2027

City of Detroit
General Retiree Healthcare Trust
Post-2014 Retirees
Open Enrollment Information



DENTAL | VISION



City of Detroit General Retiree Healthcare Trust

IMPORTANT INFORMATION ABOUT YOUR 2027 OPEN ENROLLMENT

Dear Post-2014 City of Detroit General Retiree/Surviving Spouse:

It's time for your 2027 Dental/Vision Open Enrollment. Open Enrollment begins **October 26, 2026** and ends **November 27, 2026**. This is the time to review your current dental and vision coverage and make elections or changes for your 2027 Plan Year, if desired. Prior to making this important decision we encourage you to carefully read through this packet and the enclosed rate sheet so you will be aware of the dental and vision options that are available to Post-2014 General City Retirees and their eligible Surviving Spouses through the VEBA, and the change in cost of that coverage for the 2027 Plan Year. **If, after review, you find you are satisfied with your current dental and vision elections and you do not wish to make any changes, there is no need to take any action.** Your current elections will automatically continue and the amount you are required to pay will be adjusted to the 2027 rate, if needed. However, if you wish to change your coverage you must do so during the Open Enrollment period. New enrollments, benefit changes, the 2027 rates, and any changes you choose to make to your current coverage will be effective January 1, 2027.

BeneSys, Inc. will process your 2027 enrollment requests and deal with the day-to-day activities related to the administration of all VEBA dental and vision plans. If you have questions, including if you are not sure what your current elections are, we encourage you to contact the BeneSys staff at (844) 563-8911 to review your current benefit elections. BeneSys is available to assist you during open enrollment and throughout the year.

Sincerely,

Board of Trustees of the City of Detroit General Retiree Healthcare Trust

General Information

When is Open Enrollment?

Open Enrollment for dental and vision starts on October 26, 2026 and continues through November 27, 2026. The deadline for submission of all enrollment changes is **November 27, 2026**. Enrollment changes received after November 27, 2026 will not be processed.

What changes will be made to Post-2014 Retiree Dental and Vision in 2027?

Dental and vision coverage will continue to be available, with retirees paying the full cost for such coverage.

A brief summary of benefits for dental and vision plans are included in this packet. A full summary of benefits is available on the VEBA website or by calling the BeneSys office (844) 563-8911 to receive it by mail. The summary is presented in a format that permits easy comparison of the main features or benefits of the dental and vision plans; it contains general information only. To review this benefit information, visit **www.ourbenefitoffice.com/mydetroitretireebenefits**.

Do I need to enroll or make changes during open enrollment?

If you are currently enrolled in a dental and/or vision plan offered through the VEBA and you do **NOT** want to switch to a different dental or vision plan, or add or remove any dependents, you do **NOT** have to take any action during the open enrollment period. Your current dental/vision elections will automatically continue for the 2027 Plan Year.

You only must act during this open enrollment period if you:

- are NOT currently enrolled and wish to enroll in a dental and/or vision plan offered through the VEBA;
- are currently enrolled, but want to switch to a different dental, and/or vision plan;
- are currently enrolled and want to add or remove dependent coverage from your dental and/or vision coverage;
- are currently enrolled and want to terminate or stop your dental or vision coverage;

If you are unsure of your current coverage, please contact BeneSys at (844) 563-8911.

How do I enroll or make changes?

If you wish to enroll or make changes to your plans, add or remove dependent(s) coverage, you may do so online at **www.ourbenefitoffice.com/mydetroitretireebenefits**. The Open Enrollment portion of the website will be available 24 hours a day, 7 days a week beginning October 26, 2026 through November 27, 2026. Please see page 8 of this packet for instructions on how to register online. If you need help with online registration, please contact BeneSys at (844) 563-8911.

If you do not have access to the internet, you may complete the enclosed enrollment form and return it to BeneSys at P.O. Box 4955, Troy, MI 48099-4955. For your convenience, enclosed is a self-addressed envelope you can use. Be sure to place the appropriate postage on the envelope before mailing. If you require additional assistance, please contact a BeneSys Member Services Representative at (844) 563-8911.

When will the 2027 Open Enrollment changes be effective?

If you elected a dental and/or vision plan during the Open Enrollment, the coverage for your new plan will start on January 1, 2027. If you added a dependent to your dental and/or vision plan, that dependent's coverage will start on January 1, 2027. If you elect to terminate coverage during the open enrollment your coverage will end on December 31, 2026. All benefit and rate changes for the 2027 Plan Year are effective January 1, 2027.

Can I make changes to my dental and/or vision coverage during the year?

You cannot switch to another dental or vision plan during the coverage year. But, if you wish to terminate your dental or vision plan during the coverage year you are permitted to do so. However, please note, if you terminate your dental and/or vision coverage during the 2027 plan year, you will not be eligible to re-enroll for dental/vision coverage until the 2029 open enrollment period.

Is documentation required when adding a dependent?

Yes, when adding dependents to your dental and/or vision coverage you will be required to submit documentation to substantiate eligibility for coverage. Examples of documentation that may be required include, but are not limited to: birth certificate, marriage certificate (a marriage license is not accepted), legal guardianship papers (stating full and permanent custody), proof of residency, and a Federal Tax Return Transcript.

Providing False Information:

Retirees who submit false information intended to provide dental/vision coverage for alleged dependents not eligible for such coverage will be held financially responsible for all claims filed, and will be required to reimburse the VEBA for any payments made on behalf of or for the benefit of an ineligible person claimed as a dependent. Also, be aware that even if you had been married while you were actively employed, if that former marital partner is now divorced from you (is your ex-spouse) then he/she is NOT eligible for our retiree dental and/or vision benefits even though you are.

Audits:

Periodic audits will be conducted to ensure that retirees, spouses and dependents currently enrolled in VEBA dental/vision plans are eligible for coverage. During these audits, the terms and conditions of your retirement will be examined. In addition, retirees will be required to provide documentation to substantiate that their covered dependents continue to be eligible for coverage. If you receive a notice of audit, you must provide the documentation within the time period specified in the notice or the coverage for your dependent will be terminated. If it is determined that a retiree and/or his/her dependent is not eligible for dental/vision the coverage will be immediately terminated.

Note: It is the responsibility of the retiree/beneficiary to notify BeneSys when covered dependents are no longer eligible for dental/vision coverage. Events that can make a dependent ineligible for coverage include, but are not limited to, marriage, divorce, age or no longer being a dependent of the retiree/beneficiary (i.e., can no longer be claimed as a dependent on his/her federal income tax return). In general, the termination of coverage becomes effective at the end of the month in which the disqualifying event occurs. However, the coverage termination date for an ex-spouse is the date of the divorce decree. Please note that you will be financially responsible for all claims and premiums associated with an ineligible dependent.

How do I pay for my dental and/or vision plans?

The required monthly payment for your dental and/or vision plan will be automatically deducted from your monthly pension check. The amount being deducted appears on your pension check stub. You are responsible for monitoring your pension check stubs to verify that the deductions are proper. If an incorrect amount is being deducted, you must immediately report it to BeneSys.

My pension will not cover the cost for my dental and/or vision, how do I pay?

If you are eligible for dental and/or vision, but do not receive a pension check or the amount of your pension is insufficient to cover the cost of the monthly premium(s), you will need to contact BeneSys to set up a direct payment plan. If you are on a direct payment plan but fail to submit your payments in accordance with the pay schedule, your coverage will be terminated.

Who do I contact to change my address?

It is important to keep your address updated in two places, the City of Detroit Pension Office and BeneSys.

You are required to notify BeneSys of your address change so that you will continue to receive information from the VEBA and other mailings regarding dental and/or vision benefits. To change your address please contact BeneSys at (844) 563-8911.

Enrollment options for retirees who qualify for dental/vision and retired on or AFTER January 1, 2015

Medicare and Non-Medicare-Eligible Retiree Options

Retirees who retired on or after January 1, 2015, are not participants in the VEBA. Although you are not eligible for medical or HRA benefits provided in this Plan, the VEBA Board of Trustees have extended the opportunity for you and your eligible dependents to enroll in the VEBA's optional dental and vision plans: Accordingly, your dental and vision plan options are as follows:

Dental Plan Options

- Blue Cross Blue Shield Dental PPO
- Delta Dental High Plan
- Delta Dental Low Plan
- DENCAP Dental DHMO (Coverage in Michigan Only)

Vision Plan Options:

- Heritage Vision Standard Plan
- Heritage Vision National Plan
- Vision Service Plan (VSP)

Please note, if you terminate your dental and/or vision coverage during the 2027 plan year, you will not be eligible to re-enroll for dental/vision coverage until the 2029 open enrollment period.

If you have questions regarding the HRA program that has been established for retirees who retired on or after January 1, 2015, contact BeneSys at (248) 641-4989.

Dental Plan Options
City of Detroit General Retiree Health Care Trust
Members/Spouses

2027

	Blue Cross Dental Plan	Delta Dental High Plan	Delta Dental Low Plan	DENCAP Coverage In Michigan Only $10 Office Visit Co-Pay
Monthly Contribution	$32.08 - Single $64.16 - Two Person $96.24 - Family	$34.98 - Single $68.18 - Two Person $121.26 - Family	$28.94 - Single $55.98 - Two Person $97.83 - Family	$23.65 - Single $40.40 - Two Person $60.35 - Family
Maximum Annual Amount (Amount of coverage available annually)	$1,500/ Per Person	$1,000/ Per Person	$800/ Per Person	$2,500 Annual Max $800 Specialty Max $3,300 Per Person
Oral Examinations (Twice per year)	100% In- Network 50% Out-of-Network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	100%
X-Rays (Limitations depending on type of X-Ray)	100% In- Network 50% Out-of-Network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	100%
Prophylaxis - Teeth Cleaning (Twice per year)	100% In- Network 50% Out-of-Network	100% PPO Dentist 100% Premier Dentist 100% Out-of-network Dentist	100% PPO Dentist 100% Premier Dentist 75% Out-of-network Dentist	100%
Fillings: amalgam, composite	80% In- Network 50% Out-of-Network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*
Crowns: porcelain or metal	50% In- Network 50% Out-of-Network	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	80%*
Root Canal Therapy	80% In- Network 50% Out-of-Network	80% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	50% PPO Dentist 50% Premier Dentist 50% Out-of-network Dentist	85%*

*PERCENTAGES are APPROXIMATE, see co - payments as listed on the Schedule of Benefits and Fixed Co-Pays.

Vision Plan Options
City of Detroit General Retiree Health Care Trust
Members/Spouses

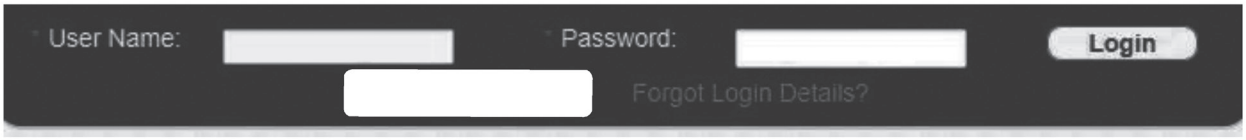
2027

	Heritage Local Vision Plan	Heritage National Vision Plan	Vision Service Plan (VSP)
Monthly Contribution	$6.46 - Single $6.46 - Two Person $6.46 - Family	$6.61 - Single $13.18 - Two Person $13.18 - Family	$5.98 - Single $11.94 - Two Person $19.24 - Family
Frequency of Benefit (Amount of coverage available)	Once every **24** months from date of last service	Once every **12** months from date of last service	Once every plan year
Eyeglasses Eye Examinations (comprehensive exam for eyeglasses, does not apply to contact lens exam)	100% In-Network Out-of-Network; reimbursed up to $25.00	In-Network: $5.00 copay Out-of-Network; reimbursed up to $45.00	$5.00 Copay
Frames	In-Network: $100.00 retail allowance Out-of-Network: reimbursed up to $30.00	In-Network: $130.00 retail allowance Out-of-Network: reimbursed up to $70.00	In-Network: $130.00 retail allowance Out-of-Network: reimbursed up to $70.00
Single Vision Lenses	In-Network: 100% Out of Network: Reimbursed up to $30.00	In-Network: $10.00 copay Out of Network: Reimbursed up to $30.00	100%
Lined Bifocal Lenses	In-Network: 100% Out of Network: Reimbursed up to $35.00	In-Network: $10.00 copay Out of Network: Reimbursed up to $50.00	100%
Lined Trifocal Lenses	In-Network: 100% Out of Network: Reimbursed up to $40.00	In-Network: $10.00 copay Out of Network: Reimbursed up to $65.00	100%
Contact Lense Eye Examinations (comprehensive exam for contact lenses, applies to contact lens exam and fitting)	In-Network: 100%, $40.00 copay Out-of-Network: N/A	In-Network: 100%, $40.00 copay Out-of-Network: N/A	100%, up to $60.00 Copay
Contact Lenses Medically Necessary	In-Network: $45.00 retail allowance Out-of-Network: Reimbursed up to $40.00	In-Network: $10.00 copay Out-of-Network: Reimbursed up to $210.00	In-Network: $10.00 copay Out-of-Network: Reimbursed up to $210.00
Hearing Aid Discount Program	Amplifon Hearing - Average of 62% off retail cost, wide choice of products, risk-free trial, follow-up care	Amplifon Hearing - Average of 62% off retail cost, wide choice of products, risk-free trial, follow-up care	TruHearing - Average 60% discount, 45-day free trial, free batteries, network of 6,000 providers

How to Register on the Website

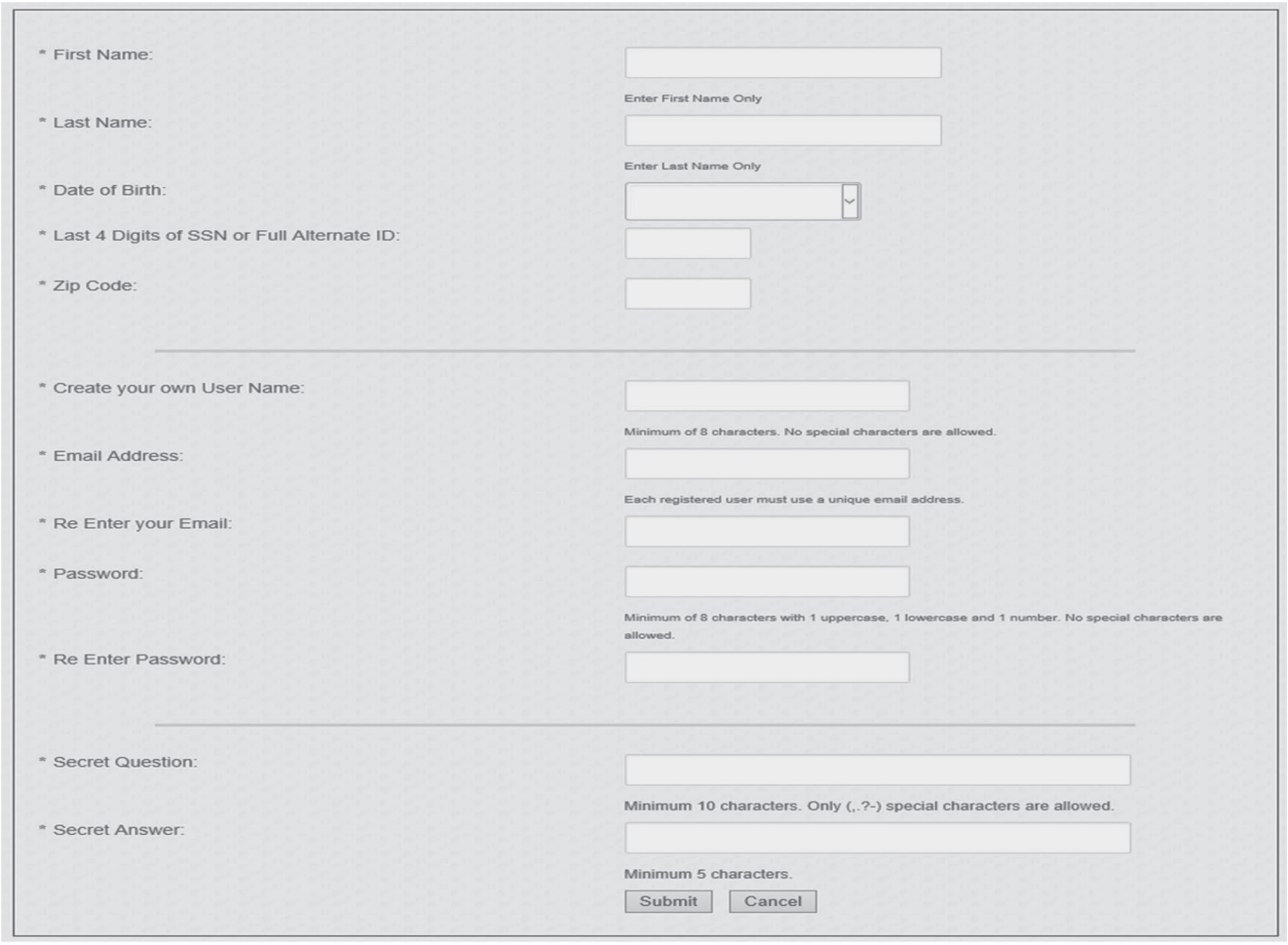
When registering for the first time, please follow these instructions:

1. From your computer, **www.ourbenefitoffice.com/mydetroitretireebenefits** to connect to the website.
2. Locate the Login box in the upper right hand corner of the screen.
3. Click on Create an *Account* to get started.



4. The Registration Screen will display next. If you created an account during last year's Open Enrollment, please login using your User Name and Password.
5. Your email address will be used to send you notification in the event you forget your user name and password. Once all information has been entered, please click "Submit" on the bottom of the screen.

All fields listed on the Registration Screen are required and must be completed in order to complete website registration.



Important Phone Numbers

If You Have a Question About	You Should Contact
Eligibility for coverage for you or your dependents, the amount being deducted from your pension check for medical, dental, or vision coverage, the HRA program, Open Enrollment, or Online Enrollment call BeneSys. (**Do NOT call** the City of Detroit Benefits Administration Office)	BeneSys (Third Party Administrator) at: (844) 563-8911 Hours: 7:30 a.m. – 4:30 p.m. Eastern Time, Monday – Friday **Troy Location:** 700 Tower Drive, Suite 300, Troy, MI 48098 You can also leave a message and your call will be returned, during regular business hours, in the order in which it was received. **Detroit Location:** TMR & Associates (313) 963-1135 601 Abbott Street Detroit, MI 48226 Hours: 8:30 a.m. – 5:00 p.m. Eastern Time, Monday – Friday
Delta Dental PPO	(800) 524-0149
DENCAP Dental DMO	(888) 988-3384
Blue Cross Blue Shield of MI Dental PPO	(888) 826-8152
Vision Service Plan (VSP)	(800) 877-7195
Heritage Vision	(800) 252-2053