

2026

NEW HIRE ENROLLMENT

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OVERVIEW & ENROLLMENT

The John A. Roebling Bridge,
photographed by Justin Peter

BENEFITS AT A GLANCE*



Go to [page 26](#) to view all carrier contact information including phone numbers and emails.

BENEFITS		BUILDING TRADES		NON-REPRESENTED		CODE	FIRE	AFSCME	POLICE		
80/20 PLAN & PRESCRIPTION	Carriers	Anthem									
	Monthly Premium†	Single: \$68.53									
		Family: \$206.14				Family: \$200	Family: \$206.14	Family: \$200			
HDHP WITH HSA & PRESCRIPTION	Carriers	Anthem (Medical) and Custom Design Benefits (HSA)									
	Monthly Premium	Single: \$32.33 Family: \$94.87									
HRA	Carrier	Catilize Health									
	Annual	Maximum Annual Premium Reimbursement: \$6,000/Single or \$12,000/Family Maximum Annual Out-of-Pocket Claims Payment: \$9,200/Single or \$18,400/Family									
DENTAL	Carrier	Superior Dental Care					AFSCME Union	FOP			
	Monthly Premium	\$0 \$2.00									
VISION	Carrier	EyeMed									
	Monthly Premium	\$0									
FSA	Carrier	Custom Design Benefits									
	FSA Types	Health, Dependent Care & Transportation/Transit Expense Reimbursement Account									
LIFE & LONG-TERM DISABILITY INSURANCE	Carrier	VOYA				IAFF	AFSCME Union VOYA	FOP			
	Plan Types	Voluntary Life, LTD, LTC w/Life	Basic Life Voluntary LTD Voluntary Life Voluntary LTC w/ Life				AFSCME Life Voluntary Life Voluntary LTD Voluntary LTC w/ Life				
ACCIDENT, LTC & CRITICAL ILLNESS	Carrier	VOYA									
	Monthly Premium	Accident rates are locked-in based on your election date. Critical Illness and Long-Term Care rates are locked in on the date the policy initially becomes effective.									

*All rates and coverage are subject to union contract negotiations. Equal Partner rates on [page 9](#).

Medical premiums are deducted one month in advance. Therefore, depending on the date you enroll, you may have a catch-up amount due. This catch-up deduction will appear on your pay stub under the code "MEDCU."

CITY OF CINCINNATI ENROLLMENT INSTRUCTIONS

You can log into www.CoCBenefits.com (or call **1-866-477-1604**) between 8 AM and 5 PM to ask benefit related questions and elect benefits.

REMEMBER: Your benefits are not finalized until you CHECKOUT and receive a confirmation email.

Enroll Online!

Enjoy the convenience of 24/7 enrollment at your fingertips on any device.

Website: www.CoCBenefits.com

Choose Your Benefits:

As a new hire, the first 30 days are critical for setting up your benefits correctly. Open Enrollment (OE) is your annual opportunity to review and make changes to your benefits. Outside of this period, changes are only allowed if you experience a Qualifying Life Event (QLE)—such as marriage, divorce, birth, death, or gaining custody.

Single Sign On (SSO) With Your City Email Credentials

If you have a City of Cincinnati email please log in using the “City Email Login” button. You will be connected to your Microsoft account where you will enter your credentials. This method will allow you to access the system without utilizing a username and password setup for CoCBenefits.

How To Log In If You Do Not Have a City Email Address Or it is Not Working

Username:

Your username format is COC plus your Employee ID number.
(Example: COC12345).

Password:

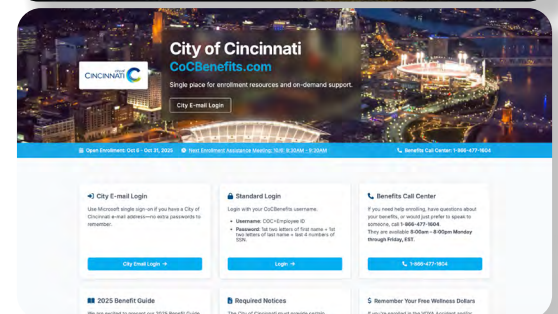
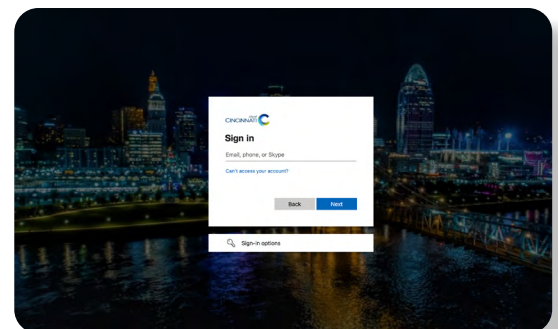
- If you logged in before and changed your password, it has not changed.
- If you can't remember, simply click “Forgot your password?” or call 4myBenefits at 1-866-477-1604.
- If you have never logged in, your password will be:
- The first 2 letters of your first name (all upper case) + the first 2 letters of your last name (all upper case) + the last 4 numbers of your social security number

Example for Peter Parker would be: PEPA6789 (this is case sensitive).

- You will be prompted to change your password once you log in. Your new password must be **at least 8 characters with 1 letter and 1 number.**

Getting Started:

- Once you log in, click on “Get Started”.
- The screens will guide you through the steps from start to finish.
- Be sure to check out all the links to other documents and videos for details on each benefit to learn how they work.



Be prepared with all supporting documentation (birth certificate, marriage license, proof of financial interdependence, etc.) and social security numbers of any dependents you want to enroll on your plans. You must upload all supporting documentation before your enrollment is considered complete.

CITY of CINCINNATI ENROLLMENT INSTRUCTIONS (CONTINUED)

ENROLL OVER THE PHONE

Call: **866-477-1604**

Hours: **8 AM to 5 PM EST Monday through Friday.**



Do you have questions or just need some assistance? You can enroll over the phone, or just call to ask any questions you or your family may have about your benefits.

A Benefits Call Center representative will walk you through your benefits and explain your coverage options. Be prepared with all supporting documentation (birth certificate, marriage license, proof of financial interdependence, etc.) and social security numbers of any dependents you want to enroll on your plans. You must submit all supporting documentation before your enrollment is considered complete.

Medical Premium Rates Increase: Please review this enrollment brochure in its entirety! Medical premium rates have increased and should be reviewed to ensure you and your family make the best benefit choices during Open Enrollment. Please review [Pg 1](#) and [Pg 7](#) for details.



"Pigs on the Wing" by Joshua Santos Rivera —
1538 Race Street, Over-the-Rhine

ELIGIBILITY & SUPPORTING DOCUMENTATION



Employee & Family Eligibility

EMPLOYEES: Full time employees working an average of 30 hours or more per week are eligible for the benefits outlined in this brochure.

SPOUSE/EQUAL PARTNER: Equal partners are eligible to enroll in health benefits during the annual Open Enrollment period in October, with coverage beginning the following calendar year, OR during their equal partner's new hire Open Enrollment window. Outside of these windows, addition/changes are not permitted unless a qualifying life event occurs. For continuation of equal partner benefit coverage, a joint financial document (dates within 90 days) is required annually for continuation of eligibility. If you elect benefits for yourself, you may also elect benefits for your spouse/equal partner.

Equal partners may be same sex or opposite sex. You will pay additional taxes to include your equal partner on the medical plan. If you get divorced or are no longer in an Equal Partner relationship, your spouse/EP is no longer eligible for benefits. You must dis-enroll them at www.COCBenefits.com within 30 days or you will be liable for any claims incurred.

SPOUSAL SURCHARGE: If you are a **NON-REPRESENTED** employee you will be charged a **\$100 monthly spousal surcharge** if your spouse/equal partner has access to other group healthcare (through an employer or a non-Medicare, Medicaid, or Social Security retirement system) and you enroll them on a City health plan. **AFSCME, CODE, and Building Trades employees are subject to a \$25/month spousal surcharge under the same conditions.** Please make sure you review the Health Reimbursement Arrangement (HRA). It may be an option for you and your family while also helping you avoid the surcharge. See [page 10](#) for details.

CHILDREN: If you elect benefits for yourself, you may also elect benefits for your children. "Children" are your or your spouse/equal partner's: natural children, adopted children, stepchildren, children covered by a Qualified

CHILD ELIGIBILITY BY PLAN

- MEDICAL
- SUPERIOR DENTAL CARE
- EYEMED
- CHILD LIFE INSURANCE
- ACCIDENT + CRITICAL
- ILLNESS

Last day of the month in which they turn 26.

Medical Child Support Order, and children for whom you have legal guardianship. You will pay additional taxes to include your equal partner's children on the medical plan.

DISABLED CHILDREN: If your child is disabled or becomes disabled before turning age 26, they may be eligible for continued benefits. You **MUST** request and be approved for Continuation of Coverage from Anthem. Please reach out to Anthem member services at 1-844-456-7112.

LEGAL GUARDIANSHIP:

In the case of legal guardianship, official guardianship paperwork must be in place for a dependent to be eligible for coverage. Once a guardianship terminates at age 18, dependent eligibility for coverage terminates as well. Additional court documentation indicating guardianship after age 18 is required for eligibility continuation.

DUAL COVERAGE: Employees and their dependents may not be enrolled in more than one City of Cincinnati medical plan. Dual coverage under multiple City-sponsored medical plans is not permitted and will lead to claims being denied under both City plans.

A NOTE ABOUT OTHER INSURANCE: If anyone covered under your City health plan is also covered under another insurance plan (including Medicare), you are required to report it to Anthem by calling Anthem at 1-844-456-7112.

ELIGIBILITY & SUPPORTING DOCUMENTATION (CONTINUED)



Supporting Documentation Required

To add SPOUSE: You must provide their social security number and a copy of a state issued marriage certificate. If you have been married for more than one year, you must also submit proof of financial interdependence, such as a copy of the front page of your most recent tax return or bank statement (with dollar amounts and account information marked out).

To add EQUAL PARTNER: Equal Partners are eligible to be added to coverage during the annual Open Enrollment period and supporting documentation is required each year for continuation of health coverage. You must provide their social security number and a notarized copy of the Affidavit of Declaration of Financial Interdependence with supporting documentation ([see Affidavit for examples](#)). Supporting documentation is required each year during Open Enrollment for continuation of health coverage. For more information see [Page 8](#).

To add CHILDREN: You must provide their social security number and a copy of their birth

certificate. If they are adopted or if you have legal guardianship, copies of court papers are required.

Qualifying Life Event

Employees have **30 days from the date of a Qualifying Life Event (QLE)**—such as marriage, divorce, birth/adoption, or loss of other coverage—to request and complete a change to their benefits. **Required:** Supporting documentation (e.g., marriage certificate, birth certificate, proof of coverage change) must be submitted for the change to be approved. Benefit changes will not be processed without the required documentation.

If no action is taken within 30 days following the qualifying life event date, you must wait until the next Open Enrollment period, for coverage in the following year.

Document Upload Instructions

After adding a dependent, COCBenefits.com will prompt you to upload the required documentation. By using your mobile device, you can log in to www.COCBenefits.com and take a picture of your document(s) and upload them directly into the site. Look for the red exclamation mark!

DEPENDENT	SPOUSE	EQUAL PARTNER	CHILD
REQUIREMENT	<ul style="list-style-type: none"> Marriage Certificate <p>Plus one of the below if married longer than one year</p>	<p><u>Affidavit of Declaration of Financial Interdependence</u></p> <p>PLUS</p> <p>Four of the below</p>	One of the below
ACCEPTABLE DOCUMENTS	<p>PROOF OF FINANCIAL INTERDEPENDENCE</p> <ul style="list-style-type: none"> Joint Real Estate/lease Joint Automobile Bank/Credit Joint Liabilities Will Retirement/Life Insurance Power of Attorney Tax Return 	<p>PROOF OF FINANCIAL INTERDEPENDENCE</p> <ul style="list-style-type: none"> Joint Real Estate/lease Joint Automobile Bank/Credit Joint Liabilities Will Retirement/Life Insurance Power of Attorney 	<ul style="list-style-type: none"> Birth Certificate Adoption Certificate/Court Order Proof of Custody/Legal Guardianship Paperwork*

*Once legal custody/guardianship terminates at age 18, dependent eligibility for coverage terminates as well. Additional court documentation indicating custody/guardianship after age 18 is required for eligibility continuation.

BENEFITS OVERVIEW

FINDLAY
MARKET

"Nourishing Our Community" designed by Greta
McLain — 1815 Logan Street, Over-the-Rhine

MEDICAL INSURANCE*

HEALTH PLAN COMPARISON

	80/20 PLAN**	HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT	HEALTH REIMBURSEMENT ARRANGEMENT
SINGLE MONTHLY PREMIUM	\$68.53 (\$822.36 annual)	\$32.33 (\$387.96 annual)	\$0
FAMILY MONTHLY PREMIUM	\$200 / \$206.14 * (\$2,400 / \$2,473.68 annual)	\$94.87 (\$1,138.44 annual)	\$0
SINGLE IN-NETWORK DEDUCTIBLE	\$500	\$3,300	Single Coverage: Up to \$6,000 annual premium differential reimbursement + up to \$9,200 out of pocket expense. Family Coverage: Up to \$12,000 annual premium differential reimbursement + up to \$18,400 out of pocket expense
FAMILY IN-NETWORK DEDUCTIBLE	\$1,000	\$6,600	
SINGLE IN-NETWORK OUT-OF-POCKET MAXIMUM	\$2,000	\$3,600	
FAMILY IN-NETWORK OUT-OF-POCKET MAXIMUM	\$4,000	\$7,200	
CITY HSA CONTRIBUTION	\$0	Single: \$500 Family: \$1,000	
EMPLOYEE HSA CONTRIBUTION	\$0	Employee discretion, up to \$4,400 single / \$8,750 family annually***	
POTENTIAL HEALTHY LIFESTYLES CONTRIBUTION	Single: \$300 +Spouse/ Equal Partner: \$600	Single: \$300 +Spouse/ Equal Partner: \$600	Only employee is eligible: \$300
PRESCRIPTION CO-PAYMENTS	\$15/\$30/\$40* \$10/\$20/\$30	Deductible then 20%	Part of out-of-pocket expense limits

*All rates and coverage are subject to union contract negotiations. **Police & Fire hired Pre 2016 - \$300/\$600 In-Network deductible & \$1500/\$3000 In-Network Out-of-Pocket maximum. ***Contributions to your HSA account are made via payroll deduction over 26 pay periods, exceptions are prohibited. Medical premiums are deducted one month in advance. Therefore, depending on the date you enroll, you may have a catch-up amount due. This catch-up deduction will appear on your pay stub under the code "MEDCU."



You are not permitted to transfer between the HDHP & 80/20 Plans during the same plan year.

MEDICAL INSURANCE (CONTINUED)



Equal Partner Tax Implication

The Internal Revenue Service (IRS) does not recognize an equal partner as a tax-exempt dependent; therefore, the health insurance is viewed as a fringe benefit and must be declared by the employee for tax purposes. The monthly value of the fringe benefit varies based on your union group. The tax on the fringe benefit value will be deducted from the employee's paycheck on a bi-weekly basis.

2026 80/20 Plan Monthly Taxable Fringe Benefit Values For Equal Partners

TRADITIONAL 80/20 PLAN	NON-REP, CODE & BUILDING TRADES	AFSCME & POLICE	FIRE	COUNCIL MEMBERS
EMPLOYEE + EQUAL PARTNER	\$552.39	\$521.68	\$560.22	\$30.71
EMPLOYEE + EQUAL PARTNER'S CHILD(REN)	\$286.04	\$267.62	\$297.94	\$18.42
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN)	\$598.62	\$567.91	\$599.25	\$30.71
EMPLOYEE + EQUAL PARTNER + EQUAL PARTNER'S CHILD(REN)	\$1,240.53	\$1,179.38	\$1,227.38	\$61.15
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN) & EQUAL PARTNER'S CHILD(REN)	\$992.59	\$943.46	\$983.52	\$49.13

* All rates and coverage are subject to union contract negotiations.

2026 HDHP Monthly Taxable Fringe Benefit Values For Equal Partners

HIGH DEDUCTIBLE HEALTH PLAN	NON-REP, CODE & BUILDING TRADES	AFSCME & POLICE	FIRE	COUNCIL MEMBERS
EMPLOYEE + EQUAL PARTNER	\$586.94	\$556.23	\$594.77	\$30.71
EMPLOYEE + EQUAL PARTNER'S CHILD(REN)	\$270.89	\$252.47	\$282.79	\$18.42
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN)	\$608.75	\$578.04	\$609.38	\$30.71
EMPLOYEE + EQUAL PARTNER + EQUAL PARTNER'S CHILD(REN)	\$1,192.80	\$1,131.65	\$1,179.65	\$61.15
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN) & EQUAL PARTNER'S CHILD(REN)	\$928.30	\$879.17	\$919.23	\$49.13



Important Tax Information—PLEASE READ THIS NOTICE CAREFULLY

Employees applying for equal partner benefits (including medical insurance) should be aware that such benefits could have significant tax consequences. This statement is not intended as tax or legal advice, but rather to alert employees of the potential tax ramifications. Under current Internal Revenue Code provisions, the "fair market value" of certain benefits could be considered taxable income to the employee. Under current federal law, equal partners do not share the same status and corresponding tax benefits as those of a legal spouse. You may need to report the fair market value of certain equal partner benefits as wages to the Internal Revenue Service and make additional tax payments.

MEDICAL INSURANCE (CONTINUED)

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)



What is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)?

The High Deductible Health Plan (HDHP) is just like the City's traditional 80/20 health plan through Anthem, but with a higher deductible, lower premiums, and an added contribution to a Health Savings Account (HSA) that you can use for future medical expenses. You can also choose to make your own pre-tax contributions to the HSA.

Employees hired after January 1, 2016 will not have access to Retiree healthcare at the time they retire from the City. An HSA is one type of savings mechanism that can help you save for both current and future expenses. The money in the HSA belongs to you even if you leave City employment.

Health Savings Account Details

An HSA is a bank account, administered by Custom Design Benefits (www.CustomDesignBenefits.com), created exclusively for those individuals on a high deductible health plan. It is funded via employer and employee pre-tax payroll contributions. The City of Cincinnati will contribute \$500 to those enrolled in single coverage and \$1,000 to family coverage, annually. 50% is deposited in January, and 50% is deposited in July. Funds can be used to pay for qualified medical, dental and vision expenses.

The HSA works like a checking account. It is not pre-funded like the Flexible Spending Accounts. This means that the only money available to use is the money deposited to date. Additionally, the money in the account rolls over from year to year and belongs to you, even if you leave City employment. Please see the [HSA FAQs](#) for more information.

HSA's are provided by Health Equity through Custom Design Benefits.

How Much Can I Contribute To My HSA?

The IRS limits how much you can contribute to your HSA on an annual basis. The 2026 limits are shown below and include both employee and employer contributions, as well as Healthy Lifestyle contributions if applicable. You can change your HSA elections at any time but be aware that there will be a delay before it is reflected on your paycheck.

2026 HSA CONTRIBUTION LIMITS**	FEDERAL	COC	EMPLOYEE
SINGLE	\$4,400	\$500	\$3,900
FAMILY	\$8,750	\$1,000	\$7,750

* Catch up (age 55+) total = \$1,000.

**Contributions to your HSA account are made via payroll deduction over 26 pay periods, exceptions are prohibited.

Could I Be Ineligible To Contribute To An HSA?

Yes, there are situations in which you could be ineligible to contribute to an HSA. You are ineligible if you:

- Are enrolled in another non-qualified HDHP
- Can be claimed as a dependent on another person's tax returns
- Are enrolled in Medicare
- Your spouse is enrolled in a Healthcare FSA (Limited FSA enrollment is allowed)
- Are enrolled in another employer's Health Reimbursement Arrangement (HRA)

Opening an Individual Bank Account

In accordance with the Patriot Act, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open your HSA account, you will be asked for your name, address, date of birth, driver's license and other information in order to confirm your identity.

Grow funds tax free!

An HSA grows with you. If you maintain a minimum balance of \$2,000, your additional funds may be invested in mutual funds yielding tax-free earnings. Reach out to Custom Design Benefits for more information.



HEALTH REIMBURSEMENT ARRANGEMENT



What is the Health Reimbursement Arrangement?

The HRA is a voluntary program available to employees and dependents. You enroll in alternate group health coverage, such as through your spouse/equal partner's employer. You also enroll in the City HRA. The HRA reimburses out-of-pocket expenses related to your alternate group plan including the difference in premiums for the alternate group coverage.

Premium differentials can be reimbursed up to \$6,000 for single enrollment and \$12,000 for family enrollment. In addition, out of pocket expenses are paid up to a cap of \$9,200 for single enrollment and up to \$18,400 for family enrollment.

Eligibility and Enrollment

You enroll in an alternate group healthcare plan, such as your spouse/equal partner's employer's group health plan or Active Service Tricare, to be eligible for the HRA. Unless you are a new hire with the city or newly eligible due to a life event, dependents need to be enrolled in a City Anthem plan for 1 year in order to be eligible. [Use the Flow Chart](#) to help determine if you are eligible.

If you, as the city employee, are not eligible to enroll on your spouse's plan, you can still enroll your dependents on your spouse or equal partner's alternate coverage, while enrolling in the employee-only 80/20 or HDHP plans. The HRA will cover their out-of-pocket expenses and premium differentials.

Once you enroll in the HRA, you can switch to a City healthcare plan in the case of a "Qualifying Life Event" or at the next Open Enrollment period. **If you enroll in the HRA, your spouse/EP will not be eligible for reimbursement through the City's Healthy Lifestyles Program.** You must submit proof of premium payments each year during Open Enrollment, or your premium reimbursement will be terminated. **You must submit**

premium differential paperwork within 90 days of renewal or initial enrollment.

What is Covered by the HRA Reimbursements?

The HRA only pays for expenses that are allowed under your other insurance plan. Your out-of-pocket medical expenses (co-payments, co-insurance, and deductibles) are paid up to a cap of \$9,200/yr for single enrollment and up to \$18,400/yr for family enrollment. Premium differentials can be reimbursed up to a cap of \$6,000/yr for single enrollment and \$12,000/yr for family enrollment. Refer to the [Summary of Benefits and Coverage](#) for the Integrated HRA and the [HRA Flowchart](#).

Dental & Vision are NOT included under the HRA.

If you enroll in the HRA, you may want to remain enrolled in the city or union sponsored dental and vision plans.

Direct Deposit is Required

Direct deposit is required for enrollment in the HRA. You can complete this process from [Catilize's secure web portal](#).

How does the HRA pay claims?

At most medical providers and pharmacies, present your alternate plan's insurance card. Then, present your HRA card and your out-of-pocket charges will be paid directly by Catilize Health (the City's HRA Administrator). No claims, receipts, or EOBs need to be submitted separately when the ID card is used.

Please note that if the other plan offers an HSA as part of their alternate health coverage, the other plan must agree to waive any contributions while you and/or your family are enrolled in the HRA. You may not contribute any amount to an HSA while you are enrolled in the HRA. Any contribution to an HSA while you are enrolled in the HRA makes you ineligible to participate in the HRA.



WATCH THIS SHORT VIDEO TO LEARN MORE

Questions?

Contact the City's HRA Administrator, Catilize Health, at coc.catilizehealth.com, 877- 872-4232 or CinciHRA@catilize.com for assistance with any eligibility, reimbursement or enrollment questions.

DISCOVER THE HEALTH REIMBURSEMENT ARRANGEMENT (HRA)



WATCH THIS SHORT VIDEO TO LEARN MORE

WHAT IS IT?

The Health Reimbursement Arrangement is a unique way to pay for health care. In this arrangement, eligible employees that switch to an alternate health care plan (spouse's employer plan, TriCare - active only, non-city retirement plan, etc.) can enroll in the city's HRA to help cover health care expenses.

It's like having TWO health care plans to cover medical expenses!



3 Reasons To Enroll

This unique approach to health care will save you money on health care expenses, especially unexpected medical costs. This plan makes health care more affordable for you and your family!



Save Money on Premiums and Medical Expenses



Generous Out-Of-Pocket Reimbursement



No Additional Cost

WHAT DOES HRA PAY FOR?

- Deductibles
- Co-Pays
- Co-Insurance
- Premium Differential
- Prescriptions

HOW MUCH WILL THE ACCOUNT COVER?

Premium Reimbursement (up to):



Single = \$6,000



Family = \$12,000

Out-Of-Pocket Expenses (up to):



Single = \$9,200



Family = \$18,400

SIDE BY SIDE COVERAGE

Here's what a medical situation could look like on the city's medical health coverage versus the city's HRA coverage.

Without the HRA

\$500 deductible
+ \$500 co-insurance
+ \$30 prescription co-pay

TOTAL = \$1,030



With the HRA & alternate plan

\$750 deductible
+ \$750 co-insurance
+ \$30 prescription co-pay
- \$1,530 HRA account pays

TOTAL YOU PAY = \$0

DON'T TAKE OUR WORD FOR IT -

See what employees are saying

"The first year, I know I saved a couple thousand dollars at least."
- Tammy

"Last year I probably saved... gosh, \$5,000 - \$10,000 easily."
- Mike

DENTAL INSURANCE

CODE, Fire, Building Trades, Non-Represented

CODE, Fire, Building Trades, and Non-Represented employees are eligible for dental benefits through Superior Dental Care. For CODE, Building Trades and Non-Represented, the premium is paid by the City. The premium for Fire is \$2.00/month.

The Superior Dental Care plan offers both network and non-network benefits, however, you will pay less by staying in the network. To find a network provider visit www.SuperiorDental.com and click on "Find a Dentist."

Dependents are eligible for dental benefits up until the last day of the month in which they turn 26.



SUPERIOR DENTAL CARE

MAXIMUM ANNUAL BENEFIT	\$1,200
DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$50 / \$150
PREVENTIVE SERVICES	Covered in full
BASIC SERVICES	Deductible, then pay 20%
MAJOR SERVICES	Deductible, then pay 20%
ORTHODONTIA (UP TO AGE 19)	50% up to \$1,200

VISION INSURANCE

CODE, Fire, Building Trades, Non-Represented

CODE, Fire, Building Trades, and Non-Represented employees are eligible for vision benefits through EyeMed. The premium is paid by the City.

Dependents are eligible for vision benefits up until the last day of the month in which they turn 26.

The EyeMed Vision plan offers both network and non-network benefits.

To find a network provider visit www.eyemedvisioncare.com and click on "Find a Provider." **The providers below are typically included in the EyeMed SELECT network.**



EYEMED

MAXIMUM ANNUAL BENEFIT	\$100 per covered member per year
VISION EXAM	\$10 copay, once per plan year
STANDARD PLASTIC LENSES SINGLE BI-FOCAL TRI-FOCAL All once per plan year	\$0 copay \$10 copay \$45 copay
FRAMES	\$50 allowance, once per plan year
CONTACTS	\$100 allowance
LENS UPGRADES	Discounts

ADDITIONAL EYEMED DISCOUNTS

- Amplifon Hearing Health Care hearing aid discount program: <https://hearing.eyemed.com>
- LASIK vision correction discount program: <https://www.eyemedlasik.com>



FOP BENEFITS



Police Dental and Vision Benefits

Police employees receive dental and vision, as well as other additional benefits through their union. For information on the FOP benefits, please contact the FOP at 513-381-2550.

www.FOP69.org



Cincinnati Police Wellness App

The app is available at no charge for mental and physical health information for Law Enforcement. The resource is confidential and managed by Cordico, a third-party company. The app is available on the [App Store](#) or [Googleplay](#).

Wellness App Login: **CPD** Password: **1803**



AFSCME CARE PLAN



AFSCME Dental, Vision, and Life Insurance Benefits

AFSCME employees receive dental, vision, life insurance, and other additional benefits through their union. For information on the AFSCME Care Plan, go to www.AFSCMECarePlan.com or contact AFSCME at 513-641-4111.

Additional AFSCME Benefits

Hearing Aides: for more information go to AFSCMECarePlan.com or contact AFSCME at 513-641-4111.

Prescription Drug Reimbursement Benefit

Covers Employee, Spouse, & Dependent Children. \$600 maximum reimbursement each year, per family member.

AFSCME Spousal Surcharge

AFSCME employees are subject to a \$25/month spousal surcharge if your spouse/equal partner has access to other group healthcare (through an employer or a non-Medicare, Medicaid, or Social Security retirement system) and you enroll them on a City health plan.

FIRE DEPARTMENT WELLNESS APP

Cincinnati Fire Wellness App

Put top resources from first responder wellness experts at your fingertips 24/7 with this 100% confidential health and wellness platform designed to help public safety personnel and their families thrive.



LIFE INSURANCE



Voluntary Life Insurance

The City of Cincinnati offers supplemental, spousal, and dependent life insurance plans to AFSCME, Code, Building Trades, Elected Officials, and Non-Represented employees. Individuals can apply for amounts of coverage up to the plan maximums shown below.

Premium

You pay for the entire cost of the voluntary life plan. Cost is based on age, the amount of coverage that you purchase, and tobacco use of the employee. See [COCBenefits.com](https://www.COCBenefits.com) for rates.

Evidence Of Insurability

If you ARE NOT currently covered, you must complete evidence of insurability (EOI) and may go through medical underwriting to qualify for any coverage.

If you ARE currently covered for six times your salary or \$200,000 (whichever is less), you must complete evidence of insurability (EOI) and may go through medical underwriting to qualify for any amount over \$10,000 during Open Enrollment.

BENEFIT	AMOUNT		MAXIMUM AMOUNT	QUALIFYING EVENTS
EMPLOYEE	Currently Covered	Not Covered	Up to \$500,000 or six times the employee's annual salary; whichever is less	If you experience a QLE outside of Open Enrollment, within 30 days of the effective date of the QLE, you will be permitted to enroll in or increase any supplemental life plan, up to guaranteed issue, without Evidence of Insurability.
	Increase by \$10,000 w/o Evidence of Insurability up to \$500,000 or 6 times your salary (whichever is less)	Any election will require Evidence of Insurability		
SPOUSE/EQUAL PARTNER	Increase by \$10,000 (over guarantee issue) w/o Evidence of Insurability	Any election will require Evidence of Insurability	Up to the employee's election up to \$300,000	
CHILD(REN) UP TO AGE 26	\$2,000, \$5,000, or \$10,000		\$10,000	

LONG-TERM DISABILITY

Long-Term Disability (LTD)

The City offers LTD to AFSCME, Code, Building Trades, Elected Officials, and Non-Represented employees. Long-term disability insurance is income replacement if you are unable to work for an extended period due to illness or injury.

How It Works

The long-term disability plan pays 60% of your monthly income **tax free** up to the plan maximum of \$6,000 or \$10,000 per month.* The plan has a 90-day elimination period. This means that the benefits will begin to pay on the 91st day of your disability. Claims are not guaranteed. All claims must be approved by Voya. Premiums are determined by your age and salary. See [COCBenefits.com](https://www.COCBenefits.com) for rates.



A \$3.00 monthly administration fee applies to the life and long-term disability plans. If you are enrolled in both plans, you will only be subject to one monthly fee. If you are enrolled in a Flexible Spending Account, you will only pay a single \$3.00 monthly fee.

* All rates and coverage are subject to union contract negotiations.

CRITICAL ILLNESS INSURANCE



Critical Illness insurance can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. With the Critical Illness plan, you receive cash benefits directly, giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

- **Cash benefits** are paid directly to you.
- **Children (up to age 26) are free** when employees elect coverage.
- **Pre-Existing Conditions:** Any condition treated in the 12 months prior to the effective date will not be eligible for coverage within the first 12 months of the policy.
- **Second Event Coverage:** Pays when you are diagnosed for the second time with a previously paid critical illness.
- **Wellness Benefit:** You can earn \$100 for yourself, \$100 for your spouse/equal partner, and \$100 per child (max \$200 for all children) by submitting non-accident physician visits. Examples include physicals, dental check-ups, or vision screenings.
- **Enrollment Age Premium Freeze:** Rates do not change as you age. Whatever age you are when you first enroll, you will remain in that premium band for the duration of your coverage.
- **Coverage is portable**, which means you can take it with you if you change jobs or retire.

WHAT DISEASES ARE COVERED?

A **“Critical Illness”** is one of the following: Heart Attack, Stroke, Coronary Artery Bypass Graft, Cancer, End Stage Renal Disease, Major Organ Transplant, Benign Brain Tumor, Bone Marrow Transplant, Stem Cell Transplant, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Parkinson’s Disease, and Advanced Dementia or Alzheimer’s Disease.



CRITICAL ILLNESS BENEFIT LEVELS

EMPLOYEE	\$10,000
SPOUSE/EQUAL PARTNER	\$5,000
CHILD	\$5,000

CRITICAL ILLNESS SEMI-MONTHLY RATES (PER PAY, FOR 24 PAYS)

ISSUE AGE	EE+CH	FAMILY
UNDER 30	\$2.66	\$4.24
30-39	\$3.76	\$5.81
40-49	\$7.31	\$10.69
50-59	\$13.96	\$19.79
60-64	\$20.46	\$29.21
65-69	\$26.71	\$38.41
70+	\$38.96	\$53.41

CRITICAL ILLNESS CASH PAYMENT EXAMPLES

1. Employee suffers a heart attack and is hospitalized.
2. Three years later the employee is diagnosed with cancer.
3. Four months later the employee has another heart attack and undergoes coronary artery bypass surgery.

HEART ATTACK	\$10,000
CANCER	\$10,000
SECOND HEART ATTACK	\$10,000
BYPASS SURGERY	\$2,500
TOTAL BENEFITS	\$32,500

ACCIDENT INSURANCE



Accident Insurance is designed to complement your existing medical coverage and help narrow gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

Despite having medical coverage, many people are not adequately prepared for the out-of-pocket expenses that result from an accident. With Accident Insurance you will get:

- **Cash benefits** paid directly to you for accidents and injuries that happen off the job.
- **Coverage for the entire family.** Anyone can join, including spouses, equal partners, and dependents up to age 26.
- **Wellness Benefit:** You can earn \$100 for yourself, \$100 for your spouse/equal partner, and \$100 per child (max \$200 for all children) by submitting non-accident physician visits. Examples include physicals, dental check-ups or vision screenings.

HOW TO FILE A CLAIM

Follow these basic steps for filing a claim with Voya:

1. Go to <https://claimcenter.voya.com>
2. To file an accident or illness claim, click on "start a claim".
3. No login is required for accident/critical illness claims.
4. The City's Group Number is 70710-4, BUT this is not required.

Check your email for your CLAIM number (not confirmation number). This will be the only way to check the status of your claim (you cannot "log in" to the site for accident or critical illness claim status).

You can choose to have your money directly deposited into your account or have a check mailed to your home.

ACCIDENT SEMI-MONTHLY RATES (PER PAY, FOR 24 PAYS)

EMPLOYEE	\$3.26
FAMILY	\$10.31

ACCIDENT CASH PAYMENT EXAMPLES

URGENT CARE	\$150
INITIAL DOCTOR'S VISIT	\$60
X-RAY	\$30
MEDICAL EQUIPMENT	\$40
LACERATION	Up to \$320
FRACTURES	Up to \$4,500
DISLOCATION	Up to \$3,200

FILING A WELLNESS CLAIM?

To file a Wellness Claim, [go to Voya's site](#) and click the "Start Your Claim" button



For wellness claims you will need:

- Name, dob, social of employee and claimant (if not employee)
- Doctor's name, phone, and address
- Date of service
- Type of test conducted (annual physical, biometric screening, colonoscopy, mammogram, cancer screening, EKG, A1C, cholesterol test, routine dental exam, routine vision exam, plus others...)
- Most of the time, you can use the same visit for both the Accident and Critical Illness wellness claim.

LONG-TERM CARE (LTC) + LIFE



Added Security: Long-Term Care Benefits

This policy includes both a Long-Term Care (LTC) benefit as well as a life insurance policy. If you ever need long-term care, the LTC feature lets you receive monthly payments to help cover those costs. \$3,000 per month for care expenses under the \$75,000 policy, \$2,000 per month under the \$50,000 policy, and \$1000 per month under the \$25,000 policy, for up to 50 months. Even if you use all of your long term care benefits, 90% of the policy amount will still be available as life insurance. Additional features include an accelerated benefit for terminal illness, allowing access to up to 75% of your death benefit if diagnosed with a terminal illness, and bereavement support services for funeral planning and will preparation.

Life Insurance benefit amount reduces to 50% of original coverage when the employee or spouse reaches age 70, OR after 25 years of paying premiums, whichever occurs later.

Long-Term Care Benefit Rider

If you need qualified long-term care services—such as home health care or care in a nursing facility—you may access the long term care portion of the benefit through monthly payments, after meeting a 90-day waiting period. Receiving these benefits may have tax implications or affect eligibility for Medicaid or other government programs, so it's important to consult your tax advisor.

Life Coverage Amount

Employees can choose from coverage amounts of \$25,000, \$50,000, or \$75,000. Spouses are eligible for the same coverage levels—\$25,000, \$50,000, or \$75,000—but with an important condition: the spouse's coverage cannot exceed 100% of the employee's approved lifetime insurance amount. This ensures that the spouse's coverage remains proportionate to the employee's selected benefit level. **Please note: initial enrollment for spouse MUST be prior to age 65.**

To view this information in more detail, [click here](#) to access the Long-Term Care (LTC) + LIFE Flyer provided by Voya.

If you have additional questions before you enroll, please call: Voya Employee Benefits Customer Service at (888) 238-4840

LTC + LIFE RATES (PER PAY PERIOD)

Semi-Monthly Rates for \$25,000 / \$50,000 / \$75,000 of Coverage

AGE	NON-TOBACCO USER	TOBACCO USER
16-29	\$5.00 / \$10.00 / \$15.00	\$6.25 / \$12.50 / \$18.75
30-39	\$7.75 / \$15.50 / \$23.25	\$10.50 / \$21.00 / \$31.50
40-49	\$13.00 / \$26.00 / \$39.00	\$18.25 / \$36.50 / \$54.75
50-59	\$24.25 / \$48.50 / \$72.75	\$33.25 / \$66.50 / \$99.75
60-75*	\$53.00 / \$106.00 / \$159.00	\$70.50 / \$141.00 / \$211.50

*These rates are per individual. *Rates for spouses may differ for this age band. Spouses age 65 or older are not eligible for benefits under this policy.*

FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) is a city-sponsored savings account that allows you to save money for certain qualified expenses on a pre-tax basis. The City offers three types of Flexible



Spending Accounts through Custom Design Benefits — Medical, Dependent Care, and Transportation Expense Reimbursement Account. You

can use FSA funds to pay for your qualified medical, dependent care, and parking and transit expenses.

How it Works

Estimate your out-of-pocket expenses for the next plan year. Then select the amount that you want to deposit in your FSA based on your estimated expenses. Throughout the year, your election will be deducted from your paycheck on a pre-tax basis. For medical and dependent care, you should always estimate conservatively because if you do not use your money in the allotted time period, you lose it.

The IRS determines what types of expenses are allowed. This list changes, so it is important that you check current lists to determine eligibility at www.irs.gov.

Medical FSA for 80/20 participants

The Medical FSA allows you to set aside pretax dollars from your salary to pay for certain qualified health care expenses including medical, prescription, dental, and vision out-of-pocket expenses for you and your dependents.

You can access the funds upon enrollment, using the debit card that will be mailed to you when you open the account. Remember, you may need to submit receipts to Custom Design Benefits for certain debit card purchases. This can be done easily through their new mobile app!



The IRS limits the amount you can contribute to a medical FSA. **The 2026 contribution limit is \$3,400.** Contributions made during 2026 must be used for health care expenses incurred between January 1,

2026 and March 15, 2027. Claims documentation must be submitted by March 31, 2027 to get reimbursed.

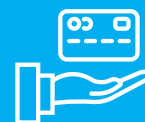
If claims are not submitted by the deadline, you will forfeit any money remaining in your FSA account. If you leave the City, you are only reimbursed for expenses incurred prior to your last day of employment. You have 90 days from your last date of employment (but in no event after 3/31/27) to submit claims documentation or your funds will be forfeited.

Remember, you must enroll every year during Open Enrollment.

Limited Medical FSA for HDHP participants

If you are enrolled in the High Deductible Health Plan with a Health Savings Account (HSA), you are only eligible to enroll in a limited medical FSA. This limits the use of your FSA funds to dental and vision expenses only, so please make your elections accordingly.

USE IT OR LOSE IT! The IRS does not allow funds from your current Medical & Dependent Care FSA plan year to be carried over to the next plan year. Any funds left over after the March 31st deadline will be forfeited. **PLEASE ESTIMATE CONSERVATIVELY AND NOTE THE DEADLINE ON YOUR CALENDAR.**



Transportation Expense Reimbursement Account

A Transportation Expense Reimbursement Account (TERA) can be used to reimburse expenses related to traveling to and from work and for parking while at work. **You shouldn't enroll in TERA if you already have a payroll deduction for a parking lot or garage.**

The 2026 contribution limit is \$300 per month, or \$3,600 annually, **for parking or transit expenses.** Unlike the other flex accounts, there are no carry-over limits for the TERA and members can enroll, cancel or change elections at any time during the plan year.

FLEXIBLE SPENDING ACCOUNTS (CON.)



Dependent Care FSA

A Dependent Care FSA allows you to set aside pre-tax dollars from your salary to pay for childcare expenses so that you can go to work. The childcare provider's Tax ID or Social Security number is required for reimbursement.

When you enroll, you choose the amount you wish to contribute for the coming year. The IRS limits the amount that you can contribute to your dependent care FSA on an annual basis. The maximum contribution limits for 2026 are shown in the chart below.

2026 ANNUAL DEPENDENT CARE CONTRIBUTION LIMITS

**SINGLE OR MARRIED, FILING
JOINT TAX RETURNS** \$7,500

**MARRIED, FILING SEPARATE
TAX RETURNS** \$3,750

Contributions made in 2026 can only be used for dependent care expenses incurred January 1, 2026 – March 15, 2027. You can access funds by submitting a claim form to Custom Design Benefits for reimbursement. Claims must be submitted by March 31, 2027 to get reimbursed. **If claims are not submitted by the deadline, you will forfeit any money remaining in your FSA account. If you leave the City, you are only reimbursed for expenses incurred prior to your last day of employment.** Remember, you must enroll every year during Open Enrollment.

You have 90 days to submit claims for expenses incurred prior to your last date of employment (but in no event after 3/31/27) or your funds will be forfeited.

Eligible Dependent Care Expenses

Some of the dependent care expenses you can claim include:

- Licensed nursery school and day care centers for children under the age of 13.
- Licensed day care centers for disabled dependents either inside or outside your home. If outside your home, generally the provider must meet all licensing requirements.

Ineligible Dependent Care Expenses

- Care not necessary for you (or your spouse) to work.
- Care provided by anyone you claim as a dependent for federal income tax purposes.
- Transportation, education, clothing or entertainment.
- Babysitting for social events.

Direct Deposit is Required

Direct deposit is required for enrollment in any of the Custom Design Benefit plans. You can complete this process by logging into your account on the Custom Design Benefits web page or app.

Medical, Dependent Care, and TERA FSA Reminder



ENROLLMENT

You enroll in the Medical and Dependent Care FSA **every year**. Elections do not carry forward year to year.



MONTHLY ADMIN FEE

A monthly administration fee of \$3.00 will be applied to your FSA. If you are enrolled in more than one, the fee will only be applied once.



SEPARATION

If you leave City employment, you will have 90 days (but not after 3/31/27) to submit claims for expenses incurred **prior** to your separation date.

WELLNESS PROGRAMS

"Flow State" designed by Michelle
Hoogveld — 1821 Race Street

HEALTHY LIFESTYLES



Healthy Lifestyles Wellness Portal

Earn up to \$300 for you and \$300 for your spouse/partner every year!

Getting healthier is easier when you make it fun. Participate in challenges, journeys, healthy habit tracking and much more and experience the rewards of better health. Are you ready? Brace yourself for some serious cheering, competition and fun along the way!

Step 1: Create Your Account

Visit <https://join.personifyhealth.com/trihealth> or download the Personify Health mobile app.

- Select *Create Account*
- Use pass phrase: **TH-wellbeing-25**
- Organization: **TriHealth**

Earn **50 points** for completing registration

(If you leave City employment, you will have 90 days to submit claims for expenses incurred prior to your separation date).

Step 2: Connect a Device or App

Link your favorite activity tracker to start earning points for steps, nutrition, sleep, and more.

Compatible with Apple Watch, Fitbit, MyFitnessPal, Max GO, and many others.

Earn **100 points** for connecting your first device.

Step 3: Get Rewarded for Healthy Habits

Start tracking your activities and join fun challenges. Earn points for physical activity, preventive care, nutrition, mental health check-ups, and more.

Watch your points add up toward your **\$300 reward!**

Download the Personify mobile app!



Need Help Enrolling? We can help.

- Check out <https://personifyhealth.com/>
Live chat: Monday-Friday, 8 am-9 pm ET
- Give us a call: 888-671-9395
Monday-Friday, 8 am-9 pm ET
- Send us an email:
support@personifyhealth.com

A Peek at Our Rewards Guide

Complete these priority activities to earn 18,250 points! **Must complete by December 31st each year to receive incentives.**

Complete the Health Check survey	3,750 points
Complete a biometric screening	5,000 points
Complete an annual physical with PCP	7,500 points
Mental Health Check up	2,000 points

Earn up to 11,750 more points! You can participate in additional healthy activities throughout the year to earn points and watch your Healthy Lifestyles incentives add up. **The total rewards per year can add up to \$300!**

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Points	3,500	7,500	15,000	30,000
Healthy Lifestyles Incentive	\$35	additional \$40	additional \$75	additional \$150

**Per employee and per eligible spouse each.*

HEALTHY LIFESTYLES (CONTINUED)



Healthy Lifestyles is a voluntary wellness program that encourages and rewards employees and their spouses/equal partners for making positive choices for better health. Each participant can earn up to \$300/year by meeting certain health measures and completing programs in health education, weight management, preventive care, physical activity and other lifestyle programs. Incentives earned throughout the year will be deposited into your Custom Design Benefits Health Reimbursement Account (or HSA if enrolled in the HDHP) after February 1st of the following year.

Eligibility and Enrollment

All full time City employees, and their spouses/equal partners who are enrolled in the City's Anthem 80/20 plan or HDHP, are eligible to participate in the Healthy Lifestyles Program. Spouses/equal partners enrolled in the City's integrated HRA plan with Catilize Health are not eligible for Healthy Lifestyles.

Earning Cash Incentives

If you are enrolled in a City health plan through another City employee, you still qualify to earn incentives, however, the money will only accumulate within the account of the employee who is paying the insurance premiums.

Incentives earned towards Healthy Lifestyles in 2025 will be deposited into your account in February 2026.



AMY DRISCOLL

Healthy Lifestyles Specialist

513-977-0018

Amy_Driscoll@TriHealth.com

The Healthy Lifestyles Program is coordinated through TriHealth Corporate Health. All Protected Health Information (PHI) will be kept confidential by TriHealth staff. The City of Cincinnati will not have access to PHI and will only review program information in aggregate form.

If you leave City employment, you will have 90 days to submit claims for expenses incurred prior to your separation date.

Get Rewarded for Healthy Habits

Personify Health is your portal for tracking healthy habits, joining challenges, and earning rewards for your wellbeing activities. You can sign up online or through the mobile app.

- Join online:
<https://join.personifyhealth.com/trihealth>
- First time pass phrase: **TH-wellbeing-25**
- If asked for organization: **TriHealth**

**Download the
Personify mobile app!**



Diabetes & Hypertension \$0 Copay Program

We offer a **FREE** program that assists members diagnosed with diabetes and/or hypertension to better manage their conditions. The program is available to employees and their dependents, age 18 or older, who are enrolled in either the City's Anthem 80/20 health plan or the HDHP. Click [here](#) to find out more and enroll today.

PEAP (PUBLIC EMPLOYEES ASSISTANCE PROGRAM)

What is the Public Employees Assistance Program? (PEAP)

PEAP is a counseling program for employees and their immediate family members. As an employee, you and your family members may have up to 24 sessions at no cost to you.

Here are some of the issues PEAP counselors can help you with:

- Stress
- Relationship Problems
- Trauma
- Grief
- Substance Abuse

Who are the PEAP Counselors?

The counselors at PEAP all have advanced degrees in mental health (Masters and above). Our counselors are trained in individual, couples and family counseling with many years of experience. [Meet the team!](#)

Your privacy is important to us. PEAP counseling is confidential.

Our office is located at 2368 Victory Parkway, separate from other city offices, to increase your privacy.

Your department will not get any identifying information about you. The information you share with your counselor is kept confidential.

PEAP Introduces EMDR-Trained Counselors

What is EMDR? Eye Movement Desensitization and Reprocessing (EMDR) is a proven form of therapy that helps people recover from trauma, anxiety, grief, and other difficult life experiences. It uses guided eye movements or other techniques to help the brain process memories in a healthier way. PEAP counselors are trained in EMDR and can provide this treatment at no cost to employees and their families.

Specialized Support for First Responders

PEAP counselors are specially trained to understand the unique challenges faced by police officers, firefighters, paramedics, dispatchers and other first responders. The PEAP team is here to provide tailored support for job-related stress, trauma exposure, and the demands of serving the community.

2368 Victory Parkway, Suite 401
Cincinnati, OH 45206

PEAP@cincinnati-oh.gov

Phone: **513-421-7600**

24-hour emergency answering
service business hours:
8:30am-5:00pm
Monday-Friday

Earn 2,000 Healthy Lifestyles Points!

Schedule and attend a PEAP counseling session to earn points toward your \$300 reward.

REACH OUT

It's Good to Talk.

CALL 513-421-7600

EMPLOYEE HEALTH SERVICES (EHS)



- **FREE Urgent Care** visits for Full Time City employees enrolled in the City's 80/20 health plan! Call **513-352-1990** to schedule. (Not available to employees enrolled in the HDHP)
- **FREE Flu Shots** for full time City employees (and dependents age 4+ on City insurance).
- **FREE Biometric Screenings** for Healthy Lifestyles for Full Time employees and their Spouse/EP.
- **FREE Parking** for patients in marked spaces on West 9th Street, across from Gateway Apartments.

- **FREE Work Injury** treatment, including sutures, tetanus shots, specialist referrals, and prescriptions.
- **ON SITE PHYSICAL THERAPY** If you are enrolled in the 80/20 Health Plan, you are eligible to visit a TriHealth Physical Therapist for work or non-work-related injuries. Call **513-246-8840** to schedule. (Not available to employees enrolled in the HDHP)

Centennial II, First floor, Suite 150

PLEASE NOTE: PER IRS REGULATIONS IF YOU ARE ENROLLED IN THE HDHP, YOU ARE NOT ELIGIBLE TO SEE EHS FOR URGENT CARE RELATED SERVICES OR PHYSICAL THERAPY.

SYDNEY APP



Take Control of Your Health with the Sydney App

The Sydney Health app from Anthem is your personalized digital health assistant, designed to simplify how you manage your health and benefits—all in one place. Whether you're checking your coverage, tracking wellness goals, or finding care, Sydney makes it easy and intuitive.

- View your digital ID card and coverage details anytime.
- Track your health goals like steps, sleep, and nutrition by syncing with fitness apps and devices.
- Find doctors and care providers in your network quickly.
- Access claims and benefits information in real time.
- Get personalized tips and reminders to support your wellbeing.
- Use 24/7 virtual care to chat with a doctor or therapist.
- Explore community resources and support programs tailored to your needs.

Sydney is available for both iOS and Android, and you can **log in using your Anthem username and password**. Whether you're at home or on the go, Sydney helps you stay connected to your health.



Telehealth Services Available through Anthem's Sydney App

- General medical care for common illnesses and conditions
- 24/7 urgent care consultations
- **Behavioral health and mental health counseling**
- Chronic condition management support
- Prescription refills and medication guidance
- Pediatric care for children
- Nutrition and wellness coaching



CONTACTS & RESOURCES

"Rise" designed by Chuck Tingley — 1919 Elm Street

ArtWorks
#ArtWorksDC

CONTACT INFORMATION

Just one stop for all your benefit needs. **CINCINNATI** 
COCBenefits.com
 powered by 4MyBenefits

1-866-477-1604
www.COCBenefits.com

M-F 8 AM - 8 PM | during Open Enrollment
M-F 8 AM - 5 PM | throughout the rest of the year

Anthem 

Carelon 

Medical

Medical Group Number: W42582
 Phone #: 844-456-7112
www.anthem.com

Pharmacy

Pharmacy Group Number: WL5A
 Phone #: 833-267-2136
www.anthem.com
 Bin: 020099
 PCN: WG

USE THE SYDNEY MOBILE APP

Download the mobile app by searching "Sydney" in the App Store or Google Play store, or click icons below.



\$0 Medication List Available through Anthem/Carelon Rx

Access essential medications at \$0 supporting your health and wellness every day. \$0 prescriptions increase access to necessary medications for employees and their families. You are not required to make any changes, but you can start saving money today on your prescriptions. To view more details click [here](#).

RISK MANAGEMENT

EmployeeBenefits@Cincinnati-OH.gov
 513-352-2418

EHS

EHS@Cincinnati-OH.gov
 513-352-1990

PEAP

PEAP@Cincinnati-OH.gov
 513-421-7600

TRI-HEALTH PHYSICAL THERAPY AT EHS

513-246-8840

Aligned

member.support@alignedmarketplace.com

Text at 866-751-9024



All of Aligned services are provided to you at **NO cost!**

\$0 Primary Care Finder

- Visit [Aligned](#)
- Register yourself and family members enrolled in a City Anthem plan.
- Select a doctor that fits your needs.
- Schedule a visit & get the best care!
- All providers are accepting new patients
- Expect longer visits with same/next day appointments

CONTACT INFORMATION (Continued)



www.AFSCMECarePlan.com
or 513-641-4111



coc.catilizehealth.com or 877-872-4232
[Direct Deposit Form Info Video](#)



Custom Design Benefits

www.CustomDesignBenefits.com or
513-598-2929
[Direct Deposit](#)



Group Number: 9731894
www.eyemed.com or 866-723-0514



www.FOP69.org
or 513-381-2550



Group: S1029
www.SuperiorDental.com or 800-762-3159



<https://join.personifyhealth.com/trihealth>

AMY DRISCOLL *Healthy Lifestyles Specialist*
513-977-0018 / Amy_Driscoll@TriHealth.com
Healthy Lifestyles Portal Support:
1-888-671-9395 or support@VirginPulse.com



Customer Service

Group Life: 800-955-7736
Critical Illness / Accident / Wellness:
877-236-7564

Claims

Life: 888-238-4840
Disability: 888-305-0602
Critical Illness / Accident / Wellness:
888-238-4840
Long Term Care (LTC): 1-800-537-5024
www.voya.com



"Sister City" by Jenny Roesel Ustick

IMPORTANT RESOURCES & APPLICATIONS

CITY OF CINCINNATI BENEFITS MOBILE PORTAL

[click here](#)

ANTHEM SYDNEY APP



CUSTOM DESIGN BENEFITS



CINCINNATI FIRE WELLNESS APP



CINCINNATI POLICE WELLNESS APP



EYEMED



SUPERIOR DENTAL CARE





COMPLIANCE

"Cheers to Cincy, Past and Present" designed by Tom Post — 1625 Central Parkway, Cincinnati, OH, 45202

2026 INDEX OF REQUIRED NOTICES

- [Summary of Benefits and Coverage 2026 \(80/20\)](#)
- [Summary of Benefits and Coverage 2026 \(HDHP\)](#)
- [Summary of Benefits and Coverage 2026 \(Integrated HRA\)](#)
- [Summary of Benefits and Coverage \(Police/Fire\)](#)
- [Summary of Benefits and Coverage \(Police/Fire Pre-2016\)](#)
- [Children's Health Insurance Program \(CHIP\) Notice](#)
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- [COBRA Notice](#)
- [EEOC Notice Regarding Wellness Programs](#)
- [Glossary of Medical Terms](#)
- [Health Insurance Marketplace](#)
- [Medicare Part D Notice of Creditable Coverage](#)
- [Michelle's Law Notice](#)
- [Notice Regarding Wellness Program – Spouse/Dependent Authorization](#)
- [Notice of Special Enrollment Rights](#)
- [Women's Health and Cancer Rights Act of 1998 \(W HCRA\)](#)