City of Pontiac
VEBA Trust

January 2027 OPEN ENROLLMENT

Presented by:
BeneSys / Manquen Vance / City of Pontiac VEBA Trust Board/City of Pontiac
November 18, 2026 and November 19, 2026



Agenda

- ❑ Introductions
- ❑ Open Enrollment Overview
- ❑ Medical / RX Plan Review
- ❑ Dental and Vision Plan Review
- ❑ NEW! – Healthcare Reimbursement Account
- ❑ Next Steps
- ❑ Questions

Open Enrollment Overview

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2027 Open Enrollment

1. If you are already enrolled and do not want to make changes, there is nothing for you to do
2. If you are enrolling for the first time, you must make a benefit election during the Open Enrollment period to receive benefits for January 1, 2027
3. NEW in 2027: Healthcare Reimbursement Account administered by Varipro. You will automatically be enrolled in the HRA if you are currently enrolled in a Medical, Dental and/or Vision plan.
4. If you fail to enroll during the Open Enrollment period, you will not be able to enroll until the following year
5. An enrollment kit was mailed to you. You can also access the enrollment kit at **http://www.ourbenefitoffice.com/CityofPontiac/Benefits**
6. Open enrollment must be completed by November 30th
7. First time enrollees will receive separate ID cards for Medical/Rx, Dental and Vision
8. There is no premium requirement to enroll in the VEBA benefit programs

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Important Reminders

1. If you are enrolling for the first time, you will need to notify your current provider to terminate coverage effective December 31 because you are eligible for an employer retirement plan effective January 1
2. You must maintain and pay for both Medicare Part A and Part B coverage. If you do not maintain this coverage, you will be disenrolled from your medical benefit plan through the VEBA.
3. If you enroll in another Medicare plan, you will be disenrolled from your medical benefit plan through the VEBA.

Blue Cross Blue Shield of Michigan
Medical and Rx Plan Review

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Pre Medicare Retirees – BCBS of MI Simply Blue 500 PPO

Current	Simply Blue 500 PPO
	In Network
Preventive Care	Covered at 100%; no deductible
Deductible	$250 single $500 family
Coinsurance	20%
Coinsurance Max	$2,500 single $5,000 family
Office visits	$20 copay
Urgent Care	$20 copay
Emergency Room	$150 copay
Out of Pocket Max - includes deductible, coinsurance, medical copays and Rx copays	$8,150 single $16,300 family

Note: This comparison is a high-level overview of the plan. Please refer to your BCBSM benefit summary for full details.

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Pre Medicare Retirees Prescription Drug Copays

	Simply Blue 500 PPO
Generic	$5 copay
Brand Preferred (Formulary)	$25 copay
Brand Non-Preferred (Non-Formulary)	$50 copay
90 Day Retail or Mail Order	2x copay
Out of Pocket Maximum (combined with medical)	$8,150 single $16,300 family

Note: This comparison is a high-level overview of the plan. Please refer to your BCBSM benefit summary for full details.

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Medicare Retirees – BCBS of MI Medicare Plus Blue

Current	Medicare Plus Blue
Preventive Care	Covered at 100%; No deductible
Deductible	$100
Coinsurance	0%
Office visits	100%
Urgent Care	100%
Emergency Room	100%
Ambulance Services	100% after deductible
Out of Pocket Max - includes all medical and hospital care services	$500
Silver Sneakers	Included

Note: This comparison is a high-level overview of the plan. Please refer to your BCBSM benefit summary for full details.

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Medicare Retirees Prescription Drug Copays

	Medicare Plus Blue Comprehensive Enhanced Formulary
Generic	$5 copay
Brand Preferred (Formulary)	$25 copay
Brand Non-Preferred (Non-Formulary)	$50 copay
90 Day Retail or Mail Order	1x copay
Out of Pocket Maximum	$2,400

Note: This comparison is a high-level overview of the plan. Please refer to your BCBSM benefit summary for full details.

Dental & Vision Plan Review

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Delta Dental of Michigan

	Delta Dental PPO / Premier Dentist
Annual Deductible	$0 per person
Preventive Services Oral exams, cleanings, x-rays	100%
Basic Services Fillings, crown repairs, root canals, denture repairs, surgical services	80%
Major Services Crowns, bridges, implants, dentures and crowns over implants	80%
Annual Benefit Maximum	$3,000
Orthodontia	Not covered

Note: This comparison is a high-level overview of the plan. Please refer to your Delta Dental benefit summary for full details.

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BCBS of MI VSP Vision

	BCBSM VSP Network	BCBSM VSP Non-Network
Eye Exam	100% of approved amount	Reimbursement up to $45
Standard Lenses	100% of approved amount	Reimbursement up to approved amount based on lens type
Frames	$150 allowance	Reimbursement up to $70
Contact Lenses – medically necessary	100% of approved amount	Reimbursement up to $210
Contact Lenses – elective	$150 allowance for contact lens exam, fitting and materials	$210 allowance for contact lens exam, fitting and materials
Frequency of Benefits	12 consecutive months for Exams/Lenses/Contacts 24 consecutive months for Frames	

Note: This comparison is a high-level overview of the plan. Please refer to your BCBSM VSP Vision benefit summary for full details.

HRA
Health Reimbursement Account

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What is a Health Reimbursement Account (HRA)

A **Health Reimbursement Account (HRA)** is an "employer" funded benefit account that helps pay for eligible healthcare expenses.

The Pontiac VEBA will contribute $1,000 into the HRA account for calendar year 2027. Participants can use the funds to pay for approved medical, prescription, dental, vision, and Medicare-related expenses.

Eligible Expenses May Include

- Health plan deductibles
- Coinsurance and copayments
- Prescription drugs
- Dental services
- Vision exams, glasses, and contact lenses
- Medicare Part B premiums
- Other IRS-approved medical expenses

The HRA program will be administered by **Varipro.**

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How to use your HRA funds

- Pay for an eligible healthcare expense using either:
  1. Your HRA Debit Card, or
  2. Your own funds (out of pocket)
- If you use your HRA Debit Card, Varipro may request an **itemized receipt** to verify that the purchase was for an eligible expense.
- If you pay out of pocket, you must submit a reimbursement claim to Varipro:
  - Complete a claim form
  - Include a copy of the **itemized receipt**
- Once the claim is reviewed and approved, you will be reimbursed for the eligible expense
- Reimbursement options:
  - Direct Deposit (recommended for faster payment)
  - Paper Check mailed to your home address

Important: Always keep your itemized receipts, as documentation may be required to substantiate eligible expenses.

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Additional HRA Information

Using your HRA debit card for services that are associated with flat dollar copays such as office visit copay or prescription drug copays should not require substantiation. However, you should maintain all itemized receipts in the event a receipt is requested.

Your enrollment packet included additional information regarding the following:

1. HRA eligible expenses
2. Health Cloud and Mobile App Quick Start Guide
3. How to upload a receipt
4. Substantiation FAQ
5. Varipro HRA Reimbursement Form

The HRA debit card will be mailed to your current address. If you have questions related to your new HRA after you receive your debit card, you can call Varipro's customer service team at (800) 732-3412.

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Medicare Premium Reimbursement

Retirees can use their HRA funds to reimburse Medicare premiums. To request reimbursement, follow these steps:

1. Watch for the annual or monthly **CMS Medicare premium statement** that shows the amount deducted for your Medicare premium
2. Keep this statement for your records, as it serves as the required documentation for reimbursement
3. Log in to **member.varipro.com** or access your account through the **Varipro mobile app**
4. Select **Manage My Expenses**
5. Click **Add Expense**
6. Enter the requested information regarding your Medicare premium expense
7. From the **Expense Type** drop-down menu, select **Healthcare Premium**
8. Upload your **CMS statement** as the supporting receipt/documentation
9. Submit your reimbursement request

Once submitted, **Varipro** will review the request and process the reimbursement

Next Steps

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Next Steps

- ❑ Review the information in your enrollment kit
  - If you have questions about the information received, you can contact BeneSys at (888) 644-4977
- ❑ Complete the enrollment form **only if you are making changes or enrolling for the first time**
  - All of the requested information on the enrollment form must be completed. Missing information may delay your changes or enrollment.
- ❑ Return the enrollment form to BeneSys by November 30, 2026
  - Mail to P.O. Box 4565, Troy, MI 48099-4565
  - Come into the BeneSys Office located at 700 Tower Drive, Suite 300, Troy, MI 48098 and drop off your enrollment form up until 4:30 p.m. on November 30, 2026
  - Fax your enrollment form to BeneSys at (248) 813-9898 Attn. Eligibility Department
  - Email your enrollment form to BeneSys at **enrollmentdocs@benesys.com**

Questions?