

2027
Employee
Benefits Guide

Overview & Enrollment >

Open Enrollment — New Information	1
Benefits at a Glance	2
Enrollment Instructions	3
Eligibility & Supporting Documentation	5

Benefits Overview >

Medical Insurance	8
Dental and Vision Insurance.	13
AFSCME Care Plan.	14
FOP Benefits	14
Life Insurance and Long-Term Disability Insurance.	15
Critical Illness Insurance	16
Accident Insurance.	17
Long-Term Care (LTC) + Life	18
Flexible Spending Accounts.	19

Wellness Programs >

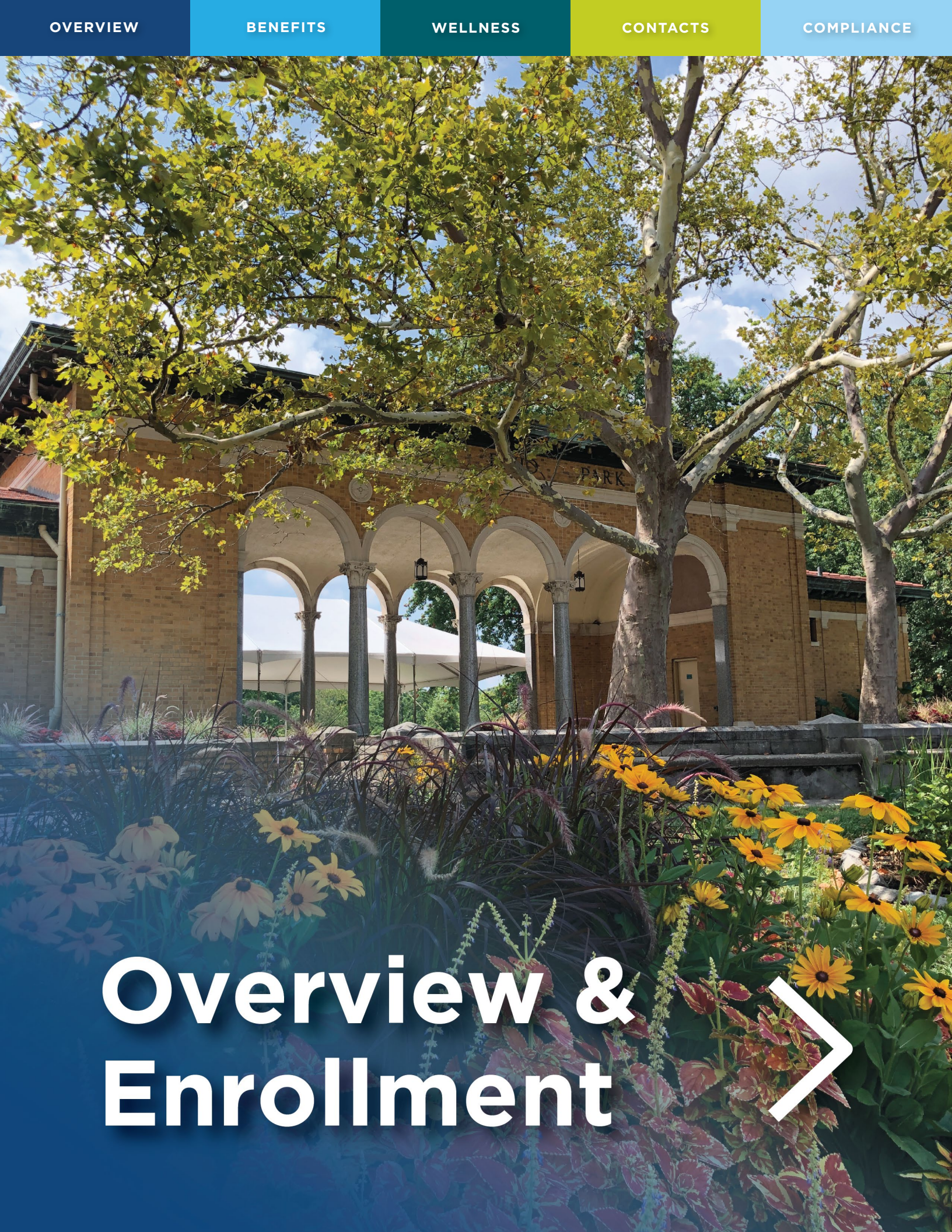
Healthy Lifestyles.	22
Take Advantage of PEAP!	24
EHS & Sydney App.	25

Contacts & Resources >

Contact Information	27
Important Resources & Applications.	29

Compliance >

Required Notices.	31
---------------------------	----



Overview & Enrollment



Open Enrollment — New Information

This year's Open Enrollment is **October 5th - October 23rd.**

What's New This Year?



Medical Insurance Premiums

Premiums are increasing for Medical Insurance, please see [page 2](#) or [page 8](#) for new rates!



Healthy Lifestyles

Healthy Lifestyles has a new look for 2027! Sydney Health through Anthem will be the new home for your HL program. Please download the Sydney Health App to continue earning \$\$ for various activities, challenges, and education opportunities related to a healthier YOU! [Click Here to Download](#)

sydney.



\$0 Benefit Programs

Beacon Orthopaedics*

Applies to all covered services rendered by Beacon providers and at Beacon Surgery Centers. Includes onsite office visits, MRI, x-ray, physical therapy, in-office procedures and surgery at Beacon Surgery Centers.

Hello Heart

\$0 Membership. This exclusive benefit is fully covered and includes everything you need to take care of your heart: Free blood pressure monitor, heart health tracking app, personalized feedback & coaching, & secure, detailed reports.

Aligned Marketplace*

\$0 Unlimited Primary Care Visits. Select from a variety of providers who specialize in whole person care, including pediatrics, mental health, women's health, and general practice. **Virtual appointments available!**



Pet Insurance Discount Available for City Employees

Employees have access to discounted pet insurance options through the City's partnership with BenefitHub. This voluntary benefit provides an opportunity to explore pet insurance coverage at preferred rates through participating carriers.

*Please note that payroll deduction is not available for this program; all payments must be made directly by the employee to the carrier in accordance with the provider's billing and payment terms.

Link to review: [Available Discounts](#)

*You must be enrolled in the Anthem 80/20 plan for \$0 cost. HDHP plan is subject to deductible first, then \$0 cost.

Live Online Assistance!

Date		Time
MON	10/05	12:00 PM - 1:00 PM
THUR	10/08	11:00 AM - 12:00 PM
WED	10/14	2:00 PM - 3:00 PM
TUE	10/20	1:00 PM - 2:00 PM
THUR	10/22	4:00 PM - 5:00 PM

Join us on TEAMS for a live Q&A session!

Please come prepared with questions regarding the open enrollment process or questions about health coverage. Any questions related to personal health or billing issues can be handled in a one-on-one discussion with a benefit specialist. This is not a presentation.

[Join Here](#)



Meeting ID: **210 059 104 301 966**
Passcode: **Xh9pu7pd**

Benefits At A Glance*



Go to [page 27](#) to view all carrier contact information.

Benefits		Building Trades		Non-Represented		Code	Fire	AFSCME	Police			
80/20 PLAN & PRESCRIPTION	Carriers	Anthem										
	Monthly Premium†	Single: \$71.77 Family: \$215.32										
HDHP WITH HSA & PRESCRIPTION	Carriers	Anthem (Medical) and Custom Design Benefits (HSA)										
	Monthly Premium	Single: \$33.44 Family: \$100.33										
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 based on your age on the date the policy initially becomes effective.										

*All rates and coverage are subject to union contract negotiations. Equal Partner rates on [page 10](#).

City Of Cincinnati Enrollment Instructions

You must log in to www.COCBenefits.com (or call **1-866-477-1604**) between 8 AM - 8 PM October 6th through October 23rd to review and make changes to your benefit elections.

➤ Enroll Online!

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

Website: www.COCBenefits.com

➤ Choose Your Benefits:

Open Enrollment is your opportunity to review and change your benefits. The only exception is if you have a Qualifying Life Event, such as marriage, divorce, birth, death, custody, etc. **You must log in within 30 days of the Qualifying Life Event to make changes. If you don't, you must wait until the next Open Enrollment.**

➤ 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.

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

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

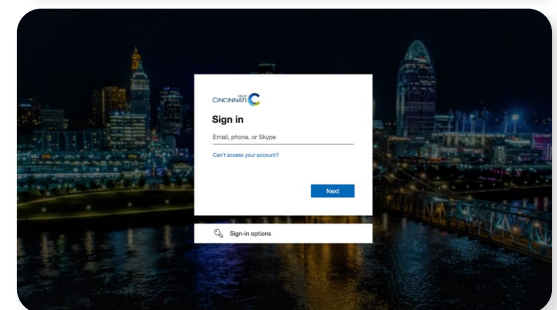
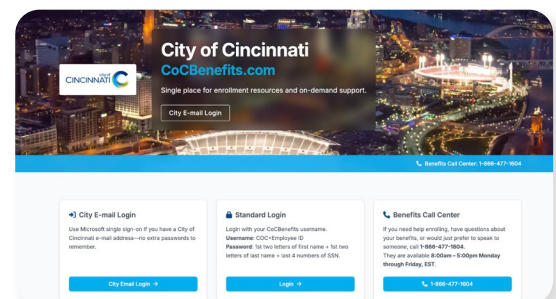
Example for Peter Parker would be: PEPA6789 (this is case sensitive).

- 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.

Have all supporting documentation (birth certificate, marriage license, proof of financial interdependence, etc.) and Social Security numbers for any dependents ready. You must upload all documentation before your enrollment is complete.



City Of Cincinnati Enrollment Instructions

Enroll Over the Phone

Call: **866-477-1604**

Hours: **8 AM to 8 PM EST during Open Enrollment.**

(Otherwise 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.**

Health Screenings, Flu Shots & Open Enrollment Assistance

Date		Location	Address	Time
FRI	10/02	Public Services 2nd Floor Conference Rooms	1115 Bates Ave.	6:30 AM - 10:30 AM
TUES	10/06	MSD Conference Rooms 104-106	1081 Woodrow St.	6:30 AM - 10:30 AM
THUR	10/15	GCWW CPC Conference Rooms A, B and C	4747 Spring Grove Ave.	6:30 AM - 10:30 AM
THUR	10/22	Centennial II HR Conference Rooms	805 Central Ave.	7:00 AM - 11:00 AM



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: 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. Supporting documentation is required each year during Open Enrollment for continuation of health coverage for your equal partner. Also, you will pay additional taxes to include your equal partner on the medical plan. For more information, see **Page 10**. 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 11** 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 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.

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.

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 plan. Dual coverage under multiple City-sponsored plans is not permitted and will lead to claims being denied under both City plans. This includes all medical, dental, vision, and all VOYA benefits

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

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: You must provide their social security number and a notarized copy of the Affidavit of Declaration of Financial Interdependence, along with 4 types of 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 9](#).

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	Marriage Certificate Plus one of the below if married longer than one year	Affidavit of Declaration of Financial Interdependence PLUS Four of the below	One of the below
Acceptable Documents	Proof Of Financial Interdependence - Joint Real Estate/lease - Joint Automobile - Bank/Credit - Joint Liabilities - Will - Retirement/Life Insurance - Power of Attorney - Tax Return	Proof Of Financial Interdependence - Joint Real Estate/lease - Joint Automobile - Bank/Credit - Joint Liabilities - Will - Retirement/Life Insurance - Power of Attorney - Tax Return	- 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



Medical Insurance



Health Plan Comparison

	80/20 Plan**	High Deductible Health Plan With Health Savings Account	Health Reimbursement Arrangement
Single Monthly Premium	\$71.77 (\$861.24 annual)	\$33.44 (\$401.28 annual)	\$0
Family Monthly Premium	\$215.32* (\$2,583.84 annual)	\$100.33 (\$1,203.96 annual)	\$0
Single In-Network Deductible	\$500	\$3,500	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	\$7,000	
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 \$4,500 single / \$9,000 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.

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

Medical Insurance



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 2027 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.

2027 HSA Contribution Limits	Federal	Coc	Employee
Single	\$4,500	\$500	\$4,000
Family	\$9,000	\$1,000	\$8,000

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

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.

Risk of HDHP

If you have predictable and consistent medical expenses, the HDHP may not be the best option for you. Contact Risk Management if you would like to review available options.

Medical Insurance



Beacon Orthopaedics \$0 Treatment Benefit

The City of Cincinnati is excited to partner with Beacon Orthopaedics to offer \$0 treatment options for employees enrolled in a City Anthem Plan. This innovative collaboration makes high-quality orthopedic care more accessible than ever—helping employees get the care they need, recover faster, and stay active without out-of-pocket costs.

> PPO PLAN*

PPO Plan participants will have **\$0 member cost share** for Covered Services rendered by Beacon providers and at Beacon facilities.

*HDHP members are subject to their deductible and then \$0

> Incentive Deductible/OOP Person Family

Deductibles: **\$0**

Out-of-pocket Max: **\$0**

Does the \$0 benefit apply to everything?

The benefit applies to all Covered Services rendered by Beacon providers and at Beacon Surgery Centers. This includes office visits, MRI, x-ray, physical therapy, in-office procedures and surgery at Beacon Surgery Centers. Examples include: lab and pathology, anesthesia, and radiological reports. The benefit does not apply to services which are not covered by your Anthem benefit plan.

When you have a surgery at Beacon, versus other providers, you will have **\$0 deductible and OOP costs for your care!**

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.

Monthly Taxable Fringe Benefit Values For Equal Partners

2027 80/20 Plan	Non-Rep, Code, AFSCME & Building Trades	Police & Fire (CAP)	2027 HDHP Plan	Non-Rep	All Union Groups
Employee + Equal Partner	\$574.19	\$589.51	Employee + Equal Partner	\$601.99	\$601.99
Employee + Equal Partner's Child(ren)	\$294.27	\$294.27	Employee + Equal Partner's Child(ren)	\$274.24	\$274.24
Employee + Equal Partner + Employee's Child(ren)	\$625.02	\$640.34	Employee + Equal Partner + Employee's Child(ren)	\$625.68	\$625.68
Employee + Equal Partner + Equal Partner's Child(ren)	\$1,291.92	\$1,307.24	Employee + Equal Partner + Equal Partner's Child(ren)	\$1,270.87	\$1,270.87
Employee + Equal Partner + Employee's Child(ren) & Equal Partner's Child(ren)	\$1,037.43	\$1,037.43	Employee + Equal Partner + Employee's Child(ren) & Equal Partner's Child(ren)	\$954.96	\$954.96

Important Tax Information — PLEASE READ THIS NOTICE CAREFULLY

Employees applying for domestic 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, domestic 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 domestic partner benefits as wages to the Internal Revenue Service and make additional tax payments.

Health Reimbursement Arrangement (HRA)

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 (if requested) for the alternate group coverage.

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 recently married, dependents need to be enrolled in a City medical plan for 1 year to be eligible. [Use the Flow Chart](#) to help determine if you are eligible.

If you 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. Contact **COCBenefits** at **866-477-1604** for more information.

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. A "Qualifying Life Event" is birth, death, marriage, divorce, custody, change in equal partner status, loss of coverage on the other health plan, change in dependent disability, change in other coverage, etc.

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.

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.



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.

HSA Prohibited

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](#)

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 BENEFIT 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	\$0 copay
Bi-Focal	\$10 copay
Tri-Focal	\$45 copay
All Once Per Plan Year	
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>

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL



JCPenney | optical

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
- Prescription Drug Reimbursement Benefit

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. Employees can apply for amounts of coverage up to the plan maximums shown below. The guaranteed issue amount is \$200,000 during your New Hire enrollment period or a Qualifying Life Event (QLE) only. After your new hire enrollment ends, EOI is required for any elected amount during Open Enrollment (OE).

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

During your new hire enrollment period or a Qualifying Life Event (QLE), you may elect up to **\$200,000 in coverage without providing Evidence of Insurability (EOI)**. After your new hire enrollment ends, EOI is required for any elected amount or increase in coverage during Open Enrollment (OE). However, during annual Open Enrollment, you may increase your established coverage by up to **\$10,000 without EOI**, up to the maximum allowed.

Benefit	Amount		Maximum Amount	Qualifying Events
	Currently Covered	Not Covered		
Employee	Increase UP TO \$10,000 w/o EOI up to the maximum of \$500,000 or 6X your salary (whichever is less)	Any election will require Evidence of Insurability	Up to \$500,000 or six times the employee's annual salary; whichever is less	If you experience a life event outside of Open Enrollment, you will be permitted to enroll or increase your Vol Life Plan up to the guaranteed issue, without EOI. Your QLE must be processed within 30 days of the event date.
Spouse/ Equal Partner	Increase UP TO \$10,000 w/o EOI up to the maximum of \$300,000	Any election will require Evidence of Insurability	Up to Employee election, but not to exceed \$300,000 in total coverage	
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 VOYA and Custom Design Benefits plans. If you are enrolled in more than one benefit, you will only be subject to one monthly admin fee.

* All rates and coverages are subject to plan requirements based on union affiliation.

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://claimscenter.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
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Initial Doctor's Visit	\$60
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X-Ray	\$30
-------	------

Medical Equipment	\$40
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Laceration	Up To \$320
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Fractures	Up To \$4,500
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Dislocation	Up To \$3,200
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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



Lifetime Protection for You and Your Family

Voya® offers portable life insurance, so you can keep it if you change jobs or retire, and it's available to both employees and spouses. Life Insurance pays a benefit to your beneficiary, which can help cover major expenses such as a mortgage, college tuition, or elder care.

Added Security: Long-Term Care Benefits

This policy includes a Long-Term Care (LTC) feature, allowing you to access a portion of your benefit early if you need qualified long-term care services. 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. **Benefit amount reduces to 50% of original coverage when the employee or spouse reaches employee's 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.

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
(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 at the time of enrollment are not eligible for coverage.*

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 2027 contribution limit is \$3,400.** Contributions made during 2027 must be used for health care expenses incurred

between January 1, 2027 and March 15, 2028. Claims documentation must be submitted by March 31, 2028 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 3/31/28) 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 2027 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.) Custom Design Benefits

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 2027 are shown in the chart below.

2027 Annual Dependent Care Contribution Limits

Single Or Married, Filing Joint Tax Returns \$7,500

Married, Filing Separate Tax Returns \$3,750

Contributions made in 2027 can only be used for dependent care expenses incurred January 1, 2027 – March 15, 2028. You can access funds by submitting a claim form to Custom Design Benefits for reimbursement. Claims must be submitted by March 31, 2028 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 from your last date of employment (but in no event after 3/31/28) to submit claims for expenses 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



Enrollment

You enroll in the Medical and Dependent Care FSA **every year**.

Elections do not carry forward year to year.



Monthly Admin Fee

A \$3.00 monthly administration fee applies to VOYA and Custom Design Benefits plans. If you are enrolled in more than one benefit, you will only be subject to one monthly admin fee.



Separation

If you leave City employment, you will have 90 days (but not after 3/31/28) to submit claims for expenses incurred **prior** to your separation date.

Wellness Programs



Healthy Lifestyles Is Moving to Anthem!

**Earn Up to \$300
Every Year**

**> One account. Two ways to participate.
Automatic tracking. Up to \$300 in rewards.**

Beginning January 1, 2027, Healthy Lifestyles will be available through Anthem.com and their Sydney Health app. Access the program in either location using your existing Anthem username and password. Complete activities, track your progress and earn up to \$300 in rewards—all in the same place you manage your Anthem benefits.

How Anthem Makes Wellness Easier

Everything in One Place

Access your Anthem benefits and Healthy Lifestyles rewards from the same place – either Anthem.com or the Sydney Health App.

Rewards Tracked Automatically

Many activities—like your annual physical and preventive screening—are automatically verified through your medical claims. No paperwork. No manual tracking.

Personalized Wellness

Receive recommendations, wellness tips, challenges, and programs based on your interests and health goals.

Connect Your Favorite Devices

Sync compatible fitness devices and apps to automatically track eligible activities.

Stay Motivated

Complete activities, build healthy habits, and watch your rewards grow throughout the year.

Choose How You Want to Participate

- **Use the Sydney Health App**
Scan to download the app.



- **Participate Online**

Visit anthem.com and sign in to your Anthem account.

Healthy Choices = Real Rewards

Complete eligible wellness activities and earn up to \$300 deposited into your eligible HRA or HSA.

Complete a variety of activities that support your physical, mental, and overall well-being.

Annual Physical with PCP	\$75
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Biometric Screening	\$50
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Health Check survey	\$35
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Mental Health Check Up	\$20
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Other Activities and Awards



Physical Activity



Sleep Tracking



Wellness Challenges



Nutrition

+ MORE!

Getting Started Is Easy!

1) Enroll

Elect Healthy Lifestyles through COCBenefits.com during benefits enrollment or through the Healthy Lifestyles life event.

2) Sign In

Beginning January 1, sign in at anthem.com or in the Sydney app using your existing Anthem username and password.

3) Complete Activities

Complete eligible wellness activities. Many rewards are automatically tracked through claims or a connected device.

4) Get Rewarded

Track your progress and earn up to \$300 for taking steps toward better health.

Healthy Lifestyles (Con.)



Eligibility and Enrollment

All full time City employees, and their spouses/equal partners who are enrolled in a city Anthem plan 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 2027 will be deposited into your Custom Design Benefits account in February 2028. If you leave City employment, you will have 90 days to submit claims for expenses incurred prior to your separation date, but in no event later than March 15th the year following the last deposit.

Program Privacy

Personal health information is maintained by Anthem and applicable program partners in accordance with privacy requirements. The City only receives program data in non-identifiable aggregate form.

Contact Anthem for help with:

- * Signing in through the Sydney Health app or [anthem.com](https://www.anthem.com)
- * Accessing the Healthy Lifestyles rewards program
- * Missing or delayed claims-based rewards
- * Completing or confirming an activity
- * Connecting a compatible device or fitness app

Anthem Members: 1-844-456-7112

Non-Anthem Members: 1-866-755-2680

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.

Questions about the diabetes and hypertension program?

Amy Driscoll

Healthy Lifestyles Wellness Coordinator

513-977-0018

Amy_Driscoll@TriHealth.com

Frequently Asked Questions

Q: How long does automatic tracking take?

A: Claims-based activities may not appear immediately. Allow time for your provider to submit the claim and for it to be processed by Anthem.

Q: Does my spouse need a separate Sydney account?

A: Participating spouses/equal partners will have access to their own Anthem account to complete and track activities.

Q: Do I have to complete every activity?

A: No. Choose from eligible activities throughout the year and earn rewards until you reach the annual maximum.

Q: Can I enroll after Open Enrollment?

A: Yes. Eligible employees may elect Healthy Lifestyles during the year through the Healthy Lifestyles life event at [COCBenefits.com](https://www.COCBenefits.com).

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

Email: 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.

More info to come on app



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

Download the Sydney App





Contacts & Resources



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

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

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](#).

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

Contact Information (Con.)



www.AFSCMECarePlan.com

or 513-641-4111



Group: S1029

www.SuperiorDental.com or 800-762-3159



<https://www.beaconortho.com/>

Priority Access Line: 513-230-0205



AMY DRISCOLL

Healthy Lifestyles Wellness Coordinator

513-907-0018 | Amy_Driscoll@trihealth.com

Anthem.com or download Sydney Health
<https://www.sydneyhealth.com/>

Anthem or mobile app support call:

Anthem Sydney Support

Anthem Members: 1-844-456-7112

Non-Anthem Members: 1-866-755-2680



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



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

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



2027 Index Of Required Notices

[Children's Health Insurance Program \(CHIP\) Notice](#)

[COBRA FAQ](#)

[COBRA Notice](#)

[EEOC Notice Regarding Wellness Programs](#)

[Health Benefits Glossary of Terms](#)

[Marketplace Notice](#)

[Medicare Part D Notice of Creditable Coverage](#)

[Michelle's Law Notice](#)

[Notice Regarding Wellness Program \(Spouse Dependent Authorization\)](#)

[Notices and Forms \(Special Enrollment Rights\)](#)

[Summary of Benefits and Coverage \(80-20\)](#)

[Summary of Benefits and Coverage \(HDHP\)](#)

[Summary of Benefits and Coverage \(HRA\)](#)

[Summary of Benefits and Coverage \(Police/Fire Pre-2016\)](#)

[Women's HCRA](#)