



TO: City of Amarillo Retirees
FROM: Sandy Elliott, Assistant HR Director for Benefits
RE: 2026 Benefit Changes/Information

City of Amarillo retirees enrolled in the pre-65 benefit plans have the opportunity once a year to make changes to their retiree benefits. The only change that can be made is to switch medical and dental plans. If making these changes, the deadline to return the enclosed Retiree Insurance Election Change form to the Human Resources Department is no later than Friday, November 7, 2025, by 5pm CST. Late forms will not be accepted after this date, and your current elections will continue into 2026. Any changes made will be effective January 1, 2026.

You can also drop your retiree medical, dental, or life insurance on yourself or enrolled dependents anytime throughout the year, but your elections are irrevocable. This means you cannot re-enroll in any of these plans at a later date. If you choose to make any of these changes during this annual event, you can make these changes on the enclosed Retiree Insurance Election Change form and return it to the Human Resources Department by the required deadline for these changes to be effective January 1, 2026.

Below is an overview of what happens if you do not have any changes and action required if you choose to make changes.

Not Making Any Changes in 2026 – No Action Required

If you do not want to make any changes to your CURRENT medical, dental or life insurance elections, there is nothing you need to do. Your 2025 elections will continue into 2026, and no election change form will need to be completed.

Switching Medical and/or Dental Plans (Plan 1 to 2 or Plan 2 to 1)

- **Action Required:** The enclosed Retiree Insurance Election Change form must be filled out changing plans.

Dropping Coverage

If you are dropping medical or dental coverage on yourself and/or dependent or dropping retiree life insurance on yourself and/or your legal spouse.

- **Action Required:** The enclosed Retiree Insurance Election Change form must be filled out dropping coverage. If you drop coverage, your election is irrevocable, and you and/or your dependents cannot enroll later.

Retirees Currently Enrolled in Retiree Life Insurance Plan for Retiree and/or Retiree Spouse:

- If you are making changes during this annual enrollment period and you did not update your beneficiaries in 2024 or 2025, the new Workday system requires you to update your life insurance beneficiaries. The enclosed Retiree Insurance Election Change form **and** Retiree Life Insurance Beneficiary Change form must both be returned to the Human Resources Department by the required deadline.
- If you are making changes during this annual enrollment period and updated your beneficiaries in 2025 (either you retired in 2025 where a new beneficiary form was completed at time of retirement or it was updated during the 2024 beneficiary campaign), you will only need to return the Retiree Insurance Election Change form to the Human Resources Department by the required deadline.

Note, you can update your life insurance beneficiaries anytime throughout the year outside this annual enrollment period by contacting the Human Resources Department.

Instructions for Filling Out the Enclosed Life Insurance Beneficiary Change Form:

- Fill out the area To Be Completed by Retiree, add primary and/or contingent beneficiaries and include all information requested. The Social Security Number (SSN) is not required (but preferred). Both sections must add up to 100%.
- Do not leave any areas blank and write legibly with no cross outs or markings. If a cross out is made, initial by the cross out where the change was made.
- Forms will be returned to the retiree if not filled out correctly or has missing information.

IMPORTANT:

If making changes, retirees are required to return the enclosed form(s) using one of the following methods:

- 1) Email - benefits@amarillo.gov
- 2) In Person – City Hall, 623 S. Johnson Street, Amarillo, TX 79101 in the Human Resources Department, 1st Floor, Rm. 1100. Hours of Operation: M-F, 8:00am to 5:00pm CST.
- 3) **Least Preferred Method** - US Mail to the address noted above in #2.

If any changes are made, the form(s) **MUST BE RECEIVED** in the Human Resources Department by the deadline of 5:00pm CST on Friday, November 7, 2025. **Any forms received after this date will not be accepted and your 2025 elections will continue into 2026.** Therefore, it is important, if mailing the forms, you allow enough lead time since forms received after this date will not be accepted.

Below are some Key Points regarding 2026 Changes:

Medical Plans

- No Vendor Change – Aetna will remain our medical provider into 2026.
- Premiums – There will be a no increase in medical premiums.
- Plan Design – There will be no plan design changes under either plan. See enclosed Overview of Medical Plans for more information on the differences between the two plans.
- New Medical Cards – Will be mailed to your home address by year end. Remember to present your new card at time of service beginning January 1, 2026.

Prescription Drug Plan

- Vendor Change – Effective January 1, 2026, the pharmacy provider will change to RxBenefits, Inc., with OptumRx. More detailed information about this change to the pharmacy benefits will be mailed to your home address on file with the City of Amarillo by year end.
- Prescription Co-Pays – There are no changes to prescription co-pays, and a prescription co-pay handout is provided in the annual enrollment packet.
- New Medical Cards – The Aetna medical card will continue to have the prescription information on the back of card and new cards will be mailed to your home address by year end. Remember to present your new card at time of service beginning January 1, 2026.
- Pharmacy Network – This network is administered by OptumRx with over 65,000 retail locations, full mail order capabilities and a dedicated specialty pharmacy.

Dental Plans

- **Vendor Change** – Effective January 1, 2026, the dental provider will change to Delta Dental.
 - **Premiums** – There will be no increase in dental premiums.
 - **Plan Design** – There will be no plan design changes. See enclosed Overview of Dental Plans for more information on the differences between the two plans.
 - **New Dental Cards** - A dental card will be mailed to your home address by year end. Note, you can continue to provide the retiree's social security number for verification of benefits where no dental card will be needed.
 - **Delta Dental Networks** – You will receive the largest discount on dental services by using a Delta Dental PPO dentist. Enrollees also have access to Delta Dental Premier network dentists, but at a lesser discount. Enclosed is a flyer that explains the differences between using an in-network vs. out-of-network provider and a summary of the differences is explained below.
 - **Delta Dental PPO Network** - Find a dentist at www.deltadentalins.com, scroll down the page and locate **Find a Dentist**, and enter **Location** (required). You can search by just **Location** or by **Dentist or Office Name**. **Select a Network** and choose from the drop-down **Delta Dental PPO** then select **Find a Dentist**.
 - **Delta Dental Premier Network** - If your current dentist is not part of the PPO network or you want to expand your search further, consider a Delta Dental Premier dentist. Follow the same steps above but select **Delta Dental Premier** as the network.
- PPO and Premier providers are considered in-network, both network providers file the claim to Delta Dental, and there is no balance billing. In terms of coverage, benefits and co-insurance remain the same regardless of the provider the member decides to visit.
- **Out-of-Network (Non-Delta Dental Providers)** – There are no discounts using these providers. In addition, the dental provider may charge the member up front for the full cost of services. Once the claim is received/processed by Delta Dental, a reimbursement check will be mailed in the retiree's name. Delta Dental does not send checks to out-of-network providers.

Other Action Required – Personal Information Update

The City of Amarillo Human Resources Department is requesting retirees and/or retiree spouses to provide their **current** phone number with area code and personal email address (if you choose to share) so your retiree information is up to date in our internal HRIS system. Please email benefits@amarillo.gov with your first/last name, and the information requested above.

NEW! City of Amarillo Internet Site – Retiree Benefits

The Human Resources Department has created a Retiree Benefits section that allows retirees better access to their benefit information. This information can be found on the City of Amarillo Internet located here: amarillo.gov/handbook, then click on Retiree Benefits. This allows retirees and their enrolled dependents to easily access information from this site from any internet enabled device. Using the same link via your phone, under Employee Handbook, select the dropdown menu option , and then make your selection from the dropdown choices. The Retiree Benefits Guide is located on this site. Commonly requested benefits information resides in the benefits guide. Refer to page 2 of the guide for a list of Benefit Contacts. The 2026 Retiree Benefits Guide will be mailed to your home address on file at the end of 2025 and a copy will also be provided on this site along with other benefit information throughout the year.

Enclosed in your packet is:

- ✓ Retiree Memo
- ✓ 2026 Medical-Dental Monthly Premiums
- ✓ 2026 Prescription Drug Plan
- ✓ 2026 Overview of Medical Plans
- ✓ 2026 Overview of Dental Plans
- ✓ Delta Dental – In-Network vs. Out-of-Network Benefits
- ✓ Retiree Insurance Election Change Form
- ✓ Retiree Life Insurance Beneficiary Change Form

2026 Monthly Retiree Premiums

MEDICAL PLAN 1

Years of Service*	Retiree Only	Retiree & Spouse	Retiree & Children	Retiree & Family
10 or Less	<i>\$544.40</i>	<i>\$1,088.77</i>	<i>\$812.85</i>	<i>\$1,245.38</i>
11	<i>\$522.02</i>	<i>\$1,044.02</i>	<i>\$783.03</i>	<i>\$1,200.63</i>
12	<i>\$499.66</i>	<i>\$999.28</i>	<i>\$753.20</i>	<i>\$1,156.36</i>
13	<i>\$477.27</i>	<i>\$954.54</i>	<i>\$723.36</i>	<i>\$1,111.16</i>
14	<i>\$454.89</i>	<i>\$909.80</i>	<i>\$693.53</i>	<i>\$1,066.40</i>
15	<i>\$432.53</i>	<i>\$865.05</i>	<i>\$663.71</i>	<i>\$1,021.67</i>
16	<i>\$410.16</i>	<i>\$820.31</i>	<i>\$633.89</i>	<i>\$976.93</i>
17	<i>\$387.78</i>	<i>\$775.57</i>	<i>\$604.04</i>	<i>\$932.16</i>
18	<i>\$365.42</i>	<i>\$730.81</i>	<i>\$574.22</i>	<i>\$887.43</i>
19	<i>\$343.04</i>	<i>\$686.07</i>	<i>\$544.40</i>	<i>\$842.68</i>
20	<i>\$320.68</i>	<i>\$641.33</i>	<i>\$514.56</i>	<i>\$797.95</i>
21	<i>\$298.30</i>	<i>\$596.59</i>	<i>\$484.73</i>	<i>\$753.20</i>
22	<i>\$275.93</i>	<i>\$551.84</i>	<i>\$454.89</i>	<i>\$708.46</i>
23	<i>\$253.54</i>	<i>\$507.10</i>	<i>\$425.07</i>	<i>\$663.71</i>
24	<i>\$231.19</i>	<i>\$462.33</i>	<i>\$395.25</i>	<i>\$618.98</i>
25-29	<i>\$208.80</i>	<i>\$417.61</i>	<i>\$365.42</i>	<i>\$574.22</i>
30+	<i>\$201.35</i>	<i>\$402.70</i>	<i>\$357.96</i>	<i>\$559.31</i>

*Retiree medical premiums are based on your years of service with the City of Amarillo (i.e., you have 12 years and 6 months of service with the City of Amarillo, your premium year of service used will be 12 years).

2026 Monthly Retiree Premiums

MEDICAL PLAN 2

Years of Service*	Retiree Only	Retiree & Spouse	Retiree & Children	Retiree & Family
10 or Less	<i>\$598.84</i>	<i>\$1,306.52</i>	<i>\$975.42</i>	<i>\$1,494.45</i>
11	<i>\$574.22</i>	<i>\$1,252.83</i>	<i>\$939.64</i>	<i>\$1,440.76</i>
12	<i>\$549.63</i>	<i>\$1,199.14</i>	<i>\$903.84</i>	<i>\$1,387.64</i>
13	<i>\$524.99</i>	<i>\$1,145.44</i>	<i>\$868.04</i>	<i>\$1,333.38</i>
14	<i>\$500.38</i>	<i>\$1,091.76</i>	<i>\$832.24</i>	<i>\$1,279.68</i>
15	<i>\$475.79</i>	<i>\$1,038.06</i>	<i>\$796.46</i>	<i>\$1,226.01</i>
16	<i>\$451.18</i>	<i>\$984.38</i>	<i>\$760.67</i>	<i>\$1,172.31</i>
17	<i>\$426.56</i>	<i>\$930.68</i>	<i>\$724.85</i>	<i>\$1,118.59</i>
18	<i>\$401.96</i>	<i>\$876.98</i>	<i>\$689.06</i>	<i>\$1,064.92</i>
19	<i>\$377.34</i>	<i>\$823.28</i>	<i>\$653.29</i>	<i>\$1,011.22</i>
20	<i>\$352.75</i>	<i>\$769.59</i>	<i>\$617.47</i>	<i>\$957.54</i>
21	<i>\$328.13</i>	<i>\$715.91</i>	<i>\$581.69</i>	<i>\$903.84</i>
22	<i>\$303.52</i>	<i>\$662.20</i>	<i>\$545.86</i>	<i>\$850.15</i>
23	<i>\$278.90</i>	<i>\$608.52</i>	<i>\$510.09</i>	<i>\$796.46</i>
24	<i>\$254.32</i>	<i>\$554.79</i>	<i>\$474.30</i>	<i>\$742.77</i>
25-29	<i>\$229.68</i>	<i>\$501.13</i>	<i>\$438.50</i>	<i>\$689.06</i>
30+	<i>\$221.48</i>	<i>\$483.24</i>	<i>\$429.55</i>	<i>\$671.17</i>

*Retiree medical premiums are based on your years of service with the City of Amarillo (i.e., you have 12 years and 6 months of service with the City of Amarillo, your premium year of service used will be 12 years).

2026 Monthly Retiree Premiums

DENTAL PLAN 1

Plan Option	Premium
Retiree Only	\$41.96
Retiree and Spouse	\$79.11
Retiree and Child(ren)	\$73.85
Retiree and Family	\$110.75

DENTAL PLAN 2

Plan Option	Premium
Retiree Only	\$46.16
Retiree and Spouse	\$87.03
Retiree and Child(ren)	\$81.24
Retiree and Family	\$121.83

2026 Prescription Drug Plan

If you enroll in the medical plan, you will automatically receive prescription drug coverage through **RxBenefits, Inc. using OptumRx**. Your prescription drug plan information will be located on the back side of your Aetna medical card. Note, copays do apply towards the out-of-pocket maximum under the medical plan.

Category	Retail (30-Day Supply)	Retail/Mail Order* (90-Day Supply)
Generic Drugs**	\$15	\$30
Preferred Brand Drugs	\$35	\$70
Non-Preferred Brand Drugs	\$50	\$100
Specialty Drugs – only through OptumRx Specialty Pharmacy (limited to a 30-day supply only)	\$65	N/A

*A 90-day supply may result in greater cost savings.

**You may be eligible for a lower co-pay when filling generic prescriptions at Walmart or Sam's Club.

2026 Overview of Medical Plans

The Medical Plans are an Exclusive Provider Organization (EPO) medical plan through Aetna and it offers you access to a broad network of in-network providers and facilities. The medical plan will only provide coverage for in-network services. Out-of-network services “will not” be covered under the medical plan. However, in emergency situations out-of-network services may be covered under the medical plan. Note: Outside the local Amarillo area there is a nationwide network through Aetna where you can seek care from other in-network providers and facilities.

In the local Amarillo area, the in-network hospital/facilities you can use is through Northwest Texas Hospital. Services performed at BSA hospital/facilities are out-of-network and will not be covered under the medical plan.

Locate in-network providers/facilities at www.Aetna.com or through the Aetna Health App (Text “AETNA” to 90156 to receive a link to download the Aetna Health App). First time users must set up and register an account through the Aetna site or App. Once registered, you can locate in-network providers/facilities locally or nationwide. You must log into your account every time to locate in-network facilities/providers. Aetna customer service representatives are also available to assist with in-network searches, and their number is located on your Aetna card.

Overview of Medical Plans:

There are two medical plans that you can choose from. An overview of the two plans is provided below.

	Both Medical Plans	Medical Plan 1	Medical Plan 2
Deductible (per calendar yr.)	\$1,500 Individual \$3,000 Family		
Out-of-Pocket Limit (per calendar yr.)* *Includes deductible, coinsurance, and co-pays	\$5,000 Individual \$10,000 Family	Prescription co-pays applies	Medical and Prescription co-pays applies
Other Medical Services (In-Network) - Coinsurance	Covered at 80%, AFTER Deductible		
Physician Services Medical Co-Pays		Not covered under this Plan.	Office Visit \$25 Specialist (includes mental health, speech, physical and occupational therapy) \$50
Urgent Care Clinics – IN-NETWORK	Covered under both Plans.		

Summary of Medical Plan Coverage:

MEDICAL PLAN 1	
FEATURES	IN-NETWORK
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family
Out-of-Pocket Limit (per calendar year) Includes deductible, coinsurance, and prescription co-pays	\$5,000 Individual \$10,000 Family
Out-of-Network Coverage	None , except for emergencies
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/Immunizations	Covered 100% (deductible/co-pay waived)
Routine Well Visit Exams	Covered 100% (deductible/co-pay waived)
PHYSICIAN SERVICES	IN-NETWORK
Office and Specialty Visits	Covered 80%, AFTER Deductible
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-Ray	Covered 80%, AFTER Deductible
Diagnostic Laboratory <u>using Quest Diagnostic Labs</u>	Covered 100% (deductible/co-pay waived) Note: Quest Diagnostic Labs has facilities across the U.S. Log into your account online at www.Aetna.com to find a Quest location.
Diagnostic Laboratory (other than Quest)	Covered 80%, AFTER Deductible IF done by any other laboratory/physician office.
Diagnostic Complex Imaging (MRI/CT/PET SCAN)	Covered 80%, AFTER Deductible
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care	Covered 100% (deductible/co-pay waived)
Walk-In Clinics	Covered 100% (deductible/co-pay waived)
Emergency Room	Covered 80%, AFTER Deductible
Ambulance	Covered 80%, AFTER Deductible
HOSPITAL CARE (Northwest Texas Hospital - NWTH)	IN-NETWORK
Inpatient Coverage (In Amarillo, the only in network facility is NWTH)	Covered 80%, AFTER Deductible
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 80%, AFTER Deductible
Outpatient Hospital or Surgery	Covered 80%, AFTER Deductible
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient and Outpatient Treatment	Covered 80%, AFTER Deductible
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Outpatient Treatment	Covered 80%, AFTER Deductible

OTHER SERVICES	IN-NETWORK
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy	Covered 80%, AFTER Deductible
Spinal Manipulation Therapy	Covered 80%, AFTER Deductible Limited to 20 visits per calendar year
Durable Medical Equipment	Covered 80%, AFTER deductible
Prosthetics	Covered 80%, AFTER deductible
Hearing Aids	\$2,000 maximum every 3 years, AFTER Deductible

MEDICAL PLAN 2	
FEATURES	IN-NETWORK
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family
Out-of-Pocket Limit (per calendar year) Includes deductible, coinsurance, and medical/prescription co-pays	\$5,000 Individual \$10,000 Family
Out-of-Network Coverage	None , except for emergencies
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/Immunizations	Covered 100% (deductible/co-pay waived)
Routine Well Visit Exams	Covered 100% (deductible/co-pay waived)
PHYSICIAN SERVICES	IN-NETWORK
Office Visit	\$25 Co-pay
Specialist Visit (includes mental health)	\$50 Co-pay
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-Ray	Covered 80%, AFTER Deductible
Diagnostic Laboratory <u>using Quest Diagnostic Labs</u>	Covered 100%. Note: Quest Diagnostic Labs has facilities across the U.S. Log into your account online at www.Aetna.com to find a Quest location.
Diagnostic Laboratory (other than Quest)	Covered 80%, AFTER Deductible IF done by any other laboratory/physician office.
Diagnostic Complex Imaging (MRI/CT/PET SCAN)	Covered 80%, AFTER Deductible
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care	Covered 100% (deductible/co-pay waived).
Walk-In Clinics	\$25 Co-pay
Emergency Room	Covered 80%, AFTER Deductible
Ambulance	Covered 80%, AFTER Deductible
HOSPITAL CARE (Northwest Texas Hospital - NWTH)	IN-NETWORK
Inpatient Coverage (In Amarillo, the only in network facility is NWTH)	Covered 80%, AFTER Deductible
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 80%, AFTER Deductible
Outpatient Hospital or Surgery	Covered 80%, AFTER Deductible
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient and Outpatient Treatment	Covered 80%, AFTER Deductible

ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Outpatient Treatment	Covered 80%, AFTER Deductible
OTHER SERVICES	IN-NETWORK
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy	\$50 Co-pay
Spinal Manipulation Therapy	\$50 Co-Pay (Specialist Office Visit) Limited to 20 visits per calendar year
Durable Medical Equipment	Covered 80%, AFTER deductible
Prosthetics	Covered 80%, AFTER deductible
Hearing Aids	\$2,000 maximum every 3 years, AFTER Deductible

100% Covered Medical Services – Both Medical Plans

If enrolled in either medical plan the following medical services are covered at 100%. This allows you and your enrolled family members to have quality care at no cost.

Preventative Care Screenings: There are preventative care services that are covered at 100%. Contact Aetna customer service for more information on preventative care services that are available.

In-Network Urgent Care Clinic Visits:

Urgent care clinic visits will be covered 100% when using an in-network facility.

CVS Virtual Care: CVS Virtual Care is a virtual medical benefit offered to employees and their dependents enrolled in the medical plan. Virtual visits are available for minors 18 months to 18 years old. When dependents become an adult (18 years of age or older and are enrolled in the medical plan), they can get adult care options by setting up their own account.

It's your care, your way

Enrolled members will have access to on-demand sick care, primary care, and mental health services at no cost to the member. This virtual care option is in addition to your traditional in-network providers. Access is included in your medical plan, made available through Aetna®, a CVS Health® company.

Here is what is included:

On-demand Sick Care – Available to adults and children over 18 months (24/7 including holidays):

- Obtain virtual care ASAP for non-emergency services with licensed providers for common illnesses (cough, colds, flu), common infections (ear, sinus, skin, urinary tract infections), and one-time medication refills.

Virtual Primary Care – Available to adults ages 18 and up (M-F, 7:00am to 7:00pm CST):

- Choose a dedicated provider and get a supporting Care Team.
- Schedule a primary care visit with your provider in days, not weeks.
- Ask your Care Team questions at any time, from anywhere through secure messaging.
- Schedule visits for routine care, sick care, and chronic illness management for things like diabetes, high blood pressure, allergies, etc.

Virtual Mental Health Services – Available to adults and children ages 13 and up (7 days a week, 8:00am to 7:30pm CST):

- Consult with a licensed therapist for mental health services and get help with medication management.

Additional Benefits:

- When in person follow up care is needed, CVS will help coordinate those referrals with in-network providers.
- Access to your personal health information and lab results is available through the health dashboard.

What's next? Active your virtual care benefit by following the instructions below. Register and set up your account for future virtual care or to learn more about these virtual care services. You can also click on “Get Quick Care” after logging into the Aetna website (www.Aetna.com) or App. A telephonic option is not available with this benefit.

1 Activate your virtual care benefit. Visit CVS.com/virtual-care/amarillo.

2 Click the “Get care now >” button.

3 To register, under “Use your CVS.com account,” click the “Sign in >” button.

4 Enter your mobile number or email address and click “Continue.”

5 If you don't have an account, you can create one by entering your name, date of birth, mobile number and a password. You only have to do this once.

6 Under “Patient's insurance member ID,” enter your ID from your ID card (WXXXX XXXXX).

7 Tell us how we can help by entering a condition, symptom or care type. Find care that works in your schedule.

♥ CVS

How do you want to schedule your visit?

Use your CVS.com account

Sign in >



Sign in or create an account

First, we'll check to see if you already have an account or ExtraCare® membership.

Mobile number or email

By continuing, you agree to our [Terms of Use](#) and [Privacy Policy](#)

Continue



Create your account

All fields are required unless marked optional.

Let's check that David can get CVS Virtual Care

All fields required.

Date of birth

Example: MM/DD/YYYY

Month	Day	Year
11	1	2000

☐ Show date of birth



Aetna Select Care Account

ID: M1234 56789

PAY

Find the care you need

All fields are required.

Select the care you need

Enter a symptom or condition and select a service.

Select a location

Enter a ZIP code or city, then select a location.

Next

24-Hour Nurse Line: The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the doctor's office. You can call the toll-free number listed in this guide on pg. 2 or go to www.Aetna.com and log into your account.

Quest Diagnostic Labs: Lab work is 100% paid. Log into your account at www.Aetna.com to locate local/nationwide providers. The Amarillo location is 2207 S. Western Street, Space 50, Amarillo, TX 79109, and phone number is 1-806-358-0880. Hours of operation: M-Th 8am to 5pm (closed for lunch from 12:30 to 1:30pm) and Friday 8am to 2:00pm. To schedule an appointment, you can call 1-888-277-8772 or go online at <https://appointment.questdiagnostics.com>.

Keep smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: City of Amarillo
Group Number: 23642 - Low Plan

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	\$50/ \$100
Deductibles waived for Diagnostic & Preventive?	Waived for Non Delta Dental Dentists only		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Dependent Children only up to age 19. Adults not covered	50%	50%	50%
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: City of Amarillo
Group Number: 23642 - High Plan

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	No Deductible
Maximums Per member each calendar year	\$1,500	\$1,500	\$1,500
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Only for dependent children up to 19 years of age and for Adults (Employee and Legal Spouse only)	50%	50%	50%
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



You've got options

With a Delta Dental PPO™ or Delta Dental PPO Plus Premier™ plan, you can visit the dentist of your choice.



You want to visit a dentist you know and trust. Most of the time, your dentist is a part of our network, one of the nation's largest. But what if they're not? We've got you covered either way. With a Delta Dental PPO™ or Delta Dental PPO Plus Premier™ plan, you're free to visit any licensed dentist, including those outside our network.

But for cost savings and convenience, a Delta Dental dentist is always your best choice.

	In-network dentist	Out-of-network dentist
Benefits	Some plans are designed so you pay less out of pocket when you visit a Delta Dental provider.	Some plans increase your out-of-pocket costs when you go out-of-network. Check your benefit booklet to make sure you understand your benefits.
Discounted fees	In-network dentists agree to charge discounted rates for their services.	Out-of-network dentists have not agreed to the discounted rates.
No prepayment required	You'll pay only your portion of the bill, and Delta Dental will pay our share directly to your dentist.	Delta Dental will reimburse you for the service according to your benefits, but the dentist is likely to charge you up front for the full cost of the service.
Protection from balance billing	In-network dentists won't charge you more than your expected share of the bill.	Out-of-network dentists may charge you for the difference between what the plan pays and their usual rate.
No unbundling	In-network dentists agree not to charge separately for services that are part of a treatment, like tooth preparation or local anesthetic.	Out-of-network dentists may charge for these services separately, making your overall costs higher.
Quality assurance	All Delta Dental dentists go through a rigorous credentialing process to ensure they are properly licensed and trained and carry the required levels of liability insurance for their area of practice.	We can't verify that out-of-network dentists are properly licensed, credentialed or provide quality care.
Claim submission	In-network dentists file claims on your behalf.	You will likely have to file your own claims.
Patient advocacy	We can advocate on behalf of our members, ensuring they receive the best treatment and care.	Delta Dental can't advocate on behalf of our members.



deltadentalins.com/members

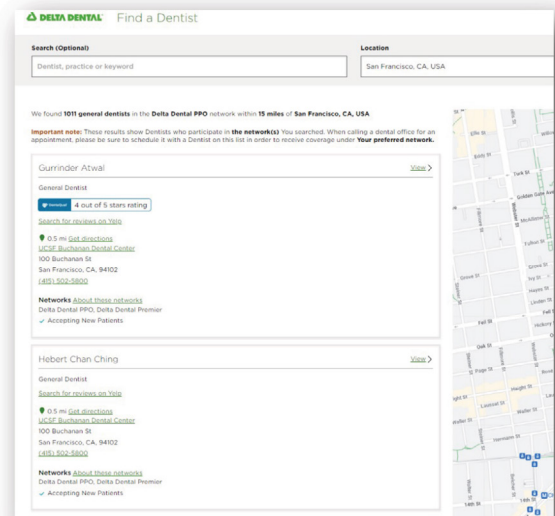
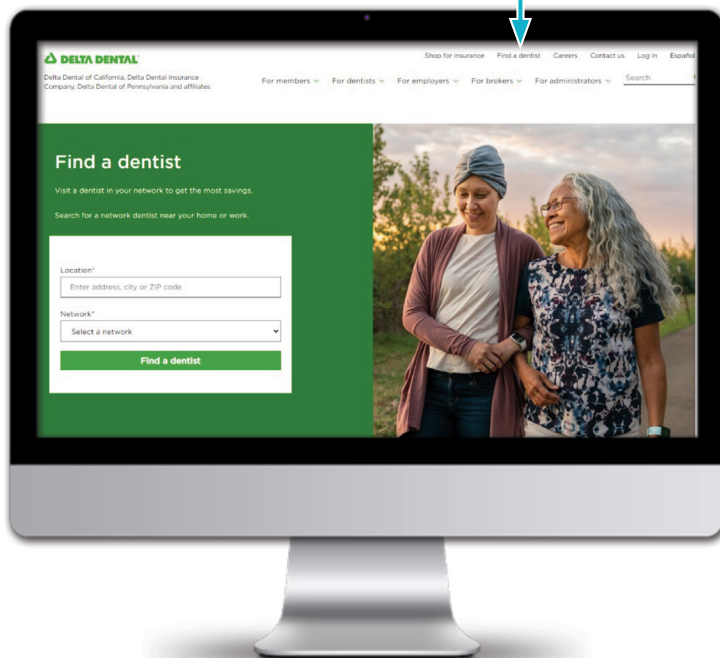
Want to find an in-network dentist?

That's easy! Visit **deltadentalins.com** and search in your area with our Find a Dentist tool. We continuously evaluate and recruit dentists into our network to make sure we're meeting the needs of our members.

Have a claim to file?

If you recently visited an out-of-network dentist, you'll likely have to submit a claim. Claim forms are available when you log in to your account at **deltadentalins.com**. If you haven't registered, creating an account is easy.

Members can search for a new dentist right from the home page of our website. They can also use the Cost Estimator tool to see their projected cost for a dentist visit or procedure.



Questions?

If you have any questions about your coverage or how to find a dentist, please log in to your account at **deltadentalins.com** to learn more. You can also contact us at **deltadentalins.com/about/contact**.

**BENEFITS OFFICE USE ONLY:**

Benefits Effective Date: 1/1/2026

Date Entered into Workday: _____

City of Amarillo – Retiree Insurance Election Change Form**RETIREE INFORMATION (PLEASE PRINT CLEARLY):**☐ Retired Civilian ☐ Retired Fire ☐ Retired Police

Retiree Last Name: _____ Retiree First Name: _____ MI _____ (Circle) Gender: M F

Retiree DOB: _____ Retiree #: _____ Retiree SSN: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone (include Area Code): _____

Email Address: _____

Complete Information below for Retiree and/or Dependents for Coverage You are ChangingSelect Option: ☐ **Changing Medical/Dental Plans**
(you can switch plans only during Annual Enrollment period)**Select which Plan(s) you choose to switch to in the next calendar year:**☐ Medical Plan 1 ☐ Medical Plan 2 ☐ Dental Plan 1 ☐ Dental Plan 2Select Option: ☐ **Dropping Coverage**For Whom: ☐ **Retiree**For What Insurance Plan(s): ☐ Medical Plan ☐ Dental Plan ☐ Life Insurance – Retiree Only \$5k ☐ Life Insurance – Retiree Only \$10kSelect Option: ☐ **Dropping Coverage**For Whom: ☐ **Legal or Common Law Spouse**For What Insurance Plan(s): ☐ Medical Plan ☐ Dental Plan ☐ Life Insurance – Spouse \$5k

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SS Number: _____ (Circle) Gender: M F



Retiree Last Name: _____ Retiree First Name: _____

Select Option: ☐ Dropping Coverage

For Whom: ☐ Natural Child ☐ Stepchild ☐ Adopted Child ☐ Grandchild

For What Insurance Plan(s): ☐ Medical Plan ☐ Dental Plan

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SS Number: _____ (Circle) Gender: M F

Select Option: ☐ Dropping Coverage

For Whom: ☐ Natural Child ☐ Stepchild ☐ Adopted Child ☐ Grandchild

For What Insurance Plan(s): ☐ Medical Plan ☐ Dental Plan

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ SS Number: _____ (Circle) Gender: M F

If you need additional space to include dependent information, please make a copy of the 2nd page and insert dependents.

Medicare Acknowledgement

☐ **Check this Box for Acknowledgement of the Following Information:**

The City of Amarillo Health and Dental Plan coverage for retirees and their eligible legal spouses will continue until either individual reaches the age of 65. At 65 years of age, retirees and/or their enrolled spouses will be removed the City of Amarillo Health and Dental Plans and will be transitioned to the Towers Watson Via Benefits Medicare Exchange Service. Most, if not all retirees age 65 and over should be eligible for Medicare coverage. It is the responsibility of each individual to ensure they are enrolled in Medicare to allow a smooth transition into the Towers Watson Via Benefits Medicare Exchange Service. It is recommended for individuals to begin the enrollment process into Medicare at least three months before becoming 65 years of age. Failure to ensure the enrollment is completed through this Medicare Exchange Service can lead to a gap in health and dental coverage.

By signing below, you are verifying that you understand and agree to the following statements:

- I hereby declare that all the statements made above are, to the best of my knowledge and belief, true and complete and that they are the basis on which insurance requested by me may be issued.
- **My election to drop coverage on myself, legal spouse and/or dependents is irrevocable. I understand I will not be able to re-enroll myself, and/or eligible spouse/dependents at a later date once this election is made and the form is received by the Benefits Office.**
- I understand that I can drop coverage any time throughout the year and elections made are irrevocable.
- It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- In consideration of the City of Amarillo furnishing the medical and/or dental insurance coverage selected, I agree to pay all said charges for elected coverage monthly by the established deadline. I understand that my failure to pay any monthly healthcare insurance premiums constitutes a breach of the City's agreement to provide said coverage and will result in the termination of coverage for myself and/or covered dependents. I further acknowledge that the monthly charges are subject to annual increases by the City.

Employee Signature: _____ Date: _____

Retiree Life Insurance Beneficiary Enrollment/Change Form



To Be Completed by Retiree

Your Name (Last, First, Middle)			
Your Social Security Number		Birth Date	☐ Male ☐ Female
Your Address		City	State ZIP
Phone Number (xxx) xxx-xxxx		Retiree Number (Will be Entered by the Benefits Department)	

Beneficiary This designation applies to your Retiree Life Insurance. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary – Full Name (use 2 lines for each beneficiary)	Address (Street, City, State, Zip)	Birth Date	Phone No. (xxx) xxx-xxxx Area Code Required	Soc. Sec. No. (not required)	Relationship	% of Benefit*

Contingent – Full Name (use 2 lines for each beneficiary)	Address (Street, City, State, Zip)	Birth Date	Phone No. (xxx) xxx-xxxx Area Code Required	Soc. Sec. No. if known	Relationship	% of Benefit*

*Total must equal 100% in whole percentages

Signature I wish to make the choices indicated on this form.

Retiree Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
 - Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
 - If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
 - If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian, or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated XX/XX/XXXX."
 - A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation.
- If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.