

2024

CITY OF TACOMA Employee Benefits Guide



Table of Contents

Benefits Program Overview.....	2
<i>Eligibility.....</i>	<i>2</i>
<i>Qualifying Life Event Changes.....</i>	<i>5</i>
<i>Enrolling for Benefits.....</i>	<i>6</i>
<i>Payroll Deductions.....</i>	<i>8</i>
<i>Termination of Benefits.....</i>	<i>8</i>
<i>Questions/Contact Information.....</i>	<i>9</i>
Medical Plan Options.....	10
Dental Plan Options.....	12
Vision Plan Options.....	13
Employee Assistance Program (EAP).....	14
Life Insurance Options (Basic).....	15
Life Insurance Options (Voluntary).....	16
Disability Insurance Options (Basic).....	17
Disability Insurance Options (Voluntary).....	18
Section 125 Flexible Benefits Spending Plan.....	19
Health Savings Account (HSA).....	20
Wellness Program.....	21
Leave Compensation (Holidays).....	22
Leave Compensation (Sick Leave).....	23
Leave Compensation (Vacation).....	24
Leave Compensation (Personal Time Off).....	25
Retirement Programs (Pension).....	26
Retirement Programs (Deferred Compensation).....	27
Retirement Programs (HRA VEBA).....	28
Commute Trip Reduction Program.....	29
Federally Required Notices.....	30

Benefit Program Introduction & Overview

Welcome to the City of Tacoma **2024 Plan Year** benefits program. The purpose of this document is to assist you with enrolling for your benefits package in order to address your personal health and financial well-being. We encourage you to examine this booklet fully in order to understand the benefits available to you and your family members. It is designed to provide you general information about your benefit options along with details on the cost of those options and specific levels of coverage. Please take time to read and understand your options in order to select the coverage which best meets the needs for you and your family.

This guide is an overview of the benefit plans. This is not a legal document. Please refer to the plan booklet, certificate, policy, or collective bargaining agreement for more detailed information about the plans offered by the City of Tacoma. If there are any discrepancies between this document and the plan documents, contracts, or policies, the plan documents, contracts, or policies will prevail.

Eligibility

Unless otherwise specified under the individual benefit section, the City of Tacoma provides benefit coverage for eligible employees (permanent, project appointive, temporary pending exam, and temporary), spouses/domestic partners, and dependent children up to age 26. See below for the City of Tacoma's eligibility requirements for employees based on their work status and definition of eligible dependents.

Employees

Full-time Employees have mandatory employee benefit coverage, which is effective the first day of the month following their date of employment, unless they are hired on the first workday of the month and then their coverage is effective immediately. *Effective January 1, 2017, full-time employees will be allowed to opt-out or "waive" City provided medical, dental, and/or vision insurance with proof of enrollment in alternative coverage by completing a "Full-Time Employee Opt-Out/Waiver of Insurance Coverage" form and submitting it to the Human Resources Benefits Office. **Note: Full-time employees who fail to enroll for coverage within the election period will be default enrolled in the Regence PPO medical plan.***

Part-Time Employees who are hired to work at least 20 hours a week may elect employee benefits. Part-time employees who work (30-39 hours) pay the same cost for their benefits as a full-time employee. Part-time employees who work (20-29 hours) pay a pro-rated share of the cost. If they do not choose to elect employee benefits, they must complete a "Part-Time Employee Opt-Out/Waiver of Insurance Coverage" form and submit it to the Human Resources Benefits Office. *

Temporary Employees (full-time or part-time) have mandatory employee benefit coverage (for medical and dental), which is effective the first day of the month following 60 days of continuous employment. *Effective January 1, 2017, full-time temporary employees will be allowed to opt-out or "waive" City provided medical, dental, and/or vision insurance with proof of enrollment in alternative coverage by completing a "Full-Time Employee Opt-Out/Waiver of Insurance Coverage" form and submitting it to the Human Resources Benefits Office. **Note: Temporary employees who fail to enroll for coverage within the election period will be considered to have waived coverage for their benefits.*** (*See above under part-time employees if applicable.)

Dependents

The following dependents are eligible for coverage on your benefit plans. When you request to enroll a dependent on your benefit plan(s), you will be required to complete and submit a City of Tacoma "Dependent Eligibility Verification" form along with supporting documentation:

- Your legal spouse Your domestic partner (same sex or opposite sex)**
- Your, your spouse's, or domestic partner's natural child, adopted child, stepchild, or child legally placed with you or your spouse or domestic partner for adoption under the age of 26
- A child for whom you or your spouse or domestic partner have court-appointed legal guardianship

- Your, your spouse's or your domestic partner's otherwise eligible child who is age 26 or over and incapable of self-support because of physical, mental or developmental disability that prevents the child from establishing or maintaining consistent employment or independence that began before their 26th birthday, if you complete and submit the affidavit of dependent eligibility form, with written evidence of the child's incapacity, within 31 days of the later of the child's 26th birthday or your effective date and either:
 - They are a dependent immediately before their 26th birthday; or
 - Their 26th birthday preceded your effective date and he or she has been continuously covered as your dependent on group, individual, or other insurance plan (including public programs) coverage since that birthday.
 - Newly hired employees wishing to enroll an eligible dependent must also be able to demonstrate that the dependent child has been covered on a group, individual, or other insurance plan (including public programs) immediately prior to enrollment on this plan.

See the **Part-time Employee Benefits section for more details related to the pro-rated cost for your benefit options.*

***See the **Domestic Partner Benefits** section for more details related to the definition of domestic partner, benefits options available, and the taxability of those benefits for your domestic partner dependents.*

Note: There are IRS restrictions related to the Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) benefits and using these funds for qualified expenses for certain dependents. The FSA plans may have restrictions for (domestic partners and children of domestic partners) and the HSA may have restrictions for (domestic partners, children of domestic partners, and adult children). See the “**Section 125 Flexible Benefits Spending Plan**” and “**Health Savings Account (HSA)**” sections of this booklet for more information before electing these benefit plan options.

Dual Coverage

Effective January 1, 2017, no City of Tacoma employee or eligible dependent may be insured under more than one City of Tacoma medical, dental, or vision insurance plan. If you have dependents who are also employed by the City of Tacoma, you will need to follow the below criteria when making your benefit elections. Please contact the Human Resources Benefits Office with questions.

SPOUSES / DOMESTIC PARTNERS WHO ARE CITY EMPLOYEES	ADULT CHILDREN UP TO AGE 26 WHO ARE CITY EMPLOYEES
Elect the Same Medical/Dental/Vision Plans	Elect Your Own Coverage
One employee must elect family medical, dental, or vision coverage paying the family premium (if applicable) and cover the other City employee as a dependent on that benefit plan. The other employee must elect to waive that medical, dental or vision benefit plan.	You may elect your own medical, dental, or vision coverage, and pay the appropriate employee only or family premium contribution (if applicable). Your parent(s) may not enroll you as a dependent on their City medical, dental, or vision plan.
Elect Different Medical/Dental/Vision Plans	Enroll as a Dependent on Your Parent's Plan
Each employee will elect a different medical, dental or vision plan and pay the appropriate premium (if applicable) depending on whether they enroll dependent children on the plan. You may not provide coverage to your City employee spouse/domestic partner on your medical, dental, or vision plan. NOTE: Eligible dependent children may also <u>only</u> be covered on one City medical, dental, or vision plan.	If you want to be enrolled as a dependent on your parent's City medical, dental, or vision plan, you must elect to waive City medical, dental, or vision coverage and your parent must enroll you as a dependent under their City medical, dental, or vision plan.

Part-time Employee Benefits

Eligible part-time employees who work (30-39 hours per week) electing to enroll for the medical, dental, and vision insurance will pay the same cost for their benefits as a full-time employee. Eligible part-time employees who work (20-29 hours per week) electing to enroll for the medical, dental, and vision insurance will be required to pay a pro-rated share of the cost of those benefit plans based on the hours the employee is hired to work. A current list of the pro-rated premium rates for these plan options are provided on the next page of this booklet.

Part-time employees can choose to waive one or more of these benefit plans by submitting a signed “*Part-Time Employee Opt-Out/Waiver of Insurance Coverage*” form within 30 days of eligibility to the Human Resources Benefits Office. Employees choosing to waive coverage will not be able to elect that insurance coverage until the next annual Open Enrollment period or sooner if they experience a qualifying life event.

2024 - Part-Time Employee Benefit Monthly Premium Rates*		
Work Schedule	Employee Only	Employee + Family
20 hours per week (.5 FTE)		
Regence BlueShield PPO	\$1,015.35	\$1,065.35
Regence High Deductible Health Plan	\$661.88	\$711.88
Kaiser Permanente HMO	\$789.10	\$839.10
Delta Dental	\$62.48	\$62.48
Willamette Dental	\$77.90	\$77.90
VSP Vision	\$5.84	\$5.84
24 hours per week (.6 FTE)		
Regence BlueShield PPO	\$822.28	\$872.28
Regence High Deductible Health Plan	\$539.50	\$589.50
Kaiser Permanente HMO	\$641.28	\$691.28
Delta Dental	\$49.98	\$49.98
Willamette Dental	\$62.32	\$62.32
VSP Vision	\$4.67	\$4.67
28 hours per week (.7 FTE)		
Regence BlueShield PPO	\$629.21	\$679.21
Regence High Deductible Health Plan	\$417.13	\$467.13
Kaiser Permanente HMO	\$493.46	\$543.46
Delta Dental	\$37.49	\$37.49
Willamette Dental	\$46.74	\$46.74
VSP Vision	\$3.50	\$3.50

*Part-time employees who work thirty (30) or more hours per week will make premium share contributions equal to those of full-time employees.

Domestic Partner Benefits

In order for a City employee to enroll a domestic partner and their dependents onto the City of Tacoma benefit plans, they must have a State-registered domestic partnership as established by RCW 26.60.030, and have a valid Certification of State Registered Domestic Partnership. The City will also recognize domestic partnerships (with legal documentation) that were validly formed in other jurisdictions, in accordance with RCW 26.60.090. The Certification of State Registered Domestic Partnership **AND** the City of Tacoma “*Dependent Eligibility Verification Form*” must be submitted to the Human Resources Benefits Office within the election period.

NOTE: There are tax consequences involved with domestic partner benefits. The IRS does not recognize domestic partnerships and therefore requires the City of Tacoma to tax the employee on the value of the cost

of the coverage the City of Tacoma provides to the employee's domestic partner and domestic partner dependent children. The value of the coverage provided to the employee is considered imputed income and is subject to additional withholding unless the domestic partner and/or the domestic partner's children qualify as the employee's IRC Section 152 tax dependent. (Below is a table with the value of the benefit plans for domestic partner benefits. Employees will experience additional Federal Tax, Social Security, and Medicare withholding on these dollar amounts per month.)

Example: If your federal income tax rate is 20%, you will pay an additional 20% per month on the appropriate amount(s) listed below. (E.g., Regence PPO Medical Plan - Domestic Partner Only: \$1,029.88 x 20% = an additional \$205.98 in taxes each month)

2024 - Domestic Partner Imputed Income			
Plan	Domestic Partner	Children of Domestic Partner	Domestic Partner + Children of Domestic Partner
Medical – Regence (PPO)	\$1,029.88	\$784.81	\$1,814.69
Medical - Regence (HDHP)	\$686.97	\$523.50	\$1,210.47
Medical - Kaiser Permanente (HMO)	\$735.06	\$675.43	\$1,410.49
Dental - Delta Dental	\$63.21	\$53.30	\$116.51
Dental - Willamette Dental	\$55.79	\$66.26	\$122.05
Vision – Vision Services Plan	\$5.78	\$5.37	\$11.15

Qualifying Life Event Changes

The IRS has established rules for your elections, which dictate that once you have made your elections for the plan year, you must not change them until the next annual Open Enrollment period, unless a qualified life event occurs. Any change in election must be on account of and consistent with the qualified life event. You must make your benefit election changes within 30 days of the event, and they are effective the first of the month following the qualified life event. In the case of births and adoptions, election changes must be made within 60 days of the event and are effective the date of birth or placement for adoption. In cases of divorce, you must remove your spouse and stepchildren, as they will no longer meet the City's dependent eligibility requirements. Failure to do so may result in repayment of claims and costs associated with providing coverage to ineligible dependents.

Please contact the Human Resources Benefits Office immediately if you experience a qualifying life event in order to update your benefit plans timely. Dependent eligibility verification paperwork and supporting documentation will be required. There is detailed information on the benefits website regarding qualifying events with instructions on how to update your benefit enrollment information, as well as information about other changes you may want to consider depending on the type of qualifying event involved (e.g., enrollment in other benefit programs, changing beneficiaries, new W-4, etc.). Examples of qualified life events include:

- Marriage or establishment of a domestic partner relationship
- Birth, adoption, or placement for adoption of a child
- Change in spouse/domestic partners' employment or benefit plans
- Loss of other coverage
- Divorce or termination of domestic partner relationship
- Death of a dependent
- Child loses or gains eligibility
- Change in status of employment

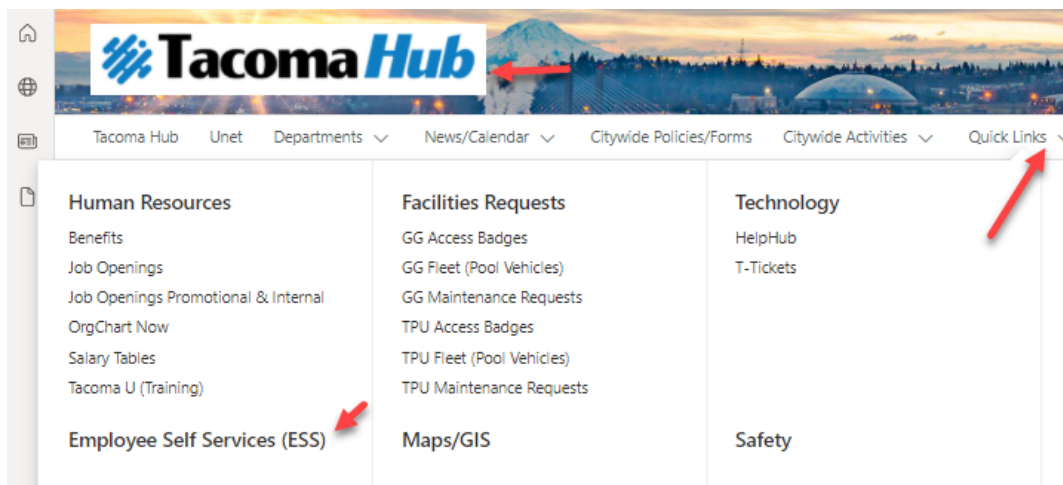
Enrolling for Benefits

All new full-time or part-time employees are required to attend a New Employee Orientation session upon being hired with the City of Tacoma. These sessions are held the first week of each pay period. During this session, you will meet with staff from the Human Resources Benefits Office to learn more about your benefits options and make your benefit elections through the City of Tacoma's online enrollment portal Employee Self Service (ESS).

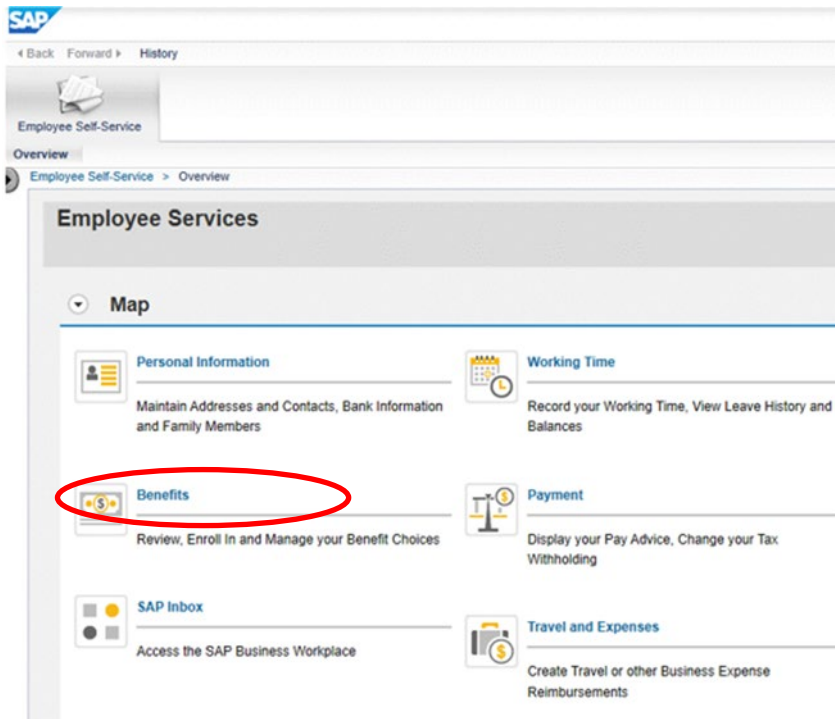
- New employees will be provided instructions on how to install and configure the RapidIdentity Application to a mobile device, to facilitate enrolling in benefits from a computer not connected to the City's network.
- Existing employees who would like to access to ESS from a computer not connected to the City's network should request access from the IT Service Desk at ITServiceDesk@cityoftacoma.org or 253.591.2057 during business hours (Monday – Friday 7:30 a.m. – 5:30 p.m.).

Steps to Enroll for your City of Tacoma Benefit Plans through ESS on a Computer Connected to the City's Network:

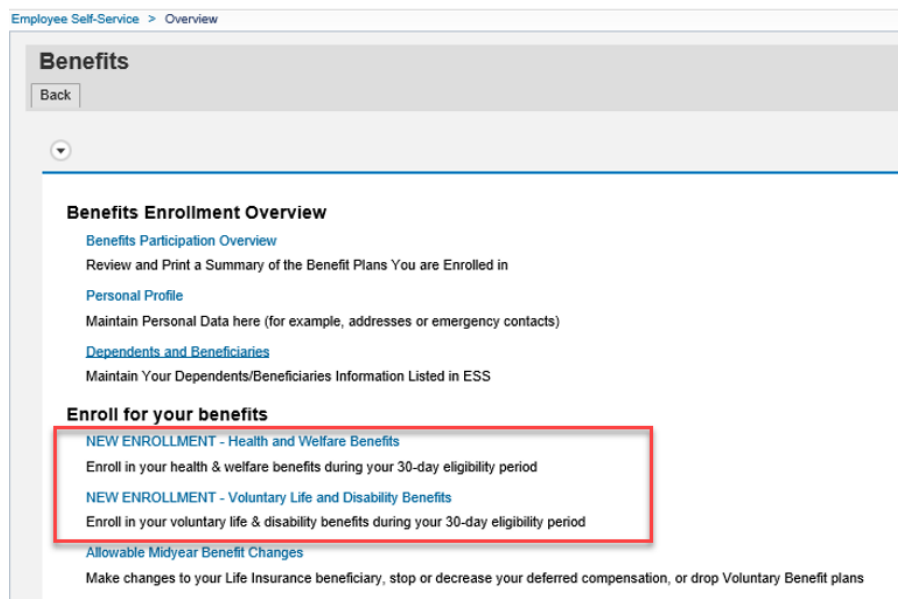
- To enroll for benefits, employees must first initially set up their network login credentials on a City computer that is connected to the City's network. The Benefits Office staff will assist employees with this process during their benefits orientation. If you have any problems with your log-in/password, contact the IT Service Desk at ITServiceDesk@cityoftacoma.org or 253.591.2057 during business hours (Monday – Friday 7:30 a.m. – 5:30 p.m.).
- Once this login set up is established, employees can complete their benefits elections by logging in to Employee Self-Service (ESS) from any computer that is connected to the City's network or log on to Tacoma Hub at www.cityoftacoma.sharepoint.com with their City network credentials and access ESS through the Quick Links drop down.



- Per the City of Tacoma's "Information Systems Resources Usage Policy," employees are not to share their password information with anyone.
- Begin your enrollment by selecting Benefits. (see screenshot on next page)




- This will take you to the enrollment screen.



PLEASE NOTE: There are two (2) “**New Enrollment**” sections that must be completed during your initial election enrollment period. One relates to the City offered voluntary life and disability benefits.

- Use the “**NEW ENROLLMENT – Health and Welfare Benefits**” link first. You will be prompted to add any dependents and/or beneficiaries in Step 2 and will enroll in your medical, dental, vision and voluntary flexible spending options. After you make those benefit elections, then use the “**NEW ENROLLMENT – Voluntary Life and Disability Benefits**” link to enroll in any of the voluntary additional life and disability offerings. *(See pages 16 and 18 for details on guarantee issue offerings that are only available during your initial enrollment election period.)*

- **As you enroll in each benefit plan, make sure to check  the dependents you want covered by each of those plans.**
- Make sure to review your elections, hit Save at the end of your enrollment process, and then **Print** out a “Summary of Benefits Statement” for your records. Review the summary carefully.
- **If you added dependents to your medical, dental, and or vision benefits, you must also complete a “Dependent Eligibility Verification Form” and return it to the Human Resources Benefits Office with your supporting documentation within 30 days of your hire date.**



If this information is not submitted in a timely manner, your dependents will be removed from your benefit plans and you will need to wait to add them during the next annual Open Enrollment period or sooner if you experience a qualifying life event.

****NOTE: Employees must enroll for their benefit elections within 30 days of their hire date for benefits.***

Payroll Deductions

The City of Tacoma has a bi-weekly payroll. Payroll deductions for benefit premiums will be taken on a pre-tax basis for all benefit plans, except for the life and disability insurance plans and the deferred compensation Roth plan. Payroll deductions for all health and welfare benefit programs are taken the first pay period of the month. Deductions for pension plans, the Deferred Compensation Program, Section 125 Flexible Spending Plan, and Health Savings Account (HSA) are taken out during each pay period of the month.

Termination of Benefits

Your participation in the City of Tacoma sponsored benefit plans will terminate at midnight on one of the dates listed below (depending on the benefit plan involved):

- The last day of the month you experience a change in employment status that causes the loss of coverage.
- The last day of the month in which you separate employment with the City of Tacoma.
- The date of your death.
- The last day of the month in which you request termination of a voluntary benefit plan coverage that is not subject to a qualifying life event change.

The Medical, Dental, Vision, and Section 125 Flexible Benefit Plan (Health Care FSA) benefits can be continued through COBRA. **(See the “Federally Required Notices” section of this booklet for more information on COBRA.)** The employer-provided Basic Life Insurance and voluntary Additional Life Insurance and Dependent Life Insurance benefit plans can be converted to individual policies with the insurance carrier. Participants enrolled in the deferred compensation program are able to keep their money in the City of Tacoma plans after separation of employment and there are many advantages to maintaining funds in a government qualifying 457 Deferred Compensation program versus rolling the funds over to an Individual Retirement Account (IRA). For more detailed information on when your benefits end, refer to your summary plan description, benefit booklet, or policy. For more information on the health and welfare benefits and deferred compensation program contact the Benefits Office. Please contact the applicable retirement plan administrator with any questions related to your pension benefits.

Questions/ Contact Information

If you have any questions about your City of Tacoma benefit plans or would like to find additional information and resources, please contact the Human Resources Benefits Office or visit our Benefits website at www.cityoftacoma.org/benefits. Some of the information available on the website includes but is not limited to:

- Plan booklets, summary of benefits, certificate booklets
- Benefit forms
- Provider contact information and website links



CONTACT INFORMATION



253.573.2345









benefits@cityoftacoma.org








www.cityoftacoma.org/benefits



747 Market Street, Room 1420, Tacoma, WA 98402

Medical Plan Options (Traditional Plans)	Kaiser Permanente (HMO Plan)		Regence BlueShield (PPO Plan)	
	The City of Tacoma provides three health plan options for employees to choose from: two “traditional plans” and one “high-deductible health plan with a health savings account (HSA).”			
	IN-NETWORK	PREFERRED PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER*
	EMPLOYEE RESPONSIBILITY			
ANNUAL DEDUCTIBLE (Single/Family)	\$100/ \$200	\$250/ \$500		
OUT-OF-POCKET MAXIMUM (Single/Family)	\$1,500/ \$3,000	\$1,500/ \$3,000		
CO-INSURANCE (For Most Services)	N/A	10%	40%	50%
OFFICE VISITS (No Deductible)	\$10 Primary, \$20 Specialist copay + Deductible	\$20 copay	\$20 copay + 40% coinsurance	\$20 copay + 50% coinsurance
TELEHEALTH	Care Chat and Online Visits - \$0	(MD Live) \$10 copay (Virtual Visit) \$10 copay	(Virtual Visit) \$10 copay	(Virtual Visit) 50%
PREVENTIVE (No Deductible)	\$0	0%	0%	50%
PRESCRIPTIONS				
Retail	(30-day supply)	Retail	(30-day supply)	
Generic	\$5	Tier 1/ Tier 2	\$5	
Preferred Brand	\$25	Tier 3	\$35	
Non-Preferred Brand	\$50	Tier 4	\$60	
		Tier 5 (Specialty)*	\$75	
		Tier 6 (Specialty)*	\$150	
Mail-Order	(90-day supply)	Mail-Order	(90-day supply)	
	Two times the drug co-pay. Available when dispensed through Kaiser Permanente’s mail-order service.	Two times the drug co-pay. Available when dispensed through Regence’s mail-order service.		
NURSE LINE	 Access 24/7 1.800.297.6877		Access 24/7 1.800.267.6729	
CONTACT INFORMATION	 1.888.901.4636		1.855.877.0047	
	 www.kp.org/wa		www.regence.com	
PREMIUM	\$50 Month Single Coverage (Pre-Tax) \$100 Month Family Coverage (Pre-Tax)			

*Specialty medications must be registered through Accredo for the Regence BlueShield plan.





Medical Plan Options (HDHP/HSA)	Regence BlueShield (HDHP Plan)		
	The City of Tacoma provides three health plan options for employees to choose from: two “traditional plans” and one “high-deductible health plan with a health savings account (HSA).”		
	PREFERRED PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER*
	EMPLOYEE RESPONSIBILITY		
ANNUAL DEDUCTIBLE (Single/Family)	\$1,600/ \$3,200 No Coverage		
	Participants are responsible for the full cost of all expenses until the annual deductible is satisfied (except for in-network preventive care services and certain prescriptions – see below). Then the below schedule applies up to the annual Out-of-Pocket Maximum.		
OUT-OF-POCKET MAXIMUM (Single/Family)	\$3,000/ \$6,000 No Coverage		
CO-INSURANCE (For Most Services)	20%	40%	50%
PREVENTIVE (No Deductible)	0%		50%
TELEHEALTH	(MD Live) After Deductible 20% (Virtual Visit) After Deductible 20%	(Virtual Visit) After Deductible 20%	(Virtual Visit) After Deductible 50%
PRESCRIPTIONS*	Deductible is waived for certain chronic conditions drugs included in the <i>Optimum Value Medication List</i> . No charge for certain FDA-approved contraceptives and certain preventive drugs and immunizations at a participating pharmacy.		
Retail/ Mail	(30 to 90 day supply)		
Tier 1	20% after the annual deductible is satisfied – member may be balanced billed for Non-participating pharmacy used.		
Tier 2			
Tier 3			
HEALTH SAVINGS ACCOUNT (HSA)	HSA IRS Annual Contribution Limits	\$4,150/\$8,300** (Employee/Family)	
	Employer Annual Contributions to HSA***	Employee Only	Employee + Family
		\$500 without Wellness	\$1,000 without Wellness
		\$1,250 with Wellness	\$2,500 with Wellness
NURSE LINE		Access 24/7 1.800.267.6729	
HSA ADMINISTRATOR (HealthEquity)	 	Access 24/7 365 days 866.346.5800 www.healthequity.com/HSAlearn	
CONTACT INFORMATION	 	1.855.877.0047 www.regence.com	
PREMIUM	\$50 Month Single Coverage (Pre-Tax) \$100 Month Family Coverage (Pre-Tax)		

* Specialty medications must be registered through Accredo for the Regence BlueShield plan.

** Individuals age 55 and over can make an additional annual \$1,000 catch-up contribution. Employer contributions to the HSA are pro-rated per pay period.







These types of medical plans are not the right fit for everyone and not everyone can elect this plan if they are not eligible to establish a Health Savings Account (HSA). Review the “Health Savings Account (HSA)” section of this booklet and Frequently Asked Questions document on the benefits website for more details before electing this plan option.

Dental Plan Options	Willamette Dental Group (DHMO Plan)		Delta Dental of Washington (PPO Plan)		
	The City of Tacoma provides two employer-paid dental plan options for employees to choose between.				
	IN-NETWORK*		DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	NON-PARTICIPATING DENTIST
	EMPLOYEE RESPONSIBILITY				
ANNUAL DEDUCTIBLE (Single/Family)	None		None	\$50/ \$150	\$50/ \$150
ANNUAL BENEFIT MAXIMUM (Single/Family)	None**		\$2,000		
OFFICE VISIT CO-PAY	\$5 Per Office Visit		N/A		
DIAGNOSTIC/ PREVENTIVE	\$5 Per Office Visit		Annual Deductible Waived - 0%		
BASIC/RESORATIVE	\$5 Per Office Visit		Class I: Exam, Cleaning, X-ray, Fluoride, Sealant and Periodontal Maintenance		
			0%		
			Class II: Restorations, Endodontics, Periodontics, Oral Surgery Crowns		
			20%		
MAJOR	\$5 Per Office Visit		Class III: Dentures, Partial Dentures, Implants, Bridges		
			50%		
ORTHODONTIA***	\$5 Per Office Visit, \$150 Pre-Treatment copay/ \$400 Comprehensive copay		No Coverage Available		
SPECIALTY OFFICE VISIT	\$30 copay		N/A		
CONTACT INFORMATION		1.855.433.6825		1.800.554.1907	
		www.willamettedental.com		www.DeltaDentalWA.com	
PREMIUM	\$0 Month Single Coverage \$0 Month Family Coverage				

*Members are responsible for charges in excess of \$100 for Out-of-Area Emergency Care with Willamette Dental Group.

**Temporomandibular Joint Disorder (TMJ) has a \$1,000 annual maximum/ \$5,000 lifetime maximum with Willamette Dental Group.

***\$150 pre-treatment co-pay is applied to the full \$400 comprehensive co-pay if the member proceeds with the treatment plan for orthodontia with Willamette Dental Group.

Vision Plan Options	VSP			Kaiser Permanente (HMO Plan)*	
	The City of Tacoma provides two employer-paid vision plan options for employees.				
	IN-NETWORK		OUT-OF-NETWORK	IN-NETWORK (Kaiser Permanente)	
	EMPLOYEE RESPONSIBILITY				
ANNUAL DEDUCTIBLE (Single/Family)	None			None	
EXAM (Primary Care/ Specialist)	\$10 copay		\$10 copay + charges in excess of \$50	\$10 copay	
PRESCRIPTION GLASSES	\$25 copay		\$25 copay	Charges in excess of \$150 allowance (applies to all hardware)	
LENSES (Single/Bifocal/ Trifocal)	\$0 (additional copays apply for lens enhancements)		Charges in excess of \$50/ \$75/ \$100		
FRAMES	Charges in excess of the \$150 allowance/ \$170 featured frame brands allowance (20% discount provided above allowance) \$80 allowance Walmart®/ Sam’s Club®/Costco®		Charges in excess of \$70		
CONTACTS	Up to \$60 copay + charges in excess of \$150 allowance (in lieu of glasses)		Charges in excess of \$105 (in lieu of glasses)		
LASER VISION	5% - 15% discount provided		No coverage available	No Coverage Available	
CONTACT INFORMATION	 	1.800.877.7195 www.vsp.com		 	1.800.664.9225 https://wa-eyecare.kaiserpermanente.org/
PREMIUM	\$0 Month Single Coverage \$0 Month Family Coverage				



*Note: Employees who enroll in the Kaiser Permanente HMO medical plan have their vision coverage provided through their medical plan and cannot elect the VSP vision plan.

- Benefits listed above for Kaiser Permanente are provided every 12 months. Benefits listed above for VSP are provided every calendar year, except for frames, which are provided every other calendar year.




- Kaiser Permanente provides members under age 19 one (1) pair of frames and lenses a year at no charge and deductible does not apply or contact lenses covered at 50% coinsurance.

- VSP offers members a hearing aid discount up to 60% through TruHearing. Learn more at truhearing.com/vsp or call 877.396.7194.

NOTE: Temporary employees are not eligible for vision benefits unless they enroll in the Kaiser Permanente (HMO) medical plan.

Employee Assistance Program (EAP)	First Choice Health	
CLINICAL SUPPORT	<p>The City of Tacoma provides you an Employee Assistance Program (EAP) benefit, which provides cost-free, convenient, and confidential consultation and work life resources for you and your eligible dependents to help manage life's challenges. You can access the EAP 24/7 by phone or their website.</p> <p>Provides up to 3 face-to-face, live chat, live phone, messaging, and live video sessions, per incident/unrelated issue with a licensed behavioral health provider for a variety of family, emotional, and work-related issues. Some examples include:</p> <ul style="list-style-type: none"> Stress and Anxiety Couples and Relationships Alcohol/ Drug Problems Change and Life Transitions Crisis Management Depression Parenting Grief and Loss Sleep Problems Work Conflict 	
WORK LIFE RESOURCES	<p>Provides consultation on a variety of work life issues that can affect you and your family members. Information is available in a way that best meets your needs: phone, online, email, fax, or mail. Work life resources available include:</p>	
	Legal Consultation	Free 30-minute legal consultation. If you decide to retain the attorney, you will receive a 25% reduction in their normal hourly fees. Legal forms and templates are also available on the FirstChoice website.
	Financial Services	Free 30 minutes of financial counseling and education.
	Identity Theft Resolution	Free step-by-step guidance and consultation about identity theft with a Fraud Resolution Specialist.
	Home Ownership	Provides no-cost home ownership coaching, access to a network of prescreened mortgage and real estate professionals, full service lending, down payment assistance and grant programs, and thousands of dollars in savings on closing costs with lender and real estate commission credits.
	Childcare Consultation	Provides assistance when childcare needs arise. Qualified childcare professionals help identify resources from prenatal care to college education.
CONTACT INFORMATION	 	<p>1.800.777.4114 or TTY 1.800.777.4969</p> <p>www.FirstChoiceEAP.com</p> <p>Username: cityoftacoma</p>
		<p>PREMIUM \$0 Month</p>

NOTE: Library employees are provided a different EAP benefit. Refer to the Human Resources Department at the Tacoma Public Library for details on this plan offering.

Life Insurance Options (Basic)		The Standard		
		The City of Tacoma provides you two types of employer-paid Life Insurance benefits for you and your designated beneficiaries in the event of your death. You can feel secure with the knowledge that your family will be taken care of should you die unexpectedly.		
EMPLOYER-PAID BENEFITS				
BASIC LIFE INSURANCE	Coverage is 1 times the employee’s annual salary rounded up to the next highest multiple of \$1,000, up to a maximum of \$400,000.			
	Special Features Include:			
	Travel Assistance	Assist America is available 24/7 to help you cope with emergencies when you travel more than 100 miles from home or internationally for trips of up to 180 days. Services include:		
		<div><div><ul style="list-style-type: none">Pre-trip AssistanceTrip AssistanceEmergency Transportation Services/ Evacuation CoordinationPersonal Security Services</div><div><ul style="list-style-type: none">Medical AssistanceLegal AssistanceNatural Disaster</div></div>		
			U.S., Canada, Puerto Rico, U.S. Virgin Islands, and Bermuda call 800.872.1414. Other locations worldwide, call 1.609.986.1234. Mobile App available through Google Play and Apple App Store (Reference # 01-AA-STD-5201).	
			www.standard.com/travel	
			medservices@assistamerica.com	
	Conversion Option	Option to continue your life insurance policy if you were to leave employment with the City of Tacoma.		
	Accelerated Death Benefit	Option to receive up to 75% of your insurance policy if you are terminally ill.		
	Waiver of Premium	Option to continue your life insurance policy at no cost if you were deemed totally disabled.		
AD&D INSURANCE	Coverage 1 times the employee’s annual salary rounded up to the next highest multiple of \$1,000, up to a maximum of \$400,000 in the instance of an accidental death. Additionally provides a schedule of benefits in the case of dismembering accident not resulting in death.			
	Additional Benefit Features:	<div><ul style="list-style-type: none">Seat Belt Benefit (deceased was wearing seatbelt)Airbag Benefit (deceased was in a vehicle with an airbag)Family Benefits Package (career adjustment, childcare, higher education)</div>		
	Dismemberment Benefit	<u>Loss</u>	<u>% of Benefit Payable</u>	
		<div><ul style="list-style-type: none">One hand or one foot or sight in one eye.Two or more losses listed above.</div>	<div><div>50%</div><div>50%</div></div>	
PREMIUM		\$0 Month		
NOTE: This benefit is not available to Temporary Employees, Full-time members of the Armed Services, or Library Employees. Library Employees are provided a different life insurance benefit and should refer to the Human Resources Department at the Tacoma Public Library for details on this plan offering.				

Life Insurance Options (Voluntary)	The Standard	
ADDITIONAL LIFE AND AD&D INSURANCE	EMPLOYEE-PAID VOLUNTARY BENEFITS	
	Employee	<ul style="list-style-type: none"> Elect coverage in units of \$10,000 up to maximum of \$300,000. Guarantee Issue: \$50,000*
	Spouse/Domestic Partner	<ul style="list-style-type: none"> Coverage is half the employee's annual earnings, rounded to the next lower \$1,000, to a maximum of \$100,000, not to exceed 50% of the employee's life insurance (basic and additional combined) Guarantee Issue: \$25,000*
	<p>*Guarantee Issue: An employee and spouse/domestic partner who apply for coverage within 30 days of initially being eligible can apply for the guarantee issue limit of coverage without providing health information. <u>Guarantee issue coverage is effective the first of the month following the initial 30-day election enrollment period.</u> If an employee wishes to apply for coverage in excess of these amounts or apply for additional life insurance through a late application, they must complete a health questionnaire and will be subject to medical underwriting through the insurance carrier.</p>	
	<p>Age Reduction Schedule: Coverage reduces by 35% at age 70, and 50% at age 75.</p>	
PREMIUM	Age Range	Rate (Per \$1,000 of Coverage)
	<30	\$0.070
	30 – 34	\$0.096
	35 – 39	\$0.106
	40 – 44	\$0.115
	45 – 49	\$0.163
	50 – 54	\$0.239
	55 – 59	\$0.430
	60 – 64	\$0.680
	65 – 69	\$1.230
	70 +	\$1.982
		To calculate the premium for the employee or spouse/domestic partner:
		Amount elected \div \$1,000 = \times Rate from above Chart = Mo. Premium
		Example: 50-Year-Old Employee wishes to apply for \$50,000 in Additional Life Insurance Coverage $\$50,000 \div \$1,000 = 50 \times \$0.239 = \11.95 Month
DEPENDENT LIFE	Spouse/Domestic Partner	\$5,000 death benefit
	Child	\$2,000 death benefit per child through age 25 unless disabled
PREMIUM	\$1.95 Month (After Tax)	

NOTE: This benefit is not available to Temporary Employees, Full-time members of the Armed Services, or Library Employees. Library Employees are provided a different life insurance benefit and should refer to the Human Resources Department at the Tacoma Public Library for details on this plan offering.

Disability Insurance Options (Basic)	The Standard		
	The City of Tacoma provides you with an employer-paid Long Term Disability (LTD) Insurance benefit in the event you become disabled. The LTD benefit provides replacement of some of your income in the event you are not able to work.		
EMPLOYER-PAID BENEFIT			
BASIC LONG TERM DISABILITY (LTD) INSURANCE	Monthly Benefit	Coverage is 60% of the first \$1,500 in monthly pre-disability earnings, reduced by deductible income (e.g., work earnings, workers’ compensation, etc.).	
	Waiting Period Before Benefits Become Available	180 days	
	Maximum Benefit Period	Max Benefit Period Begins at Age	Maximum Benefit Period
		61 or younger	To age 65, or 3 years 6 months
		62	3 years 6 months
		63	3 years
		64	2 years 6 months
		65	2 years
		66	1 year 9 months
		67	1 year 6 months
		68	1 year 3 months
		69 or older	1 year
	Special Feature	Survivor Benefit: provides a death benefit equal to a lump sum of 3 months of the LTD benefit without reduction by deductible income to the surviving family.	
PREMIUM		\$0 Month	

NOTE: This benefit is not available to Temporary Employees, emergency personnel employees, or Full-time members of the Armed Services, or commissioned Public Safety employees (other than a Fire Chief or Police Chief). Public Safety employees are provided long-term disability benefits through their union affiliation. Library Employees are provided a different disability insurance benefit and should refer to the Human Resources Department at the Tacoma Public Library for details on this plan offering.

Disability Insurance Options (Voluntary)		The Standard		
		In addition to the Basic Long Term Disability (LTD) insurance, the City of Tacoma offers access to voluntary employee-paid Supplemental Short and Long Term Disability benefits at group rates for you in the event you become disabled. The Short Term Disability benefit provides replacement of some of your income in the immediate future and can help bridge the gap to LTD. The Supplemental Long Term Disability insurance can provide additional LTD income and can shorten the waiting period for LTD benefit payments to begin.		
EMPLOYEE-PAID VOLUNTARY BENEFITS				
SUPPLEMENTAL SHORT TERM DISABILITY (STD) INSURANCE	Weekly Benefit	\$212 per week for a non-work-related injury/illness		
	Waiting Period Before Benefits Become Available	Injury:	0 Days	
		Sickness (Includes Pregnancy):	7 Days	
	Maximum Benefit Period	Under Age 60	Up to 26 weeks due to Injury	
			Up to 13 weeks due to Sickness	
		Age 60 or Over	Up to 26 weeks in a calendar year due to Injury	
Up to 13 weeks in a calendar year due to Sickness				
PREMIUM		\$4.00 Month		
SUPPLEMENTAL LONG TERM DISABILITY (LTD) INSURANCE	Monthly Benefit	Coverage is 60% of the first \$6,833 in monthly pre-disability earnings in excess of \$1,500, reduced by deductible income (e.g., work earnings, workers’ compensation, etc.).		
		Maximum Benefit: Across both the Basic LTD Plan and the Supplemental LTD Plan is 60% of \$8,333 or \$5,000 in monthly pre-disability earnings, reduced by deductible income.		
	Waiting Period Before Benefits Become Available	90 days (If this option is selected, the Basic LTD benefit will change to 90 days)		
		180 days		
	Maximum Benefit Period	Same as Basic LTD Coverage		
	Special Feature	Survivor Benefit: provides a death benefit equal to a lump sum of 3 months the LTD benefit without reduction by deductible income.		
PREMIUM	Waiting Period Benefit Payout		% of Monthly Earnings Cap \$8,333 (After-Tax)	
	90 days		0.303%	
	180 days		0.205%	

**Guarantee Issue: An employee who applies for Supplemental STD or LTD benefits within 30 days of initially being eligible will be enrolled in these benefit programs without providing health information. Guarantee issue coverage is effective the first of the month following the initial 30-day election enrollment period. Employees can apply for these benefits at any time; however, a late application for voluntary LTD will require the completion of a health questionnaire and will be subject to medical underwriting through the insurance carrier. A late application for the STD insurance is not subject to medical underwriting; however, the carrier will impose an "Extended Benefit Waiting Period" of 60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.*

NOTE: Short and Long Term Disability benefits are not available to Temporary Employees, emergency personnel employees, or Full-time members of the Armed Services. Long Term Disability benefits are not available to employees of the Tacoma Public Library. Public Safety employees (other than a Fire Chief or Police Chief) are provided long-term disability benefits through their union affiliation. Library Employees are provided a different long-term disability insurance benefit and should refer to the Human Resources Department at the Tacoma Public Library for details on this plan offering.

Section 125 Flexible Benefits Spending Plan

Trusted Plans Service Corporation (TPSC)

The City of Tacoma provides employees a Section 125 Flexible Benefits Spending Plan, which allows employees to save money on their health and dependent care expenses through the use of pre-tax dollars. Employees save by setting aside an amount of money per year before taxes are taken out into an account to reimburse themselves for out-of-pocket health and dependent care expenses. Under the Section 125 Flexible Benefits Spending Plan, there are two plan components: Health Flexible Spending Account (Health FSA) for out-of-pocket health expenses and Dependent Care Flexible Spending Account (Dependent Care FSA) for out-of-pocket day care expenses for a child or adult dependent who cannot care for themselves.

EMPLOYEE-PAID VOLUNTARY BENEFITS

HEALTH CARE FSA	Coverage	Elect up to a maximum deduction of \$3,200/ year pre-tax
	Type of Covered Expenses	Health FSA funds can be used to pay for any “qualified medical expense”. Some qualified expenses include medical care, prescription drugs, dental and vision expenses. Refer to IRS Publication 502 Medical and Dental Expenses and Section 213(d) of the Internal Revenue Code (IRC) for more details. <i>Note: The IRS may not allow the use of a Health FSA to pay for qualified health expenses for some dependents (e.g., domestic partner and children of a domestic partner), unless they are claimed on the employee’s tax return and meet the requirements of IRC Section 152.</i>
	Deadline for Incurred Expenses	December 31 st
	Grace Period	If an employee and their eligible dependents have not incurred expenses to submit against their FSA account during the plan year, a grace period allows for expenses incurred January 1 st – March 15 th to be submitted against the prior year’s FSA account.
	Claims Filing Deadline	April 30 th – If claims are not submitted by the deadline any funds left in the Employee’s FSA account will be forfeited to the City of Tacoma to offset plan operating expenses.
DEPENDENT CARE FSA	Coverage	Elect up to a maximum deduction of \$5,000/ year pre-tax (filing jointly)/ \$2,500/ year pre-tax (filing separately)
	Type of Covered Expenses	Qualifying expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you can work, or if you’re married, for your spouse to work, look for work, or attend school full time. The alternative to using a Dependent Care FSA is to take a dependent care tax credit when you file your federal income taxes. Your preferred method depends on your income, number of eligible dependents, and other factors. See IRS form 2441 for more details about the dependent care tax credit at the IRS website www.irs.gov .
	Deadline for Incurred Expenses	December 31 st
	Grace Period	None
	Claims Filing Deadline	April 30 th – If claims are not submitted by the deadline, any funds left in the Employee’s FSA account will be forfeited to the City of Tacoma to offset plan operating expenses.

CONTACT INFORMATION





253-564-5611, Ext. 210 or toll-free 1-800-426-9786, Ext. 210
www.tpscbenefits.com and click on the RESOURCES tab




PREMIUM

\$0 Month

NOTE: Participants are provided a debit card to use for the Health Care FSA. Reimbursements are provided by check or employees can sign up for direct deposit through TPSC.

Health Savings Account (HSA)	HealthEquity	
	The City of Tacoma provides three health plan options for employees to choose from: two “traditional plans” and one “high-deductible health plan with a health savings account (HSA).” An HSA is a tax-advantaged savings account that is connected to a qualified high-deductible health plan. Funds in an HSA allow an individual to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis.	
EMPLOYER-PAID and EMPLOYEE-PAID BENEFITS		
ELIGIBILITY	<p>The Internal Revenue Service has established rules for HSAs that restrict who can establish an account and make contributions:</p> <ul style="list-style-type: none">- The individual must be enrolled in a qualified high-deductible health plan (HDHP)- The individual cannot be covered by another health insurance plan unless it is a qualified HDHP-The individual cannot be enrolled in a general-purpose flexible spending account (FSA) or have coverage through a spouse’s FSA-The individual cannot be enrolled in a health reimbursement arrangement (HRA) or have coverage through a spouse’s HRA-The individual cannot be covered by other health insurance through Medicare, TRICARE, or Indian Health Services-The individual cannot be claimed as a dependent on someone else’s tax return. They can be listed as a spouse filing jointly	
COVERAGE	IRS Maximum Annual HSA Contribution Limits for 2024	
	Self-Only	\$4,150
	Family	\$8,300
	Catch-Up Contribution (Age 55-65)	\$1,000
	Note: Employer and Employee contributions combined cannot exceed the annual IRS limits.	
TYPES OF COVERED EXPENSES	<p>HSA funds can be used to pay for any “qualified medical expense”. Some qualified expenses include medical care, prescription drugs, dental and vision expenses. Refer to IRS Publication 502 Medical and Dental Expenses and Section 213(d) of the Internal Revenue Code (IRC) for more details.</p> <p>Note: The IRS may not allow the use of an HSA account to pay for qualified health expenses for some dependents (e.g., domestic partners and adult children), unless they are claimed on the employee’s tax return and meet the requirements of IRC Section 152.</p>	
EMPLOYER CONTRIBUTIONS	Employee Only	Employee + Family
	\$500/yr. without Wellness	\$1,000/yr. without Wellness
	\$1,250/yr. with Wellness	\$2,500/yr. with Wellness
	If an employee enrolls in a HDHP, they will be provided employer contributions to their HSA account (annual figures above prorated per month). The amount provided will depend on whether the individual participated in the Wellness Program. (See the Wellness Program section of this booklet for more details.)	
CONTACT INFORMATION	 	Access 24/7 365 days 866.346.5800 www.healthequity.com/HSAlearn
PREMIUM	\$0 Month	

*Review the Frequently Asked Questions (FAQ) document on the benefits website for more details before electing the HDHP with HSA plan option.

Wellness Program		Tacoma Employee Wellness Program	
		The Tacoma Employee Wellness Program provides the education, motivation, and tools necessary to help City of Tacoma Employees improve their health and well-being.	
VIRGIN PULSE WELLBEING PLATFORM	Virgin Pulse technology platform blends high-tech with high touch to deliver the ultimate health and well-being engagement experience. There are four main components of this website that City employees are encouraged to participate in:		
	Health Check: This is a simple, quick, and engaging health assessment tool that takes 15-20 minutes to complete. The questions gather information about several health-related areas such as, alcohol, cardiovascular risk, nutrition, physical activity, stress, tobacco, weight, work productivity, etc. This process provides employees with personalized information about their strengths, weaknesses, and areas of risk.		
	Journeys: Journeys® are daily, self-guided courses to help you build healthy habits. A Journey takes a big goal like eating healthier and breaks it down into small achievable steps. Want to get a better night’s sleep? Exercise more? Reduce your stress? You can use this digital coaching tool to make simple changes to your health and build daily habits, one step at a time. Get a motivation boost, read evidence-based tips—and start experiencing real results.		
	Track: Track is a healthy habits tracker, which allows you to track your exercise, healthy eating habits and wellbeing habits. Participants can also sync their favorite devices and apps so that they update automatically.		
		City of Tacoma Health Activities: You are able to earn points towards your wellness incentive for completing your annual physical, participating in a certified weight management program, or attending City-sponsored wellness webinars or onsite classes.	
WELLNESS INCENTIVE	By completing certain tasks within the Virgin Pulse Health Portal, employees can earn a Wellness Incentive, which will vary based on which health plan an employee enrolls in.		
	Traditional Health Plan (Regence PPO or Kaiser Permanente HMO)	\$20 per month credit toward their premium contribution for medical insurance coverage under the Regence and Kaiser Permanente Traditional Plans.	
	High Deductible Health Plan (Regence HDHP)	\$40 per month credit toward their premium contribution for coverage under the Regence HDHP/HSA Health Plan option. AND Higher employer contributions to the employee’s Health Savings Account (HSA). <i>(See the “Health Savings Account (HSA)” section of this booklet for details.)</i>	
CONTACT INFORMATION	  	Shannon Carmody, Wellness Coordinator 1.253.591.5200 wellness@cityoftacoma.org wellness.cityoftacoma.org member.virginpulse.com	
PREMIUM		\$0 Month	

Leave Compensation (Holidays)	City of Tacoma		
	The City of Tacoma pays employees to be away from work for certain observed holidays.		
EMPLOYER-PAID BENEFIT			
ELIGIBILITY	To be eligible for holiday pay, an employee must be a regular, probationary, project, temporary pending exam, or appointive employee. Temporary employees must be employed for 6 months before they are eligible for any paid holidays.		
HOLIDAY SCHEDULE	13 days per year (Total of 104 hours)		
	January	New Year’s Day	January 1st
	January	Martin Luther King Day	3 rd Monday in January
	February	Presidents’ Day	3 rd Monday in February
	May	Memorial Day	Last Monday in May
	June	Juneteenth	June 19th
	July	Independence Day	July 4th
	September	Labor Day	1 st Monday in September
	November	Veterans Day	November 11th
	November	Thanksgiving Day	4 th Thursday in November
	November	Day Following Thanksgiving	4 th Friday in November
	December	Christmas Day	December 25th
	Anytime	Floating Holiday	Two per Year
	Floating Holidays must be scheduled at a mutually agreeable time. In order to be eligible for the floating holidays, an employee must have been or be scheduled to be continuously employed for four months during the calendar year of entitlement. Employees in some departments, depending on shift schedules, have all floating holidays.		
	Note: Temporary employees are not eligible for floating holidays.		

**Employees may have other holiday schedules as may be provided for in a collective bargaining agreement.*

***To qualify for a paid holiday, an employee must be in a paid status on both the entire regularly scheduled workday immediately preceding the holiday and the entire regularly scheduled workday following the holiday. When a holiday falls on Saturday, the Friday before is observed. When a holiday falls on Sunday, the following Monday is observed.*

Note: Per TMC 1.12.265 (B) and in accordance with RCW 1.16.050 employees are entitled to two (2) unpaid holidays per calendar year for reasons of faith or conscience or an organized activity conducted under the auspices of a religious denomination, church, or religious organization. An unpaid holiday requested pursuant to City policy will not be denied unless the employee's absence would impose an undue hardship on the City.

NOTE: Questions related to Holidays should be directed to your department's timekeeper.

Leave Compensation (Sick Leave)	City of Tacoma The City of Tacoma pays employees to be away from work for employee illness or injury, doctor appointments, or the serious illness or injury of a family member as defined by Washington State law. *
EMPLOYER-PAID BENEFIT	
ELIGIBILITY	Employees not enrolled in the Personal Time Off (PTO) plan earn sick leave.
BENEFIT	Sick leave is accrued at 3.69 hours (12 days per year) for each bi-weekly pay period in which an employee has time in a paid status. There is no maximum accrual.
UTILIZATION	Employees may take sick leave after it has been earned and accrued. There is no waiting period. Sick leave can be taken in one-tenth (1/10) of an hour increments.
BENEFIT PAYOUT	Separation in Good Standing: 10% of a 120-day maximum benefit will be paid, provided the employee has a minimum of 80 hours accrued. Retirement/Death: 25% of your sick leave balance will be paid.**

* The City's Paid Sick Leave Ordinance (TMC 18.10), also commonly referred to as Mandatory Paid Sick Leave (MPSL) provides all eligible persons working in the City to earn paid leave to use when they or a family member are sick, injured, need preventative care, or need to seek help for domestic violence, sexual assault, stalking or other safety related issues. While eligible city employees who accrue Sick Leave or Personal Time Off (PTO) receive a more generous accrual than the mandatory entitlement (the City's minimum sick leave accrual is 3.69 hours per pay period, and the PTO accrual is 5.54 hours per pay period), they accrue a MPSL designation (not a separate bank of leave) of 1 hour for every 40 hours worked that can be utilized in accordance with the City's ordinance, and adherence with Washington's Paid Sick Leave law (RCW 49.46.200).

**For unrepresented and certain union represented employees who are separated due to retirement or death, sick leave severance pay may be deposited into a Health Reimbursement Account (HRA) "VEBA" tax-free for post-retirement medical, dental, and vision expenses per the Tacoma Municipal Code, TMC 1.12.229, and your specific collective bargaining agreement (CBA) (if applicable).

NOTE: Questions related to Sick Leave should be directed to your department's timekeeper.

Leave Compensation (Vacation)	City of Tacoma		
	The City of Tacoma pays employees to be away from work for vacation.		
EMPLOYER-PAID BENEFIT			
ELIGIBILITY	Permanent employees not enrolled in the Personal Time Off (PTO) plan earn vacation each bi-weekly pay period in which they have time in a paid status.		
VACATION SCHEDULE	Completed Years of Aggregate Service	No. of 8-Hour Days Per Year	Hours Earned per Pay Period
	Completion of Years 0, 1, 2, 3	12	3.69
	Completion of Years 4, 5, 6, 7	15	4.60
	Completion of Years 8, 9, 10, 11, 12, 13	17	5.22
	Completion of Years 14, 15, 16, 17, 18	20	6.14
	Completion of 19 Years	21	6.45
	Completion of 20 Years	22	6.76
	Completion of 21 Years	23	7.07
	Completion of 22 Years	24	7.38
	Completion of 23 Years	25	7.69
	Completion of 24 Years	26	8.00
	Completion of 25 Years	27	8.31
	Completion of 26 Years	28	8.62
	Completion of 27 Years	29	8.93
	Completion of 28 Years or More	30	9.24
	Vacation accruals based on tenure shall be credited at the first of the calendar year in which any of the above periods of aggregate City service will be completed. Eligibility for tenure-based vacation accruals shall be determined by the length of aggregate service with the City. The applicable accrual rate shall be determined as of January 1 of each calendar year and shall be based on the rate applicable to the number of years of aggregate service the employee will complete within that calendar year. For example, on January 1, an employee who will complete four years of aggregate service with the City within that calendar year will begin to accrue vacation leave at a rate of 4.60 hours per pay period.		
UTILIZATION	Employees are authorized to use vacation leave after it is earned and accrued. Vacation is taken in increments of one-tenth (1/10) of an hour.		
BENEFIT PAYOUT	In the event of retirement, separation, or death, 100% of vacation accruals will be paid.		







NOTE: Questions related to Vacation should be directed to your department's timekeeper.

Leave Compensation (Personal Time Off)	City of Tacoma		
	The City of Tacoma pays employees to be away from work for Personal Time Off (PTO). *		
EMPLOYER-PAID BENEFIT			
ELIGIBILITY	Employees hired in an unrepresented classification after June 1998 and some union represented employees if provided for in a collective bargaining agreement, earn PTO. Permanent employees enrolled in PTO earn time off each bi-weekly pay period in which they have time in a paid status.		
PTO SCHEDULE	Completed Years of Aggregate Service	No. of 8-Hour Days Per Year	Hours Earned per Pay Period
	Completion of Years 0, 1, 2, 3	18	5.54
	Completion of Years 4, 5, 6, 7	21	6.46
	Completion of Years 8, 9, 10, 11, 12, 13	23	7.08
	Completion of Years 14, 15, 16, 17, 18	26	8.00
	Completion of 19 Years	27	8.31
	Completion of 20 Years	28	8.62
	Completion of 21 Years	29	8.92
	Completion of 22 Years	30	9.23
	Completion of 23 Years	31	9.54
	Completion of 24 Years	32	9.85
	Completion of 25 Years	33	10.15
	Completion of 26 Years	34	10.46
	Completion of 27 Years	35	10.77
	Completion of 28 Years or More	36	11.08
PTO accruals based on tenure shall be credited at the first of the calendar year in which any of the above periods of aggregate City service will be completed. Eligibility for tenure-based PTO accruals shall be determined by the length of aggregate service with the City. The applicable accrual rate shall be determined as of January 1 of each calendar year and shall be based on the rate applicable to the number of years of aggregate service the employee will complete within that calendar year. For example, on January 1, an employee who will complete four years of aggregate service with the City within that calendar year will begin to accrue PTO leave at a rate of 6.46 hours per pay period. NOTE: Employees may accrue up to a maximum of 960 hours of PTO.			
UTILIZATION	Employees are authorized to use PTO leave after it is earned and accrued. PTO is taken in increments of one-tenth (1/10) of an hour. Class D and E employees must use PTO in full day (8 hour) increments (TMC 1.12.020).		
BENEFIT PAYOUT	In the event of retirement, separation, or death, 100% of PTO accruals will be paid.**		





* The City's Paid Sick Leave Ordinance (TMC 18.10), also commonly referred to as Mandatory Paid Sick Leave (MPSL) provides all eligible persons working in the City to earn paid leave to use when they or a family member are sick, injured, need preventative care or need to seek help for domestic violence, sexual assault, stalking or other safety related issues. While eligible city employees who accrue Personal Time Off (PTO) receive a more generous accrual than the mandatory entitlement (the City's minimum PTO accrual is 5.54 hours per pay period), they accrue a MPSL designation (not a separate bank of leave) of 1 hour for every 40 hours worked that can be utilized in accordance with the City's ordinance, and adherence with Washington's Paid Sick Leave law (RCW 49.46.200).

**For unrepresented and certain union represented employees who are separated due to retirement or death, PTO severance pay may be deposited into a Health Reimbursement Account (HRA) "VEBA" tax-free for post-retirement medical, dental, and vision expenses per the Tacoma Municipal Code, TMC 1.12.229, and your specific collective bargaining agreement (CBA) (if applicable).

NOTE: Questions related to PTO should be directed to your department's timekeeper.



Retirement Programs (Pension)	City of Tacoma	
	EMPLOYER and EMPLOYEE MANDATORY PAID BENEFITS	
TACOMA EMPLOYEES' RETIREMENT SYSTEM (TERS)	Eligibility	All City of Tacoma employees are required to become TERS members immediately, except for those specifically excluded from membership under Tacoma Municipal Code 1.30.
	Employee Contribution	9.66% of eligible compensation, up to \$345,000
	Employer Contribution	11.34% of covered payroll, up to \$345,000
	Contact the City of Tacoma Retirement Office	 253.502.8200
		 www.cityoftacoma.org/Retirement
DEPARTMENT OF RETIREMENT SYSTEMS (DRS)	Eligibility	Full-time law enforcement officers and fire fighters first hired on or after October 1, 1977, are covered by LEOFF Plan II and are required to become members of the plan.
	Employee Contribution	8.53% of employee compensation up to \$345,000
	Employer Contribution	5.32% of covered payroll up to \$345,000
	Contact the Washington State Department of Retirement Systems (DRS)	 800.547.6657
		 www.drs.wa.gov
RAILROAD RETIREMENT	Employee Contribution – Tier 1	6.2% of employee compensation up to \$168,600
	Employer Contribution – Tier 1	6.2% of covered payroll up to \$168,600
	Employee Contribution – Tier 2 (Supplemental Retirement)	4.9% of their compensation up to \$125,100
	Employer Contribution – Tier 2 (Supplemental Retirement)	13.1% of covered payroll up to \$125,100
	Contact the Rail Retirement Board	 877.772.5772
		 www.rrb.gov

**Retirement beneficiary designations are separate from other benefit plan beneficiary designations; benefits forms must be completed and returned to the appropriate department.*

Retirement Programs (Deferred Compensation)	City of Tacoma		
	<p>In addition to a mandatory employer and employee paid retirement pension plan, the City of Tacoma provides its employees with a <u>voluntary</u> deferred compensation program, which allows employees to supplement their normal retirement income with a savings plan that is authorized under Section 457 of the IRS Code. The value of the account is based on contributions made and the investment performance over time.</p> <p>A deferred compensation plan can help bridge the gap between what is available with the City’s pension plan and Social Security, and how much is needed in retirement. Employees can choose to make <u>Pre-tax contributions</u> that reduce their taxable income for the year and in turn, those contributions and all associated earnings are not subject to federal tax until withdrawn. There is also an option to make <u>After-tax Roth contributions</u>, which allow for potentially tax-free earnings.</p>		
EMPLOYEE-PAID VOLUNTARY BENEFIT			
DEFERRED COMPENSATION	Eligibility	Available to all City employees (except temporary)	
	Annual IRS Contribution Limits	Regular Deferral	\$23,000
		Age 50 Catch-Up	\$30,500
		Pre-Retirement Catch-Up	\$46,000
	Plan Options	Regular 457 Plan	Pre-Tax Contributions
Roth 457 Plan		Post-Tax Contributions	
CONTACT INFORMATION	Nationwide (for Fire Personnel Only)	 Mike Ferguson 509.385.7825  www.nationwide.com/457-retirement-plans.jsp	
	MissionSquare	 Keith Penewit 202-759-7015  https://www.msqplanservices.org/myplan/302010	













**Eligible sick leave/vacation and/or PTO balances may be deposited into a deferred compensation account at the time of separation/retirement.*

NOTE: Commissioned Police, Fire, and certain Tacoma Rail personnel are entitled to contributions from the City for deferred compensation. See the benefits website for more details on the limits and requirements from the collective bargaining

<div>Retirement Programs (HRA VEBA)</div>	<div>City of Tacoma</div> <div>City of Tacoma provides to eligible employees an employer-paid health reimbursement account (HRA) benefit post retirement. This is an IRS defined “account-based” group health plan and it is often referred to as “VEBA” because its assets are held in a tax-exempt voluntary employees’ beneficiary association (VEBA) trust that is authorized under section 501(c)(9) of the IRS Code. The City provides this benefit by depositing Sick Leave and Personal Time Off (PTO) severance payments tax-free at time of retirement or death.</div> <div>An HRA VEBA account is a special type of health plan arrangement that is similar to a Health Savings Account (HSA) or Flexible Spending Account (FSA) by allowing individuals to use the funds to pay for or reimburse themselves for out-of-pocket health expenses and premiums. But unlike some of the features with these other type of health arrangements you can invest the funds, there are no contribution limits, there is no annual use-it-or lose it rule, you can pass the funds on to a beneficiary at time of death, and the money is deposited, invested, and withdrawn tax-free allowing your money to go much further.</div>
EMPLOYER-PAID BENEFIT	
ELIGIBILITY	All non-represented employees and certain represented employees in which their collective bargaining agreement (CBA) provides for the benefit.
COVERAGE	<div><div>▪</div><div><u>Non-represented employees</u>: 50% Personal Time Off (PTO)/ 25% Sick Leave in a year the VEBA benefit is in place. *</div></div> <div><div>▪</div><div><u>Represented employees</u> varies by CBA **</div></div>
TYPES OF COVERED EXPENSES	<div>Funds deposited into a VEBA can be used for qualified out-of-pocket expenses including co-pays, coinsurance, deductibles, over-the-counter health care expenses, retiree insurance premiums (including Medicare Part B and Part D and Medicare supplement plans), TRICARE premiums and expenses, and tax-qualified long-term care insurance premiums (subject to annual IRS limits). Refer to IRS Publication 502 Medical and Dental Expenses and Section 213(d) of the Internal Revenue Code (IRC) for more details.</div> <div>Note: HRA VEBA can reimburse qualified healthcare expenses incurred by the participant, spouse, and qualified dependents.</div>
CONTACT INFORMATION	<div><div><div></div><div>888.659.8828</div><div>www.hraveba.org</div></div></div>

**The Tacoma Municipal Code 1.12.229 provides this contribution is in effect each year unless at least 20 percent of non-represented employees who are eligible to retire in the next calendar year request a vote be conducted. If the 20 percent threshold is met, eligible employees will be notified of a vote to be conducted. The results of the vote will determine whether to suspend the VEBA deposit for the next calendar year only, which will be determined by a majority of the returned ballots. If the 20 percent threshold is not met, no vote will be conducted, and the VEBA deposit will be in place for the next calendar year.*

***Some CBAs allow for participation in an HRA VEBA prior to retirement. If an employee wishes to sign for up a high-deductible health plan (HDHP) with a Health Savings Account (HSA), they will be required to complete a Limited Purpose Election form with HRA VEBA to put their VEBA account in limited coverage (e.g., dental and vision benefits only). The IRS requires this action take place in order for an individual to be eligible to make or receive contributions to an HSA. Your limited-purpose coverage election will remain in force until you make a change. You can make one limited-purpose coverage election change per calendar year. Please contact the Benefits Office for the Limited Purpose Election form.*

Commute Trip Reduction Program		City of Tacoma			
		<p>The City of Tacoma's Commute Trip Reduction (CTR) program encourages the use of alternative ways for employee commuting and business trips to reduce air pollution through the use of public transportation to assist with the City's Commute Trip Reduction goals.</p> <p>With this program, the City subsidizes employees'* monthly public transportation passes fully and authorized vanpools at 50 percent of the cost, up to the IRS allowable limits. Employees pay 50 percent of the cost of a vanpool through pre-tax payroll deductions.</p> <p>The City currently provides access to public transportation options through the One Regional Card for All (ORCA) and Intercity Transit.</p>			
EMPLOYER and EMPLOYEE PAID BENEFITS					
TRANSIT CARDS/ VANPOOLS	Included in this benefit are the following transit systems: Pierce Transit, Sound Transit, Kitsap Transit, King County Metro, Community Transit, and Intercity Transit (vanpools only)*. Contact your Commute Trip Reduction Coordinator for more information.				
	 	253-404-6902 nembly@cityoftacoma.org	Nicholle Embly	Environmental Services	Center for Urban Waters
	 	253-502-2174 kpierce@cityoftacoma.org	Kristin Pierce	Environmental Services	Central Treatment Plant
	 	253-573-2345 benefits@cityoftacoma.org	Benefits Office	Tacoma Municipal Buildings/ Other General Government Locations	TMB – 14 th Floor
	 	253-573-2345 benefits@cityoftacoma.org	Benefits Office	Tacoma Public Utilities	TMB – 14 th Floor
	 	253-573-2422 tbrooks@cityoftacoma.org	Tre Brooks	Solid Waste/Fire Garage/ Signal Shop	PW – Solid Waste
EMERGENCY RIDE HOME PROGRAM	The City participates in the Emergency Ride Home Program so that employees can feel secure in making the choice to use alternative transportation. Please contact the Human Resources Benefits Office for more information on how to use this program.				
	 	253-573-2345 benefits@cityoftacoma.org	Benefits Office	For All Work Locations	

*Intercity Transit provides public transportation for people who live and work in Olympia, Lacey, Tumwater, and Yelm. On December 4, 2019, the Authority approved implementation of a five-year “zero-fare” demonstration project, which went into effect on **January 1, 2020**. During the demonstration, bus and Dial-A-Lift passengers will not pay fares to use these services.

NOTE: The ORCA Business Card is for an employee’s own transportation only and cannot be transferred, loaned, or provided to any other person. The Commute Trip Reduction Program benefits are not available to commissioned Police Department personnel.

Federally Required Notices

The City of Tacoma is required by law to share and post various federally required benefits notices. This information can also be found at the Benefits website www.cityoftacoma.org/benefits under **Notices**.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that allows for the right to COBRA continuation coverage for employees and family members when group health coverage would otherwise end due to a qualifying life event. Qualifying life events that can result in a loss of group health coverage include:

- **Employee loses coverage due to:** reduction in hours of employment or termination of employment.
- **Spouse loses coverage due to:** employee dies, employee loses coverage due to reduction in hours of employment or termination of employment; employee becomes entitled to Medicare benefits, becoming divorced or legally separated from the employee.
- **Dependent child loses coverage due to:** employee dies, employee loses coverage due to reduction in hours of employment or termination of employment, employee becomes eligible for Medicare benefits, parents become divorced or legally separated, stops being eligible for coverage under the plan as a dependent child.

The City of Tacoma will notify the COBRA Administrator of most qualifying events and to issue notification of COBRA continuation coverage. **However, it is your responsibility to notify the City of Tacoma of certain qualifying events (divorce or legal separation of the employee or spouse or a dependent child's losing eligibility for coverage as a dependent child) within 60 days of the event occurring, in order to have a right for COBRA continuation coverage.** Notification should be provided to: City of Tacoma, Benefits Office, 747 Market Street, Room 1420, Tacoma, WA 98402 or benefits@cityoftacoma.org. *(See the "Qualifying Life Events Changes" section of this booklet or more information on how to submit this information timely.)*

All new hired employees eligible for benefits are sent a COBRA Continuation Coverage General Notice from the City's COBRA Administrator, WageWorks. This notice is addressed to our employee and their eligible dependents (if applicable) and is meant to inform each person of their individual COBRA continuation rights, in the case they experience a qualifying event that entitles them to continuing their medical, dental, vision, and Health Flexible Spending Account benefits.

Under the Affordable Care Act (ACA), participants eligible for COBRA can now also access public exchanges where they may qualify for tax credits that immediately lower health insurance costs. Additional alternative health care resources are listed below for your information:

- Washington Health Plan Finder: www.wahealthplanfinder.org or 1-855-WAFINDER (1.855.923.4633)
- Washington Basic Health: <https://www.hca.wa.gov/health-care-services-supports>

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a City plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after marriage and 60 days after birth, adoption, or placement for adoption.

Refer to the “*Qualifying Life Events*” section of this booklet and the benefits website for more details or contact the Benefits Office for more information.

Women’s Health and Cancer Rights Act of 1998

Under federal law, group health plans and health insurance issuers providing benefits for a mastectomy, will provide coverage in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same annual deductibles and coinsurance provisions that are applicable to other medical and surgical benefits provided under your plan coverage.

Newborns’ and Mothers’ Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does not have to continue covering the stay for the one ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to the mother or the newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A health plan, hospital, insurance company, or HMO would NOT be an attending provider.

Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state’s Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or

call 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligibility under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can visit the Department of Labor at www.askebsa.dol.gov or call (866)444-EBSA.

Contact the Washington Medicaid for eligibility information:

Washington Medicaid

Phone: 800.562.3022 ext. 15473

Website: <https://www.hca.wa.gov/>

For other state contact information, visit www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.doc

No Surprises Act

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact U.S. Department of Health and Human Services beginning January 1, 2022 at 1-800-985-3059. Visit [No Surprises Act | CMS](#) for more information about your rights.

Medicare Part D

Medicare prescription drug coverage became available in 2006 to all Medicare-eligible individuals through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. Regence and Group Health have determined that prescription drug coverage offered under the Regence and Kaiser Permanente Health plans is, on average for all participants, expected to pay out as much as the Standard Medicare drug plan. This is known as "creditable coverage." Visit the Benefits website www.cityoftacoma.org/benefits under **Notices** for the "**Important Notice from City of Tacoma About Your Prescription Drug Coverage and Medicare**". If you are not eligible (or will not soon be eligible) for Medicare, you can disregard this notice.

Notice Regarding Wellness Program

The Tacoma Employee Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the

Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Tacoma Employee Wellness Program you will be asked to complete a voluntary health risk assessment or "HRA" through the Virgin Pulse Wellbeing Platform, which is called a "Health Check." This assessment asks a series of questions about your lifestyle, health numbers, and diagnosed conditions. You will also be encouraged to participate in certain health-related activities. It is not mandatory to complete the Health Check or participate in the health-related activities via the Virgin Pulse Wellbeing Platform. However, employees who choose to participate in the wellness program will receive incentives for meeting certain requirements. Although you are not required to complete the Health Check or participate in health-related activities, only employees who do so will receive the wellness incentive (except for employees who hire between June 1st and September 30th of an incentive cycle, as they are less likely to be able to meet the program requirements). These individuals are provided the incentive when hired but required to meet the program requirements to earn future incentives. Visit the Benefits website www.cityoftacoma.org/benefits under **Notices** for the "**Notice Regarding Wellness Program**".