability retirement, you are age eligible for a service retirement (50 for Safety and 55 for General), you will receive post-employment health benefits in accordance with your irrevocable election of Option A, B or C.

Not Age Eligible:

If on the effective date of your disability retirement, you are not age eligible for a service retirement (50 for Safety and 55 for General) and you chose Option A or B, you will receive post-employment health benefits in accordance with your irrevocable election of Option A or B. If you chose Option C, the terminal funding associated with this benefit election will occur when you become age eligible for service retirement; meanwhile, in the intervening period, you will receive the Option B retiree health benefit at no cost.

Refer to the "How to Use Your Health Allowance" section on page 25 of this booklet for further information.

How To Use Your Health Allowance

- **Enroll in a Sponsored Plan:**
  You may enroll in a sponsored plan and have your premium paid directly to the carrier by the City of San Diego Retiree Health Service Center, up to your monthly or annual maximum allowance. Premiums are deducted from your pension payment at the end of the month for the next month's coverage. No reimbursement documentation is necessary. If you owe money for your own premium or for the premium of a dependent, the health service center will deduct the amount you owe directly from your monthly retirement benefit.

- **Enroll in Privately Secured Health Insurance and Request Reimbursement:**
  Enroll in a privately secured health insurance plan of your choice and request a reimbursement for your out-of-pocket cost for the insurance premium, up to your monthly or annual maximum allowance.

  Premiums will be reimbursed for plans that pay only Internal Revenue Code section 213(d) medical expenses. Under current IRS rules, premiums for fixed indemnity plans (plans that pay fixed dollar amounts for certain procedures or hospital stays) and cost sharing plans (like health sharing ministries) do not qualify for reimbursement. These types of plans do not provide medical care but rather pay a fixed amount based on a triggering medical event not related to the cost-incurred.

  Privately secured health insurance could be offered through another employer, a spouse's employer, a private insurance company, the military, or COBRA (see page 40 for additional information about COBRA). If some or all of the insurance premium is paid by another employer or the spouse's employer, the retiree will be reimbursed only for the amount he or she actually paid for coverage. **In addition, the following costs ARE NOT ELIGIBLE FOR REIMBURSEMENT**:

  - Dependent coverage
  - Annual deductibles
  - Co-payments
  - Prescriptions
  - Fixed indemnity plans
  - Credits
  - Specialty insurance (dental, vision, cancer, etc.)
  - Additional fees
  - Premium when adding dependents is free
  - Cost sharing plans

To be reimbursed in a timely manner, complete and accurate documents must be submitted to the City of San Diego Retiree Health Service Center no later than the 10th of each month. To accelerate processing, please submit ALL required documents at the same time.

Please refer to pages 28-29 for detailed instructions on how to submit for reimbursement.

Reimbursement requests and enrollment forms may be submitted by **secure upload** by logging into your SDRetireeHealth.com account and uploading the documentation directly to our service center, **mail** at City of San Diego Retiree Health Service Center, 3149 Haggerty Hwy, Commerce Twp, MI 48390 or **fax** at 248-960-2072.

How To Use Your Health Allowance

- **Medicare Part A Reimbursement:**

Health Option A & B

If you do not qualify for premium-free Part A, retirees with health option A or B may submit for reimbursement of their Medicare Part A premium. Requests will be reimbursed if received within 12 months from the date the expense was incurred. There is not a separate allowance for Medicare Part A reimbursement and it will be included in the annual allowance. Once the maximum annual allowance has been reached, no additional healthcare allowance will be paid until the next fiscal year.

- **Medicare Part B Reimbursement:**

Annual Allowances

Options A & B do not have a separate allowance for Medicare Part B reimbursement. The Medicare Part B reimbursement will be included in the annual allowance. Once the maximum annual allowance has been reached, no additional healthcare allowance will be paid until the next fiscal year.

Monthly Allowances

Monthly healthcare allowances reimburse Medicare Part B Premium, in excess of monthly allowance.

Allowance May Only Be Used Toward Retiree's Premium

Your health allowance can only be used to cover medical insurance premiums for the retired member. You may add your dependents to your sponsored plan, but you are responsible for paying the full premium cost of that additional coverage. Likewise, if you enroll in privately secured health insurance, your health allowance may only be used to reimburse you for the out-of-pocket cost of your own health premium, not for any costs incurred as a result of covering dependents.

To view your processed reimbursements and remaining balance, visit SDRetireeHealth.com, hover over "My Benefits" and select the "Allowance" option. From there, you can generate an allowance statement for the current fiscal year. To request a copy by phone, please contact the City of San Diego Retiree Health Service Center at (855) 380 - 5898.

If You Have Option A or B or Retired Prior to October 6, 1980

Your healthcare allowance is being applied on an annual basis, to comply with San Diego Municipal Code requirements. This means that the annual allowance is not divided into 12 payments; rather your entire annual allowance will be available to you each July 1.

If you are enrolled in a sponsored healthcare plan, the entire premium will be paid using your annual allowance until the maximum annual allowance has been reached. Once the maximum annual allowance has been reached, no additional healthcare allowance will be paid until the next fiscal year and the remaining premium payments will be deducted from your monthly retirement benefit.

If you are seeking reimbursement of healthcare premiums and/or Medicare Part A or B premiums, reimbursements will be added to your monthly retirement benefit until the maximum annual allowance has been reached. Once the maximum annual allowance has been reached, no additional healthcare allowance will be paid until next fiscal year.

For example:

For members retired prior to October 6, 1980 with the limited health allowance of $1,200 per year: *If you are requesting reimbursement of your Medicare Part B premiums of $185.00 per month, the full premium of $185.00 will be reimbursed from July through December. In January, the remaining premium of $90.00 will be reimbursed and no additional allowance will be available until July 1.*

For example:

For members retired on or after April 1, 2012 with the Option A allowance of $11,491.56: *If you are enrolled in a sponsored Non-Medicare plan with a premium of $1,746.85 per month, the full premium of $1,746.85 will be paid from July through December. In January, the remaining allowance of $1,010.46 will be applied toward the premium with the remaining premium deducted from your monthly retirement benefit. After that, from February through June the entire premium will be deducted from your monthly retirement benefit.*

For example:

For members retired on or after April 1, 2012 with the Option B allowance of $5,500 per year: *If you are enrolled in a sponsored Non-Medicare plan with a premium of $1,746.85 per month, the full premium of $1,746.85 will be paid from July through September. In October, the remaining allowance of $259.45 will be applied toward the premium with the remaining premium deducted from your monthly retirement benefit. After that, from November through June the entire premium will be deducted from your monthly retirement benefit.*

It is your responsibility to keep track of your annual allowance balance.

How to Request Reimbursement

Privately Secured Plan - *Re-occurring Reimbursement*

Retirees enrolled in a privately secured medical plan can streamline the reimbursement process on an annual basis by establishing automatic monthly reimbursements for their entire plan year, up to 12 months, **without monthly proof of payment.**

In order to establish the automatic reimbursements, you must submit the following three documents:

1. *"Medical Insurance Reimbursement Form"* - available at SDRetireeHealth.com under the "Resources" tab.
2. Proof of premium amount and plan coverage from the healthcare provider
    - Submit a rate chart from the employer (if your premium is paid via paystub deductions)
    - Submit a rate chart or a signed letter from the insurance company stating who is enrolled, amount of your monthly premium, and the effective date of coverage of your new plan.
    - You must include all details of your premium costs separately from any dependent costs.
3. Proof of initial payment
    - Bank or credit card statement AND corresponding invoice
    - Pay stub with deduction clearly noted
    - Cancelled check (must provide both sides) AND corresponding invoice
    - Cashier's check or money order, AND corresponding invoice
    - Signed letter or receipt from your insurance company verifying payment, AND corresponding invoice

Once the re-occurring reimbursement has been established, a monthly reimbursement will be added to your pension payment each month until your plan year ends (up to 12 months). No additional proof of payment is required.

Reimbursement requests for expenses incurred more than 12 months prior to the request date are not eligible for reimbursement.

You may submit your documentation by **secure upload** by logging into your SDRetireeHealth.com account and uploading the documentation directly to our service center, **mail** at City of San Diego Retiree Health Service Center, 3149 Haggerty Hwy, Commerce Twp, MI 48390 or **fax** at 248-960-2072.

Plans with fluctuating premiums or tax credits are not eligible for annual reimbursement and retirees with those plans will need to continue submitting monthly proof of payment.

How to Request Reimbursement

Privately Secured Plan - *One-Time Reimbursement*

Retirees enrolled in a privately secured medical plan can submit **monthly reimbursement requests** the at the start of a new plan year, or if your rate changes for any reason, up to 12 months after the payment date.

To receive reimbursement for your healthcare premium payments, you must submit the following three documents:

1. *"Medical Insurance Reimbursement Form"* - available at SDRetireeHealth.com under the "Resources" tab.
2. Proof of premium amount and plan coverage from the healthcare provider
    - Submit a rate chart from the employer (if your premium is paid via paystub deductions)
    - Submit a rate chart or a signed letter from the insurance company stating who is enrolled, amount of your monthly premium, and the effective date of coverage of your new plan.
    - You must include all details of your premium costs separately from any dependent costs.
3. Proof of payment
    - Bank or credit card statement AND corresponding invoice
    - Pay stub with deduction clearly noted
    - Cancelled check (must provide both sides) AND corresponding invoice
    - Cashier's check or money order, AND corresponding invoice
    - Signed letter or receipt from your insurance company verifying payment, AND corresponding invoice

You may submit your documentation by **secure upload** by logging into your SDRetireeHealth.com account and uploading the documentation directly to our service center, **mail** at City of San Diego Retiree Health Service Center, 3149 Haggerty Hwy, Commerce Twp, MI 48390 or **fax** at 248-960-2072.

Reimbursement Request Deadlines

Reimbursement requests for expenses incurred more than 12 months prior to the request date will not be reimbursed. Retirees must submit documentation verifying their health insurance plan premium, dates of coverage, and proof of the amount the retiree actually paid for the premium. The City of San Diego Retiree Health Service Center will reimburse retirees for the cost of the plan(s), up to the retiree's maximum monthly or annual health insurance allowance. You may submit documentation each month to be reimbursed monthly or submit several months at once. To be reimbursed in a timely manner, complete, legible and accurate documents must be submitted to the City of San Diego Retiree Health Service Center **no later than the 10th of each month.**

How to Request Reimbursement

IMPORTANT: If your coverage or plan premium changes at any time, you must notify the City of San Diego Retiree Health Service Center by completing a new "Medical Insurance Reimbursement Form" and attaching all required documentation. If you receive a reimbursement overpayment, you are responsible to pay back any overpayment made to you.

Want to get reimbursed quickly and accurately?

In order to receive timely and accurate reimbursement please consider the following:

- Providing complete, legible, and accurate documentation.
- Send all required documents at the same time.
- Put identifying information on your submission such as your full name and SDCERS ID.
- Make sure your uploaded documents are in bmp, csv, doc, docx, gif, jpg, jpeg, pdf, png, rtf, tif, tiff, txt, xls, xlsx format.
- Do not email or message a link to another site. Instead, download your documents and upload them in one of the acceptable formats directly onto SDRetireeHealth.com

Incomplete requests that require follow up are generally not processed until the following monthly payroll.

You may also want to consider enrolling in a sponsored City retiree healthcare plan during open enrollment. Once you enroll in a sponsored plan, the premium is automatically deducted from your monthly pension payment with no additional documentation required. If you are entitled to a healthcare allowance from the City, the allowance will be added to your pension payment to cover the premium, up to your allowance amount. You will remain enrolled in the same plan until you decide to make a change.

IMPORTANT: Please review the "Medicare: Part A and B Reimbursement" section on pages 32-33 for detailed information on how to submit for Medicare Part A and B Reimbursement.

Medicare: General Information

If you or your dependent will be 65 this year:

If you or your enrolled spouse is turning 65 this year, your health insurance provider and the City of San Diego Retiree Health Service Center will send you information approximately 60 - 90 days prior to the 65th birthday outlining how to confirm eligibility for Medicare. Most retirees are eligible for Medicare Part A without paying a premium. If you are not eligible for premium-free Part A, you may be eligible for a Medicare Part A reimbursement, in addition to a Medicare Part B reimbursement. Please refer to the 'How To Use Your Health Allowance' on page 26.
If you are not eligible for Medicare Part A without paying a premium, you should request a formal determination letter from the Social Security Administration. You can confirm Medicare eligibility by establishing an account online at the Social Security website, www.ssa.gov/myaccount, to view your Medicare coverage. You can also call or stop by any Social Security office.

Typically, once you have enrolled in both Medicare Part A and Part B, you should change from a comprehensive non-Medicare health plan to a Medicare plan offered by your provider; there are several sponsored Medicare plans that the City of San Diego offers. If your dependent is turning 65 this year, please contact the City of San Diego Retiree Health Service Center 60 days prior to his or her 65th birthday and submit the proper forms to enroll your dependent in a Medicare plan. When you or a covered dependent become eligible for Medicare, we strongly encourage you to enroll in the Medicare plan associated with your current non-Medicare plan. A copy of your Medicare card that shows you are enrolled in Parts A and B will need to be submitted in addition to your enrollment forms.

To Enroll in Medicare

Visit **www.medicare.gov** or call the Centers for Medicare & Medicaid Services, at 800-633-4227, 90 days before the month in which you will turn 65, for information on enrolling in Medicare and your eligibility. You may also contact your local Social Security office for information on Medicare enrollment. **NOTE: You cannot enroll in Medicare through the City of San Diego Retiree Health Service Center, you may only enroll in a sponsored health plan.**

Medicare Part A

As the primary part of Medicare, Part A covers inpatient services such as hospital care, skilled nursing facilities and home health coverage. If you are eligible for Medicare, you will have paid for Part A coverage through deductions from your earnings throughout your career, or you may qualify through a spouse.

Medicare Part B

Medicare Part B covers physician office visits and other out-patient services. Monthly Medicare Part B premiums vary, and the Social Security Administration uses several factors to determine which premium applies to you.

Medicare Part B Late Enrollment Penalty

If you do not enroll in Medicare Part B at age 65 or when you are first eligible, Centers for Medicare & Medicaid Services may require you to pay a 10% penalty for every year that you fail to enroll. This penalty is not eligible for reimbursement.

Medicare Reimbursement: Part A and Part B

Just as the retiree health benefit is different depending on when a person retired, your options for being reimbursed for Medicare Part A and B also vary depending on your retirement date. Please see the chart below for more details:

IMPORTANT: If you are paying for Medicare Part A or a non-standard Part B premium (2025 Standard Part B was $185.00), you must submit updated required documentation in order for the City of San Diego Retiree Health Service Center to adjust your reimbursement amount.

Retired Prior to October 6, 1980:
You are eligible to be reimbursed for Part B premiums until your annual $1,200.00 maximum allowance has been reached. You are not eligible to submit for reimbursement of Medicare Part A premiums.
Retired October 6, 1980 through March 31, 2012:
You are eligible to be reimbursed for 100% of Medicare Part B premium in addition to receiving the monthly health allowance detailed on the chart on page 22. You are not eligible to submit for reimbursement of Medicare Part A premiums.
Retired On or After April 1, 2012 & Eligible for Option A & B:
You are eligible to be reimbursed for Medicare Part A and Part B premiums until your annual maximum allowance is reached.

See page 33 for details on how to submit for reimbursement of Medicare Part A and Part B.

You may submit your documentation by **secure upload** by logging into your SDRetireeHealth.com account and uploading the documentation directly to our service center, **mail** at City of San Diego Retiree Health Service Center, 3149 Haggerty Hwy, Commerce Twp, MI 48390 or **fax** at 248-960-2072.

Medicare Part A and Part B Reimbursement Requirements:

When you first enroll in Medicare Part A and Part B, you must submit the following documents to the City of San Diego Retiree Health Service Center:

1. Certification of Medicare Status form, completed and signed. The form is available on SDRetireeHealth.com, or by requesting a copy by phone from the City of San Diego Retiree Health Service Center.

2. Social Security benefit verification letter or invoice and proof of payment for the first monthly or quarterly payment to the Centers for Medicare and Medicaid services.

3. Copy of your Medicare card showing that you are eligible for Medicare Part A and Part B and the effective date of your coverage. **If you DO NOT qualify to receive a Social Security benefit you must submit a Social Security Administration letter stating that you are not eligible.**

After the initial one-time submission of your Medicare card and Certification of Medicare Status form, you will continue to be reimbursed monthly. If you are paying the standard Medicare Part B premium amount, should the premium change in a new calendar year, you will be reimbursed the new standard amount without submitting additional documentation.

If you are paying for a Part A premium, IRMAA surcharge or qualify for a low-income subsidy, in order for these items to be reimbursed monthly in a new plan year, updated documentation must be submitted annually. The following documentation can be submitted to re-certify:

- ANNUAL benefit verification letter if your Medicare Part A or B premiums are deducted from your Social Security check **OR**
- Invoice and proof of payment for the first monthly or quarterly payment to the Centers for Medicare and Medicaid Services. This is a one-time per year submittal unless your Part A or B premium amount changes within the plan year.
- Your monthly reimbursement will continue for the entire calendar year and you will not need to submit any additional documentation until the following calendar year.

Remember: It is your responsibility to immediately notify the service center if your Medicare Part A and Part B premium changes or if you cancel or are disenrolled from Medicare. If you receive a reimbursement overpayment, you are responsible to pay back any overpayment made to you. If you receive a bill for Medicare Part B, you must pay the premium before seeking reimbursement from the City of San Diego. Please know that non-payment of Medicare Part B premiums could result in your disenrollment from a Medicare plan.

Medicare:
Part D Important Information

Medicare offers separate prescription drug coverage through insurance companies and pharmacies. All sponsored plans include Medicare Part D or equivalent prescription drug coverage, therefore, city retirees and beneficiaries that are enrolled in a sponsored plan cannot enroll in a separate Medicare Part D plan.

Detailed information about your prescription drug coverage and Medicare Part D are found on pages 35-36.

Please read this very important warning:

If you are enrolled in a sponsored health plan and you choose to enroll in a separate Medicare Part D prescription drug plan, **your entire sponsored health plan will be terminated.** Federal guidelines only allow you to participate in one Medicare Part D prescription drug plan at a time.

Please visit www.medicare.gov for more information.

Notice Regarding Prescription Drug Coverage

Important Notice from the City of San Diego about your prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of San Diego and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of San Diego has determined that the prescription drug coverage offered by the sponsored plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered creditable coverage. Any retiree enrolled in one of these plans is enrolled in a Part D plan through the health plan and should not enroll for a separate Medicare prescription drug plan. If you do you will be disenrolled from the sponsored health coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in another Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year generally from mid-October through early December. Beneficiaries leaving employer/union coverage may be eligible for a special enrollment period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you decide to enroll in a Medicare prescription drug plan outside of the health plan you are enrolled in, you will be dropped from the health plan.

You should also know that if you drop or lose your coverage with the City of San Diego and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may

Notice Regarding Prescription Drug Coverage

pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following open enrollment period to enroll.

For more information about this notice or your current prescription drug coverage please contact CareCounsel at 1-888-227-3334 Monday – Friday, 8:30 a.m. to 5:00 p.m. PST.

NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the City of San Diego changes. You also may request a copy of this notice.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare.

You may also be contacted directly by other Medicare prescription drug plans other than sponsored plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, financial assistance for Medicare prescription drug coverage is available. Information about financial assistance is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov** or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Name of Entity/Sender:	The City of San Diego
Contact:	Risk Management
Address:	1200 3rd Avenue, Ste. 1000, San Diego, CA 92101
Phone Number:	619-236-7300

Cigna Southern California Select HMO Plan

With both Cigna HMO plans, you work with your primary care physician (PCP) to get the most out of your plan - and be your healthiest. The Southern California Select HMO plan provides access to Scripps Health, one of the nation's highest rated health systems with more than 2,000 providers, including over 1,600 specialists throughout San Diego County. Each member on the plan can choose to be aligned to any one of four provider groups throughout Southern California. The plan provides coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, physical therapy and other services. Your current providers, specialists and facilities might already be in-network. The plan delivers high-quality care at a significant savings. To be covered by the plan, you will choose a PCP who is part of the network. You must receive all of your care through your PCP who can provide you with a referral to an in-network specialist or facility if needed.

Cigna Southern California HMO Plan (Cigna HMO)

With the Southern California HMO plan, you have access to a larger group of providers. The Cigna HMO plan provides coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, physical therapy and other services. You need to select an in-network primary care provider to receive care. Each family member covered through your plan can choose his or her own PCP and can change them at any time. Your provider will give you a referral if you need to see a specialist. You do not need a referral for OB/GYN or emergency services. If you see a doctor who is not in the network, you will not receive coverage except in emergencies. This network includes providers from various medical groups in San Diego County including Sharp/Sharp Rees-Stealy and Scripps.

Cigna Open Access Plus Plan (OAP)

The Open Access Plus (OAP) plan provides nationwide access to in-network providers. You're encouraged to select a primary care doctor to help guide your care, and can see a specialist without a referral. You have the option to see any licensed health care professional; however, your costs will be lowest when you use the OAP network. The OAP Network includes more than 1,000,000 providers and 17,400 facilities nationwide. The Cigna OAP Plan provides coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy and other services.

Kaiser HMO (Health Maintenance Organization)

With Kaiser Permanente, you get quality care and coverage together. Your doctors and care team coordinate seamlessly to keep you healthy. Innovative tools connect you to care whenever you need it. Your personalized treatment plan reflects what's best for you and your unique needs.

We have many ways to connect you to convenient, high-quality care including virtual visits and phone appointments available at no charge. No referral is required for optometry, mental health, and obstetrics-gynecology appointments.

You can feel confident about the care you get with Kaiser Permanente. Have questions about the plan?

Call Kaiser Permanente member services at 1-800-464-4000 (Group plan 104303)
Visit kp.org/NewMember to get started today.

SCAN Health Plan

SCAN Health Plan is a Medicare Advantage Prescription Drug Plan (HMO) inclusive of value-added benefits, such as ONE PASS, unlimited transportation for medical appointments or simply to pick up prescriptions, routine hearing aid coverage, routine chiropractic services and Independent Living Power Services, an in-home care program designed to help retirees stay healthy and independent in the comfort of their homes as long as they can safely do so. In San Diego, SCAN Health Plan contracts with Scripps and their network of affiliates. Visit their website to find your doctors or review your drug listing at www.scanhealthplan.com.

Cigna Medicare HMO

This is the HMO plan (Cigna HMO) that coordinates with Medicare. Please see prior page for information specific to the Cigna HMO plan. You are required to choose a primary care provider (PCP) in the Cigna Southern California HMO Network. This network includes providers from various medical groups in San Diego County including Sharp/Sharp Rees-Stealy and Scripps.

Cigna Medicare Surround

The Cigna Medicare Surround® indemnity medical plan helps pay some of the health care costs that Medicare does not cover, such as your Medicare Part A and Part B deductibles and coinsurance. You have the freedom to choose any health care professional that accepts Medicare. You don't need to select a primary care physician, and you don't need referrals or prior authorizations for health care professionals or facilities. Emergency and urgent care - When you need care, you have coverage.

Kaiser Senior Advantage HMO (Health Maintenance Organization)

Kaiser Permanente members enjoy a coordinated approach to care and coverage, combined with the convenience of treatment close to home. KP has medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country.

For peace of mind knowing you're getting a quality plan, check out how highly rated our Medicare health plans are at kp.org/MedicareStars.

To learn more about Medicare, please look at our Kaiser Permanente Guide to Medicare. Have questions about KP Medicare? Call our Kaiser Permanente Medicare specialists at 1-800-443-0815 (Group plan 104303).

SDPEBA-Sponsored Non-Medicare and Medicare Plans

Sharp Health Plan is an HMO (Health Maintenance Organization), which is a subsidiary of Sharp HealthCare. As part of the Sharp HealthCare family, we provide direct access to the Sharp Experience, from health insurance to health care. Please review the benefit summaries in this booklet to choose the right plan for you.

Sharp Classic HMO

(Non-Medicare Plan for those under 65 or not eligible for Medicare)

Sharp Classic HMO (Non-Medicare) plan offering provides members with comprehensive medical coverage. Covered services always include doctor office visits, hospital stays, surgery, outpatient procedures, periodic immunizations, physical exams, prescription drugs and more.

This benefit plan also includes lower copays, supplemental benefits such as Chiropractic/ Acupuncture, vision and hearing aid benefits. Sharp Classic HMO (Non-Medicare) includes access to the Value Network, our largest network. With more than 2,300 physicians across San Diego and southern Riverside counties, the Value Network gives you the most flexibility in choosing the right providers for you.

Sharp Select HMO

(Non-Medicare Plan for those under 65 or not eligible for Medicare)

Sharp Select HMO (Non-Medicare) plan offering provides members with comprehensive medical coverage. Covered services always include doctor office visits, hospital stays, surgery, outpatient procedures, periodic immunizations, physical exams, prescription drugs and more.

This benefit plan includes moderate copays and a lower monthly premium. Sharp Select HMO (Non-Medicare) includes access to the Performance Network, which provides you with access to award-winning Sharp HealthCare physicians and medical groups conveniently located in central San Diego County.

Sharp Direct Advantage® HMO

(Medicare Plan for those 65 or older and eligible for Medicare)

As a member of Sharp Direct Advantage HMO (Health Maintenance Organization), you will access care with the nationally recognized physicians, medical groups, and hospitals at Sharp HealthCare. Sharp provides care for more San Diegans than any other provider. When you enroll in Sharp Health Plan, you choose a Primary Care Physician (PCP), who will coordinate your care with affiliated physicians, specialists, urgent care centers, and hospitals.

Sharp Health Plan provides comprehensive medical coverage and access to Sharp's award winning medical groups, which are part of the Sharp Direct Advantage network of providers. Services include coverage for physician office visits, hospital stays, surgery, outpatient procedures, periodic immunizations, physical exams, prescription drugs, and much more. The Sharp Direct Advantage HMO also provides access to After-Hours Nurse Advice, Emergency Travel Services and access to MinuteClinic®, the walk-in medical clinic inside select CVS Pharmacy® locations. Extra benefits include acupuncture and chiropractic care, gym access, vision, and hearing aid allowance.

The Sharp plans are sponsored by SDPEBA and are available to all retirees.
All questions regarding this plan should be directed to SDPEBA Benefits:
Phone: 1-888-315-8027 or Email: info@sdpeba.org

COBRA Continuation Coverage

Under a Federal law known as COBRA (the Consolidated Omnibus Budget Reconciliation Act), the City of San Diego is required to offer you, your spouse and dependent children the opportunity to temporarily continue medical coverage at group rates where coverage under the plan would otherwise be reduced or terminated because of certain life events – referred to by COBRA as "qualifying events." Retirement, as well as other circumstances explained on page 7, is considered a qualifying event.

You and your dependents may enroll in COBRA when you retire

When you retire, you and your dependents may continue the same coverage you were receiving as an active City employee/dependent through COBRA at the time you retired. This is an alternative to immediately enrolling in a sponsored plan or private health insurance as a retiree.

A few weeks after your retirement, a COBRA election notice will be mailed to you by HealthEquity/WageWorks, the City's third party administrator for COBRA coverage. The notice will provide information about the enrollment process and deadlines for enrolling in COBRA. **When you retire, you enroll in COBRA through HealthEquity/WageWorks, not the City of San Diego Retiree Health Service Center**. The rates for COBRA are provided in the packet you will receive from HealthEquity/WageWorks.

As a retiree, you may continue medical coverage for up to 36 months, split into two 18-month phases. The first 18-month phase is COBRA (the federal program). After the initial 18-month federal COBRA coverage has been exhausted, you may continue medical coverage for another 18 months under Cal-COBRA (the state of California's program). If you haven't been notified within two months prior to COBRA ending, contact your Medical provider directly for this additional Cal-COBRA coverage.

COBRA Reimbursement

Once you have completed your elections and paid premiums through HealthEquity/WageWorks, you will only need to submit your initial documentation to begin the reimbursement process. Initial documentation includes a "Medical Insurance Reimbursement Form", copy of the HealthEquity/WageWorks invoice, and proof of payment. As long as you make timely payments to HealthEquity/Wageworks, the City of San Diego will reimburse you each month without having to submit monthly documentation. You only need to submit new documentation if there is a change to your total premium for any reason. The "Medical Insurance Reimbursement Form" can be found on SDRetireeHealth.com under the resources tab.

COBRA Continuation Coverage

If you enroll in COBRA and pay your monthly premium directly to HealthEquity/WageWorks or if you enroll in Cal-COBRA and pay your monthly premium directly to your provider, you will have to submit documentation for monthly reimbursement. See page 28-29 for details on how to submit for reimbursement. To enroll in Cal-COBRA, contact your medical provider directly.

If you are a dependent who loses coverage through legal separation or divorce, you may enroll in COBRA

If you are the dependent of a City retiree and become legally separated or divorced from that retiree at any time and lose your healthcare coverage as a result, you may continue coverage under COBRA for up to 36 months. Remember, it is up to the retiree or the dependent to notify The City of San Diego Retiree Health Service Center, within 60 days of this qualifying event.

If you are a dependent who turns 26 and no longer qualifies for medical coverage, you may enroll in COBRA

If you are the dependent of a City retiree and, upon turning 26, no longer qualify for dependent coverage, you may continue healthcare coverage under COBRA for up to 36 months. Remember, it is up to the retiree or the dependent to notify the City of San Diego Retiree Health Service Center within 45 days of this qualifying event.

MEDICARE PLANS (for those 65 or older and eligible for Medicare) You pay the following co-pays or co-insurance	**CIGNA MEDICARE SURROUND** **$492.92 per month (subscriber only)**
Acupuncture	Not covered
Ambulance	Covered in full (ground and air)
Chiropractor	Covered in full
Durable Medical Equipment	Covered in full
Emergency Care	Covered in full in U.S.; 20% of covered expenses outside of U.S.
Hearing Care and Hearing Aids	Exam covered in full; hearing aids not covered
Home Health Care	Covered in full; limited to part-time or intermittent skilled nursing care
Hospice Care	Covered in full
In Patient Hospital	Days 1-60 = Cigna pays Medicare deductible; Days 61-90 = CIGNA pays Medicare coinsurance; Beyond 90 days =CIGNA pays the Medicare coinsurance for lifetime reserve days
Office Visits/Physician visits	Covered in full
Mental Health Care (inpatient)	Days 1-60 = CIGNA pays Medicare deductible; Days 61-90 = CIGNA pays Medicare coinsurance; Beyond 90 days =CIGNA pays the Medicare coinsurance up to 365 days
Mental Health Care (outpatient)	Covered in full
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$6,350 Individual
Prescription Drugs	Tier 1: $10 co-pay for 30-day supply; Tier 2: $20 co-pay for 30-day supply; Tier 3: $35 co- pay for 30-day supply; Tier 4: 25% for injectables/specialty ($250 max); Rx. Mail Order = 2 co-pays for up to a 90-day for Tiers 1,2, and 3.
Skilled Nursing Facility (SNF)	Days 1-20 = CIGNA pays no benefits (Medicare pays Medicare Allowable charges); Days 21-100 = CIGNA pays Medicare coinsurance; Days 101-365 = CIGNA pays 80% of Maximum Allowable Charges, up to an additional 265 days each benefit period
Surgery (inpatient)	Covered in full days 1-90 and 60 lifetime reserve days
Surgery (outpatient)	Covered in full
Urgent Care	Covered in full within the U.S.; you pay 20% outside the U.S.
Vision	Annual vision screening covered in full; $15 co-pay for refractive eye exams

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	CIGNA OPEN ACCESS PLUS **$3,028.76 per month (subscriber only)** OAP **Network** Provider/Coverage
Acupuncture	$25 co-payment (20 visits per year)
Ambulance	80% of covered expense
Chiropractor	$25 co-payment; $1,500 maximum benefit per plan year (combined PPO & OON)
Durable Medical Equipment	20% of covered expense
Emergency Care	$100 co-payment $100 waived if admitted to hospital
Hearing Care and Hearing Aids	Not covered
Home Health Care	20% of covered expense. Limited to maximum 100 visits combined PPO/OON
Hospice Care	20% of covered expense
Inpatient Hospital	20% of covered expense
Office Visits/Physician visits	$25 co-payment
Mental Health Care (inpatient)	20% of covered expense
Mental Health and Substance Use Disorder	$25 co-payment
Plan Year Deductibles	$500 per individual; Three family members must satisfy their individual deductibles to satisfy the family deductible
Plan Year Out-Of-Pocket Maximum	PPO: $3,000 individual. Family = 3X individual
Prescription Drugs	Generic: $15 co-payment for 30-day supply; Brand: $30 co-payment for 30-day supply; Mail Order: two co-payments for 90-day supply
Skilled Nursing Facility (SNF)	20% of covered expense; 100 days limit per plan year combined PPO/OON
Surgery (inpatient)	20% of covered expense
Surgery (outpatient)	20% of covered expense
Urgent Care	$25 co-payment + 20% of covered expense
Vision	Annual vision screening covered in full; $20 co-payment for refractive eye exams

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	**CIGNA OPEN ACCESS PLUS** **$3,028.76 per month (subscriber only)** **Out-of-Network** (OON) Provider Coverage
Acupuncture	40%. Combined maximum benefit of 20 visits (PPO/OON) per policy year
Ambulance	80% of covered expense
Chiropractor	40%. Combined maximum benefit of $1,500 (PPO/OON) per policy year
Durable Medical Equipment	40% of covered expense
Emergency Care	$100 + 40% of covered expense; $100 waived if admitted to hospital
Hearing Care and Hearing Aids	Not covered
Home Health Care	40% of covered expense; Limited to maximum 100 visits combined PPO/OON
Hospice Care	40% of covered expense
Inpatient Hospital	40% of covered expense
Office Visits/Physician visits	40% of covered expense
Mental Health Care (inpatient)	40% of covered expense
Mental Health and Substance Use Disorders	40% of covered expense
Plan Year Deductibles	$500 per individual; Three family members must satisfy their individual deductibles to satisfy the family deductible
Plan Year Out-Of-Pocket Maximum	Non-PPO: $6,000 individual; Family = 3X individual
Prescription Drugs	Generic: $15 co-payment for 30-day supply; Brand: $30 co-payment for 30-day supply; Mail Order: two co-payments for 90-day supply
Skilled Nursing Facility (SNF)	40% of covered expense; Combined limit of 100 days per plan year PPO/OON
Surgery (inpatient)	40% of covered expense
Surgery (outpatient)	40% of covered expense
Urgent Care	40% of covered expense
Vision	Annual vision screening covered in full up to $45 allowance; $20 co-payment for refractive eye exams

MEDICARE PLANS (for those 65 or older and eligible for Medicare) You pay the following co-pays or co-insurance	Offering ONE PASS Fitness **SCAN HEALTH PLAN** **$195.00 per month (subscriber only)** See Additional Independent Living benefits on the service center website
Acupuncture	Not covered
Ambulance	No charge per one-way trip
Chiropractor	$10 co-payment (20 visits per plan year); Provider network: American Specialty Health Providers
Durable Medical Equipment	Covered in full when deemed medically necessary and prescribed by plan physician in accordance with durable medical equipment formulary
Emergency Care	$50 co-payment per visit. Waived if admitted to hospital
Hearing Care and Hearing Aids	$10 co-pay for diagnostic hearing exam
Home Health Care	Covered in full
Hospice Care	Covered by Medicare
In Patient Hospital	Covered in full
Office Visits/Physician visits	$10 co-payment per visit
Mental Health Care (inpatient)	Covered in full
Mental Health Care (outpatient)	Covered in full
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$3,400 per individual
Prescription Drugs	30 day supply Tier 1 Generic Preferred & Tier 2 Generic Non Preferred: $10 copay Tier 3 Brand Preferred & Tier 4 Brand Non Preferred: $20 copay Tier 5 Specialty: 25% coinsurance Using a preferred pharmacy Generic drugs drop to $5 copay; 90-day supply available at retail or mail order Express Scripts (two copayments for a 90-day supply.)
Skilled Nursing Facility (SNF)	No charge (up to 120 days per benefit period)
Surgery (inpatient)	Covered in full
Surgery (outpatient)	Covered in full
Urgent Care	$10 co-payment. Waived if admitted to hospital
Vision	Medicare Covered exam co-payment: No Charge
Health Club Membership	Covered in full
Transportation	Covered in Full (unlimited rides; 75 miles limit each way)

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	CIGNA SOUTHERN CALIFORNIA SELECT HMO (CIGNA SELECT HMO) $1,563.19 per month (subscriber only) Primary Care Provider within Cigna HMO Network
Acupuncture	$15 co-payment (40 visits per year)
Ambulance	Covered in full
Chiropractor	$15 co-payment (40 visits per year)
Durable Medical Equipment	Covered in full
Emergency Care	$75 co-payment per visit. Waived if admitted to hospital
Hearing Care and Hearing Aids	Annual hearing screening covered in full; $500 allowance for hearing aids (2 every 36 months)
Home Health Care	No charge 100 days per year
Hospice Care	No charge
Inpatient Hospital	$100 per admit
Office Visits/Physician visits	$20 co-payment per visit
Mental Health Care (inpatient)	$100 per admit
Mental Health and Substance Use Disorder	$20 co-payment
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$1,500 individual; $3,000 per family
Prescription Drugs	Generic: $15 co-payment for 30-day supply; Brand: $30 co-payment for 30-day supply; Mail order: two co-payments for 90-day supply; Out of Pocket Maximum of $1,000 Individual and $2,000 Family
Skilled Nursing Facility (SNF)	Your plan pays 100%. Limited to 100 days per plan year
Surgery (inpatient)	Covered in full
Surgery (outpatient)	$50 co-payment per facility visit
Urgent Care	$20 co-payment per visit. Waived if admitted to hospital
Vision	Annual vision screening covered in full; $20 co-payment for refractive eye exams

MEDICARE PLANS (for those 65 or older and eligible for Medicare) You pay the following co-pays or co-insurance	**CIGNA MEDICARE HMO** Plan is secondary to Medicare **$558.85 per month (subscriber only)**
Acupuncture	$15 co-payment (40 visits per year)
Ambulance	Covered in full
Chiropractor	$15 co-payment (unlimited)
Durable Medical Equipment	Covered in full
Emergency Care	$50 co-payment per visit. Waived if admitted to hospital
Hearing Care and Hearing Aids	Annual hearing screening covered in full; $500 allowance for hearing aids (2 every 36 months)
Home Health Care	No charge
Hospice Care	No charge
Inpatient Hospital	$100 per admit
Office Visits/Physician visits	$15 co-payment per visit
Mental Health Care (inpatient)	$100 per admit
Mental Health Care (outpatient)	$15 co-payment
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$1,500 individual; $3,000 per family
Prescription Drugs	Tier 1: $15 co-pay for 30-day supply; Tier 2: $30 co-pay for 30-day supply; Tier 3 $50 co- pay for 30-day supply; Tier 4: 25% for injectables/specialty ($250 max); Rx. Mail Order = 2 co-pays for up to a 90-day for Tiers 1, 2, and 3.
Skilled Nursing Facility (SNF)	$100 per admit; Limited to 100 days per plan year
Surgery (inpatient)	Covered in full
Surgery (outpatient)	$50 co-payment per procedure
Urgent Care	$15 co-payment per visit; Waived if admitted to hospital
Vision	Annual vision screening covered in full; $15 co-pay for refractive eye exams

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	CIGNA SOUTHERN CALIFORNIA HMO PLAN (CIGNA HMO) Primary Care Provider within Cigna HMO Network **$2,038.06 per month (subscriber only)**
Acupuncture	$15 co-payment (40 visits per year)
Ambulance	Covered in full
Chiropractor	$15 co-payment (40 visits per year)
Durable Medical Equipment	Covered in full
Emergency Care	$75 co-payment per visit. Waived if admitted to hospital
Hearing Care and Hearing Aids	Annual hearing screening covered in full; $500 allowance for hearing aids (2 every 36 months)
Home Health Care	No charge 100 days per year
Hospice Care	No charge
Inpatient Hospital	$100 per admit
Office Visits/Physician visits	$20 co-payment per visit
Mental Health Care (inpatient)	$100 per admit
Mental Health and Substance Use Disorder	$20 co-payment
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$1,500 individual; $3,000 per family
Prescription Drugs	Generic: $15 co-payment for 30-day supply; Brand: $30 co-payment for 30-day supply; Mail order: two co-payments for 90-day supply; Out of Pocket Maximum of $1,000 Individual and $2,000 Family
Skilled Nursing Facility (SNF)	Your plan pays 100%. Limited to 100 days per plan year
Surgery (inpatient)	Covered in full
Surgery (outpatient)	$50 co-payment per procedure
Urgent Care	$20 co-payment per visit. Waived if admitted to hospital
Vision	Annual vision screening covered in full; $20 co-payment for refractive eye exams

MEDICARE PLANS (for those 65 or older and eligible for Medicare) You pay the following co-pays or co-insurance	Offering Silver & Fit **KAISER SENIOR ADVANTAGE HMO** **$233.04 per month (subscriber only)**
Acupuncture	Not covered
Ambulance	Covered in full
Chiropractor	$15 co-payment (up to a total of 30 visits per 12-month period)
Durable Medical Equipment	100% covered per item when deemed medically necessary and when prescribed by a plan physician in accordance with durable medical equipment formulary
Emergency Care	$50 per visit (waived with admission to hospital)
Hearing Care and Hearing Aids	$500 allowance; every 36 months
Home Health Care	100% covered per home visit when prescribed by a plan physician (services limited to inside the service area); limit of 3 visits per day, 100 visits per year
Hospice Care	Covered in full
Hospital	$100 co-payment per admission
Office Visits/Physician visits	$10 co-payment
Mental Health Care (inpatient)	$100 co-payment per admission, no day limit
Mental Health Care (outpatient)	$10 co-payment per visit; no visit limit
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$1,000 per member/$3,000 per family
Prescription Drugs	Generic: $10 for up to 100 days Brand: $20 for up to 100 days
Skilled Nursing Facility (SNF)	100% covered for up to 100 days per benefit period
Surgery (inpatient)	Covered in full
Surgery (outpatient)	$50 co-payment per procedure
Urgent Care	$10 co-payment
Vision	$150 eyewear allowance every 24 months

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	**KAISER HMO** **$1,746.85 per month (subscriber only)**
Acupuncture	Not covered
Ambulance	Covered in full
Chiropractor	$15 co-payment (up to a total of 30 visits per 12-month period)
Durable Medical Equipment	100% covered per item when deemed medically necessary and when prescribed by a plan physician in accordance with durable medical equipment formulary
Emergency Care	$75 co-payment per visit
Hearing Care and Hearing Aids	$500 allowance every 36 months
Home Health Care	100% covered per home visit when prescribed by a plan physician (services limited to inside the Service Area); limit of 3 visits per day, 100 visits per year
Hospice Care	Covered in full
Hospital	$100 co-payment per admission
Office Visits/Physician visits	$20 co-payment per visit
Mental Health Care (inpatient)	$100 co-payment per admission; no day limit
Mental Health Care (outpatient)	$20 co-payment; no day limit
Plan Year Deductibles	No deductible
Plan Year Out-Of-Pocket Maximum	$1,500 individual/$3,000 family per plan year
Prescription Drugs	Generic: $15/30 days Generic Mail Order: $30/100 days; Brand: $30/30 days; Brand Mail Order: $60/100 days
Skilled Nursing Facility (SNF)	100% covered for up to 100 days per benefit period
Surgery (inpatient)	$100 co-payment per admission
Surgery (outpatient)	$20 co-payment per procedure
Urgent Care	$20 co-payment per visit
Vision	Covered in full (Routine eye exams with a Plan Optometrist)

MEDICARE PLANS (Coverage for Subscribers WITH Medicare) You pay the following co-pays or co-insurance	SHARP DIRECT ADVANTAGE HMO **$219.00 per month (subscriber only)** This plan is sponsored by SDPEBA, and available to all retirees. All questions should be directed to: **Phone: 888-315-8027** or **Email: support@sdpeba.org**
Acupuncture	$10 co-payment (30 combined visits per year for Acupuncture and Chiropractic)
Ambulance	Covered in full (in connection with hospital admission or emergency services)
Chiropractor	$10 co-payment (30 combined visits per year for Chiropractic and Acupuncture)
Durable Medical Equipment	Covered in full
Emergency Care	$50.00 co-payment. Waived if admitted.
Hearing Care and Hearing Aids	$3,500 every 36 months; exam and fitting have a $10 co-payment each.
Home Health Care	Covered in full
Hospice Care	Covered in full
Hospital	Covered in full
Office Visits/Physician visits	$10 co-payment
Mental Health Care (inpatient)	Covered in full
Mental Health Care (outpatient)	$10 co-payment
Calendar Year Deductible	No deductible
Calendar Year Out-Of-Pocket	$1,500 (Medical and Hospital)
Prescription Drugs	30 Day Retail Prescription Drugs Preferred Generic: $10 30 Day Retail Prescription Drugs Generic: $10 30 Day Retail Prescription Drugs Preferred Brand: $20 30 Day Retail Prescription Drugs Non-Preferred Brand: $20 30 Day Retail Prescription Drugs Specialty: 25% 30 Day Retail Prescription Drugs Select Care: $0 Mail Order Prescription Drugs (90 Day Supply) Preferred Generic: $20 Mail Order Prescription Drugs (90 Day Supply) Generic: $20 Mail Order Prescription Drugs (90 Day Supply) Preferred Brand: $40 Mail Order Prescription Drugs (90 Day Supply) Non-Preferred Brand: $40 Mail Order Prescription Drugs (90 Day Supply) Select Care Drugs: $0
Surgery (inpatient)	Covered in full
Surgery (outpatient)	$50 co-payment
Urgent Care	$10 co-payment
Vision	$10 exam (every year) $20 lenses $400 allowance for frames or contacts (every 24 months)

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	SHARP CLASSIC HEALTH PLAN HMO **$1,829.92 per month (subscriber only)** This plan is sponsored by SDPEBA, and available to all retirees. All questions should be directed to: **Phone: 888-315-8027** or **Email: support@sdpeba.org**
Acupuncture	$15 co-payment (40 combined visits per year for Acupuncture and Chiropractor)
Ambulance	Covered in full in connection with hospital admission or emergency services
Chiropractor	$15 co-payment (40 combined visits per year for Chiropractic and Acupuncture)
Durable Medical Equipment	Covered in full
Emergency Care	$75.00 co-payment. Waived if admitted.
Hearing Care and Hearing Aids	$1,000 every 36 months
Home Health Care	Covered in full (maximum of 100 visits per calendar year)
Hospice Care	Covered in full
Hospital	$100 per admission
Office Visits/Physician visits	$20 co-payment
Mental Health Care (inpatient)	$100 per admission
Mental Health Care (outpatient)	$20 co-payment
Plan Year Deductibles	No deductible
Out-Of-Pocket Maximum	$1,500 individual / $3,000 family
Prescription Drugs	Preferred Generic: $15 Preferred Brand: $30 Non-Preferred Brand: $50 Mail Order Prescription Drugs (90 Day Supply) Preferred Generic: $30 Mail Order Prescription Drugs (90 Day Supply) Preferred Brand: $60 Mail Order Prescription Drugs (90 Day Supply) Non-Preferred Brand: $100
Skilled Nursing Facility (SNF)	Covered in full (maximum of 100 days per calendar year)
Surgery (inpatient)	Covered in full
Surgery (outpatient)	Covered in full
Urgent Care	$20 co-payment
Vision	Annual vision screening covered in full (once every 12 months)

NON-MEDICARE PLANS (for those under 65 or not eligible for Medicare Coverage) You pay the following co-pays or co-insurance	SHARP SELECT HMO **$1,505.55 per month (subscriber only)** This plan is sponsored by SDPEBA, and available to all retirees. All questions should be directed to: **Phone: 888-315-8027** or **Email: support@sdpeba.org**
Acupuncture	$15 co-payment (20 combined visits for acupuncture & chiropractic care)
Ambulance	Covered in full in connection with hospital admission or emergency services
Chiropractor	$15 (20 combined visits for acupuncture & chiropractic care)
Durable Medical Equipment	50% coinsurance contracted rates
Emergency Care	$100 co-payment. Waived if admitted.
Hearing Care and Hearing Aids	N/A
Home Health Care	$30 co-payment per visit (maximum of 100 visits per calendar year)
Hospice Care	Covered in full
Hospital	$500 per admission
Office Visits/Physician visits	$20 co-payment ($30 co-payment for Specialist)
Mental Health Care (inpatient)	$500 per admission
Mental Health Care (outpatient)	15% coinsurance of contracted rate
Plan Year Deductibles	No medical deductible
Out-Of-Pocket Maximum	$3,000 individual / $6,000 family
Prescription Drugs	Preferred Generic: $16 Preferred Brand: $35* Non-Preferred Brand: $70* Mail Order Prescription Drugs (90-Day Supply) Preferred Generic: $32 Preferred Brand: $70* Non-Preferred Brand: $140* (*$150 brand deductible applies)
Skilled Nursing Facility (SNF)	$200 per admission
Surgery (inpatient)	$500 per admission
Surgery (outpatient)	15% coinsurance of contracted rates
Urgent Care	$30 co-payment
Vision	Annual vision screening covered in full (once every 12 months)

Frequently Asked Questions

I retired October 6, 1980 through March 31, 2012, why doesn't the "10 percent escalator" cover my health care increase? My plan had a 9 percent increase, why doesn't the "10 percent escalator" cover that?

SDMC §24.1202(b)(2), states: "After Fiscal Year 2003, the maximum payment or reimbursement level for Health Eligible Retirees will be adjusted annually based upon the projected increase for National Health Expenditures by the Centers for Medicare and Medicaid Services, Office of the Actuary, for the full-year period ending January 1 before each plan year. No adjustment may exceed 10 percent for any plan year."

If I enroll in a sponsored medical, dental or vision plan, what are the rules on cancelling that insurance?

If you enroll in a medical, dental or vision plan, you are required to pay monthly premiums for the entire plan year. You may not cancel your medical, dental or vision insurance in the middle of the plan year.* Therefore, even if you have reached the maximum annual dollar amount of coverage that your dental or vision plan will pay or, annual medical allowance, you are still responsible for paying the monthly premiums for the rest of the plan year.

* Exceptions may be made for specific qualifying events. Contact the City of San Diego Retiree Health Service Center for more information.

If you are currently enrolled in a medical, dental or vision plan and do not want to continue the plan for the upcoming plan year, this open enrollment period is the only window of time during which you may cancel your plan. To do this, you must submit a the open enrollment worksheet to the City of San Diego Retiree Health Service Center or dis-enroll from your current plan online by November 25, 2025.

How can Safety Members utilize the Pension Protection Act of 2006 to claim up to a $3,000 exclusion on tax returns?

Refer to IRS Publication 575. If you retired as a Safety Member and use one of the sponsored plans (Cigna, SCAN Health Plan, Kaiser or Sharp), you should discuss this exemption with your tax-preparer. It is the member's responsibility to claim the exclusion on their personal tax return. The City of San Diego Retiree Health Service Center does not provide any further proof for this exemption, and cannot give tax advice.

Frequently Asked Questions

I retired between October 6, 1980, and June 30, 2009. This is my first time experiencing a deduction for my medical plan. Do I have free lifetime medical?

Retirees with a monthly allowance are not entitled to free medical coverage for life. If your medical plan premium exceeds your monthly allowance, you are responsible for paying the difference. For example: In 2026, the Kaiser HMO premium is $1,746.85, but the FY 2026 allowance for non-Medicare retirees is only $1,710.85 per month. As a result, the retiree would be responsible for paying the $36.00 difference each month.

Can my annual allowance be split into 12 equal monthly amounts?

No, the Municipal code specifies which health allowances should be paid monthly and which health allowances should be paid annually. The City of San Diego Retiree Health Service Center cannot change the allowance schedule.

What premiums are eligible for reimbursement?

Premiums will be reimbursed for plans that pay only Internal Revenue Code section 213(d) medical expenses. These expenses include payment of premiums for insurance that provides medical care under Section 213. Premiums or share payments made for fixed indemnity plans (plans that pay fixed dollar amounts for certain procedures or hospital stays) and cost sharing plans (like health sharing ministries) do not directly provide for medical care and are not reimbursable under the IRS rules associated with Health Reimbursement Accounts. If you have any questions about whether premiums for the new health care plan you are considering are eligible for reimbursement, please contact the City of San Diego Retiree Health Service Center at (855) 380-5898 before enrolling.

Where can I find information on my healthcare payments?

Information on premiums for healthcare, dental and vision plan providers, as well as allowance and reimbursement information can be found on your confirmation and allowance statement which can be downloaded at anytime on SDRetireeHealth.com. The City of San Diego Retiree Health Service Center can also mail you a copy upon request.

How do I update my address with SDCERS, the City of San Diego Retiree Health Service Center and insurance providers?

Retirees should continue to update their address on the SDCERS member portal. This update will automatically feed over to the City of San Diego Retiree Health Service Center, and the service center will notify the insurance carriers of the address change on the retiree's behalf. If you have a separate mailing address and residential address, mailing addresses will continue to be updated on the SDCERS member portal, and you would need to contact the service center to update the residential address at (855) 380-5898.

Frequently Asked Questions

Medicare

Why do I need to certify my Medicare status and Medicare Part B expenses?

Medicare Part B will be reimbursed when the member actually incurs the expense. For this reason, the City of San Diego requires you to submit proof of Medicare enrollment (typically when a member is first eligible) and proof of the payment amount before you can be reimbursed. A Medicare payment could include additional costs for late fees or penalties. Because there is no authority under the municipal code to reimburse retirees for late fees or penalties, the City of San Diego Retiree Health Service Center must have the details of the expenses to determine what is reimbursable, especially for members who pay higher, non-standard amounts. See page 33 for detailed information.

Do I need to submit annual proof of payment of my Medicare Part B premium?

You should only submit annual proof of payment if you are paying a non-standard amount for Medicare Part B due to an IRMAA surcharge or a low-income subsidy. Annual proof of payment is generally submitted every January. If you are paying the standard Medicare Part B premium and you certified your Medicare status, annual verification is not required. See page 33 for detailed information.

Can I be reimbursed for Medicare Part A premiums?

In 2024, the City of San Diego negotiated reimbursement for Medicare Part A premiums for retirees who have retiree health Option A or Option B.

I pay my Medicare Part B to Social Security (CMS) quarterly, and in advance. Can The City of San Diego Retiree Health Service Center reimburse me for the full quarter if I have already paid Social Security (CMS)?

Even if you pay for Medicare Part B quarterly, and in advance, the City of San Diego Retiree Health Service Center will still reimburse the monthly premium as it is incurred. The monthly premium reimbursement is generally established for the entire calendar year and no additional proof of payment is required after the first quarterly payment.

Why is Part D or Part D IRMAA not eligible for reimbursement?

There is no authority in the Municipal Code for reimbursement of Medicare Part D or Part D IRMAA.

Reimbursements

If I enroll in privately secured insurance, how do I use my allowance to pay my health care premiums?

If you enroll in privately secured insurance—that is, insurance other than the sponsored health plans found in this booklet—you are responsible for paying the premium up front. You may then submit proof of that payment and the corresponding invoice to the City of San Diego Retiree Health Service Center to be reimbursed. You will be reimbursed either up to your maximum allowance, or your monthly premium, whichever is less. See the "How to Request Reimbursement" section on pages 28-29 of this booklet.

What do I need to submit to the City of San Diego Retiree Health Service Center if my premium amount changes?

You need to submit an *"Medical Insurance Reimbursement Form"* when your premium amount changes for any reason. Supporting documentation for your premium amount and plan coverage must also be submitted.

If I am in a privately secured plan, and I am not using the re-occuring reimbursement option, why do I need to submit a payment invoice in addition to my proof of payment every month?

Depending on proof of payment, the service center may also request the corresponding invoice before processing the reimbursement. SDMC §24.1202 states that a health eligible retiree will not be reimbursed any more than the actual premium cost they incur, up to the maximum allowance. To ensure compliance with this provision, the City of San Diego Retiree Health Service Center staff must review the details of the invoice to determine the premium amount the retiree actually paid for their own health coverage. Some retirees pay for their dependents' health care, or receive flexible benefit credits or subsidies from an employer or another agency that cover some or all of their premiums.

Can my allowance be used to cover my dependent(s)?

Generally, no. The health allowance can only be used to cover healthcare premiums for the retired member. You may add your dependent(s) to your sponsored plan, but you are responsible for paying the full premium cost of your dependent's(s') coverage. If you have the Option C defined contribution plan, you may use trust fund money to cover healthcare costs for your spouse and/or dependent children. Please consult your Option C Trust Administrator for more details.

Remember, when submitting documents to the City of San Diego Retiree Health Service Center via secure upload, all documents must be converted to bmp, csv, doc, docx, gif, jpg, jpeg, pdf, png, rtf, tif, tiff, txt, xls, xlsx format.

Contact Information

City of San Diego Retiree Health Service Center
Phone Number: 855-380-5898
Member Portal: www.SDRetireeHealth.com

SDCERS
Phone Number: 619-525-3600
www.SDCERS.org

CareCounsel
Phone Number: 888-227-3334

City of San Diego Risk Management 619-236-7300
SDPEBA Benefits 888-315-8027
Social Security Administration 800-772-1213
Medicare 800-633-4227
HealthEquity/WageWorks 877-722-2667
Voya/Tasc 1-866-678-8322

OPTION C TRUST FUNDS

Local 145: IAFF Medical Expense Reimbursement Plan (administered by Vimly Benefit Solutions)
425-367-0743
Represented Employees other than Local 145:
Gallagher 844-342-5505
Unrepresented: Voya Financial Health Account Solutions
833-232-4673 or HASinfo@voya.com

NON-MEDICARE PLANS

Cigna HMO, HMO Select & Open Access Plus
Group Number 3341853
Pre-enrollment customer service number: 888-806-5042
Post-enrollment customer service number: 800-Cigna24 (800-244-6224)
Pre-enrollment website: www.cigna.com
Post-enrollment website: www.mycigna.com

Kaiser Permanente HMO
Group Number 104303-101
Customer Service 800-464-4000
Website www.kp.org
Prescription mail order 866-206-2985

Sharp Health Plan HMO
Group Number 1006268
Customer Service 888-840-4747
Website www.sharphealthplan.com/sdpeba
Prescription Mail Order, CVS Caremark 24 hour prescription help line 1-855-222-3183 or visit sharpmedicareadvantage.com/mailorder

MEDICARE PLANS

Cigna Medicare Surround
Group Number 3341853
Pre-enrollment customer service number: 888-806-5042
Post-enrollment customer service number: 800-Cigna24 (800-244-6224)
Pre-enrollment website: www.cigna.com
Post-enrollment website: www.mycigna.com
Cigna PDP Pharmacy - Express Scripts/Benistar
Customer Service Number: 800-236-4782

SCAN Health Plan
Group Number EG0009
Pre-enrollment customer service number: 877-857-5053
Post-enrollment customer service number: 800-559-3500
Website: www.scanhealthplan.com

Kaiser Senior Advantage HMO
Group Number 104303-101
Customer Service 800-443-0815
Website www.kp.org
Prescription mail order 866-206-2985

Sharp Direct Advantage HMO
Group Number 1002001
Customer Service 855-562-8853
Website www.sharphealthplan.com/sdpeba
Prescription Mail Order, CVS Caremark 24 hour prescription help line 1-855-222-3183 or visit sharpmedicareadvantage.com/mailorder

DENTAL PLANS

Delta Dental - DeltaCare USA: Group Number 79343-08001
Delta Dental - PPO: Group Number 21003-08001
Customer Service 888-643-3138
Website www.deltadentalins.com

SDPEBA MetLife HMO & PPO
Customer Service 888-315-8027

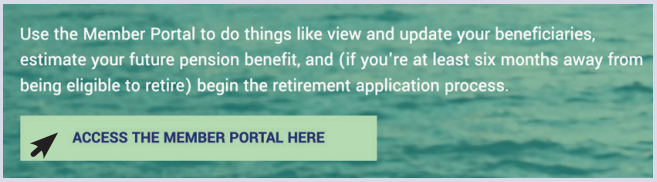
VISION PLANS

EyeMed Silver & Gold Vision
Pre-enrollment customer service 866-804-0982
Post-enrollment customer service 866-939-3633
Website www.eyemed.com

SDPEBA VSP Vision
Customer Service 888-315-8027

How to Access Your SDCERS Portal Account

1. Visit SDCERS' website at **www.sdcers.org** and click on *Access the Member Portal Here.*



The Member Portal is also accessible from IOS and Android devices.

2. Select ***Register*** and review the "Registration Instructions."

   STOP: Before you go any further, make sure you know the net amount of your last pension payment. You can find this information on your most recent bank statement or, if you don't have access to your last bank statement, by calling the Call Center at 619-525-3600.

   If you have the information you will need to keep going, click:

   Continue

3. Next, read the "Privacy Policy" carefully and, if you agree, click:

   I Agree

4. Now, simply fill in the information as you are prompted.

IMPORTANT: Register using a personal email address that you will have unlimited access to – we recommend not using your work email address. After you register, you will not be able to change the email address associated with your account – you will have to delete your account and create a new one.

For your security, be sure to choose a complex password, but not one so complex that you forget it later. If you do forget your password in the future, use the "Forgot Password" button to reset it without having to call SDCERS.

Make sure you choose challenge questions that you will always know the answer to – if you forget your password in the future, you will need to be able to correctly answer all three challenge questions in order to reset your password.

SDRetireeHealth.com

This website is accessible on most browsers using multiple devices (cell phone, tablet, computer).

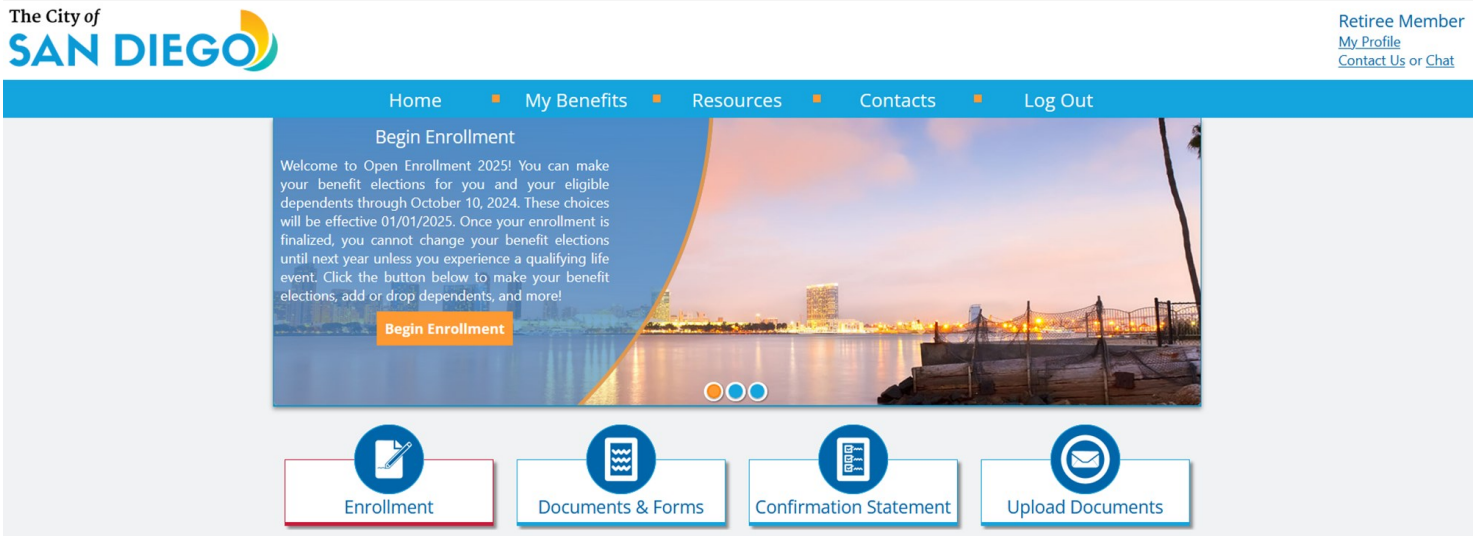
First Time Log-in

- Click Register
- Verify your identity (SSN, Date of Birth)
- Set up your security questions and password

Return Users

- Username: Email Address
- Password

  If you forget your password, click the Forgot Password button below the Login box. After verifying your identity, you will be able to change your password.



Completing Your Enrollment

Click the **Enrollment icon** to begin the enrollment process. You will review your personal information, add or edit dependents*, and select your benefit coverage. At the conclusion of the enrollment process, you will be able to print or save a **Confirmation Statement** for your records.

** You will be required to enter your dependent's full legal name, birth date and Social Security number as well as provide documentation to prove your relationship to any newly added dependents.*

Other Website Features

Documents & Forms Icon - Access reference documents and forms

Upload Documents Icon - Send a secure message or upload documentation

Contacts/Carrier Contacts - Find vendor phone numbers and website links

Chat - Communicate live with a representative

My Benefits - Update Medicare information and print an allowance statement

Scan the QR Code for instant access to the membership portal!

City of San Diego Retiree Health Service Center | 3149 Haggerty Hwy | Commerce Twp, MI 48390
Toll Free: (855) 380-5898 | Monday through Friday 5:00 A.M. to 3:00 P.M. PST