

Your Benefits News

Dear City of Tacoma TERS Retiree and Family,

Open Enrollment is your opportunity to make changes to your current benefit plans for 2022. The Open Enrollment period is **November 3—November 19, 2021**. All changes will be effective on January 1, 2022. You are only eligible to make changes to your medical and dental coverage if you are currently enrolled.

Medical and Dental Coverage

TERS Retirees with current City of Tacoma Retiree coverage and their eligible dependents are eligible for the medical and dental plans offered by the City of Tacoma if they are currently enrolled in these plans. You cannot elect this plan coverage for 2022 during Open Enrollment if you are not currently enrolled in medical and/or dental coverage.

What is Changing in 2022?

- There are changes to the medical and dental plan rates

What Changes Can I Make During Open Enrollment?

- Change your medical plan option
- Change your dental plan option
- Add or remove dependents
- Cancel your medical or dental

If you do not want to make any changes to your plans or the dependents that are currently covered, you do not need to take any action.

Your current plans, and covered dependents that remain eligible, will continue in 2022. If you are in your 60-day COBRA election period for VSP vision coverage and you do not wish to elect coverage, you do not need to take any action.

If enrolled on the medical insurance and/or dental insurance, you can make changes to your coverage and/or covered eligible dependents during Open Enrollment by completing and submitting a **City of Tacoma Enrollment/Change Form** and any other required documents to the City of Tacoma, Retirement Office via email or USPS mail no later than November 19, 2021.

Note: If you wish to add eligible dependents to your coverage, you must also complete a *Dependent Verification Form* along with required documentation to verify dependent eligibility.



Kari L. Louie
Assistant Human Resources Director

City of
Tacoma

2022

Open
Enrollment
November 3
Through
November 19

TERS Retiree

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Benefit Forms:

Forms can be found by visiting www.cityoftacoma.org/TERS or you may request paper forms be mailed to you by calling 253-502-8200. Email completed forms to TERSretirement@cityoftacoma.org or mail to TERS, PO BOX 11007, Tacoma, WA 98411.

Questions/Additional Information?

Please contact City of Tacoma for Benefit Plan Information: at benefits@cityoftacoma.org, 253-573-2345, or visit the benefits website at www.cityoftacoma.org/benefits.

If you have additional questions about making changes, please contact the Retirement Office: 253-502-8200 or TERSretirement@cityoftacoma.org.



Benefit Changes for 2022

Medical Plan Changes

You can visit the Benefits webpage under **Plan Information** to review the summaries for Regence BlueShield, PPO and High-Deductible Health Plans. New plan booklets will be available in the first quarter of 2022.

New Medical ID Cards in 2022

In compliance with the implementation of federal transparency requirements under the Consolidated Appropriations Act (CAA), beginning January 1, 2022, insurance carriers must disclose, in clear writing, cost-sharing requirements which include plan-specific deductibles and out-of-pocket maximums on insurance identification cards. This information must provide a phone number and website where an individual can inquire about network status. Due to this change, Regence BlueShield will be making changes to their plan ID cards **at the beginning of next year**. Your previously issued ID card will work until you receive your new card. Please begin using your new ID cards once you receive them and destroy any previously issued cards.

Regence BlueShield will be issuing new member level ID cards for each subscriber and each covered dependent enrolled under the plan. All members who are registered for the Regence secured website can request a copy of their ID card be mailed to them or access a digital version from their computer or their mobile device through the Regence App.

Computer Access:

- Login to the Regence BlueShield Secure website at regence.com
- From the home page, click on My Account and select Print or order Member ID cards

Health Savings Account Contribution Limits

The Internal Revenue Service (IRS) has increased the Health Savings Account (HSA) annual limits for 2022. This means you are able to put more money into your account on a pre-tax basis.

The High-Deductible Health Plan (HDHP) with an HSA is very different from the traditional medical plans the City offers, and may not be the right fit for everyone:

- Due to IRS requirements, you may not qualify to sign up for an HSA.
- The IRS may not allow you to use your HSA account to pay for qualified health expenses for some of your dependents (e.g. domestic partners and adult children) unless they are claimed on your tax return and meet the requirements of Internal Revenue Code (IRC) Section 152.

If you are considering enrolling in this plan for next year, we recommend you visit the Benefits webpage to review the benefit videos on this plan, and the Frequently Asked Questions (FAQ) for the HDHP/HSA. You can also speak to our Health Savings Account Administrator, HealthEquity, 24/7, 365 days a year with your questions toll-free at 1-866-346-5800 or healthequity.com/HSAlearn.

Coverage	2021	2022
Single	\$3,600	\$3,650
Family	\$7,200	\$7,300
Catch-Up (Age 55-65)	\$1,000	\$1,000

How to Establish a Health Savings Account

If you decide to elect a high-deductible health plan for 2022, you can open an HSA with any banking institution to align with your high-deductible health plan. The City of Tacoma is using HealthEquity as their HSA administrator. If you are interested in opening an individual HSA at Health Equity, **Go to this page to open an account:**

<https://publichsa.healthequity.com/Signup/Member#/signup>

If you have questions about opening an HSA, Health Equity is available 24/7, 365 days a year and can be reached at: 1-866-346-5800 or healthequity.com/HSAlearn

Understanding A High-Deductible Health Plan with a Health Savings Account

A **high-deductible health plan (HDHP)** is similar to a traditional health plan. There is an annual deductible that must be satisfied before the health plan will begin to contribute toward the cost of an individual's health claims. However, in-network preventative care services are covered at 100 percent by the health plan and not subject to the annual deductible. Once the deductible is met, the health plan shares in the cost of an individual's health claims till the out-of-pocket maximum (OOPM) limit has been satisfied. After the OOPM is satisfied, the health plan will cover the remainder of the in-network health claims for the rest of the plan year. So what is different with an HDHP? With a HDHP, the annual deductible and the OOPM levels are *much larger* and they are often combined with a health savings account (HSA) feature.

A **health savings account (HSA)** is a savings account that gives you tax advantages. In order to have an HSA, you must be enrolled in a qualified HDHP. Retirees can make contributions to an HSA post-tax and claim a tax deduction for the contributions made even if they do not itemize their deductions on their annual tax return. Any interest and earnings through investment on the funds are non-taxable. Similar to a flexible spending account (FSA), the money accumulated in an HSA can be used for out-of-pocket qualified medical expenses. However, unlike an FSA, the "use-it-or-lose-it" rule doesn't apply. The HSA account is a savings account and the money accumulated belongs to the individual. The account will earn interest and if it reaches a certain threshold, the money can even be invested. As long as the funds are used to pay for qualified out-of-pocket medical expenses, the funds stay sheltered from being taxed.

An HDHP may not be the right fit for everyone and some individuals cannot establish an HSA (see "Are you eligible to establish an HSA?") above. Additionally, the IRS may not allow you to use your HSA account to pay for qualified health expenses for some of your dependents (e.g. domestic partners and adult children), unless they are claimed on your

Are you eligible to establish an HSA?

The Internal Revenue Service has established rules for health savings accounts (HSAs) that restrict who can establish an account and make contributions:

- ✓ You must be enrolled in a qualified high-deductible health plan (HDHP)
- ✓ You cannot be covered by another health insurance plan (such as a spouse's plan), unless it is a qualified HDHP
- ✓ You cannot be enrolled in a general purpose flexible spending account (FSA) or have coverage through a spouse's FSA*
- ✓ You cannot be enrolled in a health reimbursement arrangement (HRA) or have coverage through a spouse's HRA*
- ✓ You cannot be covered by other health insurance through Medicare, TRICARE, or Indian Health Services
- ✓ You cannot be claimed as a dependent on someone else's tax return. You can be listed as a spouse filing jointly

*Individuals can be enrolled in or covered through a spouse's limited purpose FSA or HRA.



tax return and meet the requirements of Internal Revenue Code (IRC) Section 152.

With an HDHP, an individual may not have enough funds accumulated in their HSA to pay their responsibility for their health claims before the health plan begins to share in the cost. However, with this type of a health plan, an individual may be able to reduce their expenses and build up their HSA account balance while at the same time reducing their taxable earnings. An individual may accomplish this by spending wisely and researching their plan options to ensure they are getting only the needed care at the best price and with the right provider.

If you are considering enrolling in one of these plan options during Open Enrollment, we strongly urge you to contact the HSA plan administrator to learn about these plans so you are fully informed on how they work.

Benefits at a Glance 2022

Within 30 days of retirement, retirees may elect medical and/or dental coverage. If you do not elect to enroll or continue the City of Tacoma's group health insurance upon retirement, or if you elect to cancel your coverage at any time, you will no longer be eligible to return to a City of Tacoma retiree plan.

Regence BlueShield PPO or High-Deductible Health Plan (HDHP) plans are available to retirees. During our annual open enrollment period, retirees who maintain medical coverage may switch plans and add or drop eligible dependents.

Medical Plan Options (Participant Plan Costs)	Regence PPO Preferred Network/Participating Network/ Out of Network	Regence HDHP Preferred Network/Participating Network/ Out of Network
Monthly Premium	\$1,797.78	\$1,156.13
Office Visit Co-pay	\$20	N/A
Deductible	\$250 Individual / \$500 Family	\$1,500 / \$3,000
Telehealth (through MDLive)	\$10 copay	After Deductible 20%
Telehealth (Virtual Visit)	\$10 copay / \$10 copay / 50%	After deductible 20% / 20% / 50%
Out-of-pocket maximum	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Hospital Coinsurance	10% / 40% / 50%	20% / 40% / 50%
Rx Co-pay	\$5 Generic \$35 Brand \$60 Non-formulary \$75 Specialty – Formulary \$150 Specialty – Non-Formulary Mail Order: 2x Rx co-pay 90 day supply *Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative	After Deductible has been met coverage is 20% - member may be balance-billed when non-participating pharmacy is used. Retail or Mail Order: Up to 90-day supply and up to 30-day supply for covered self-administrable injectable medication. Note: RX list includes drugs in certain categories that will not be subject to the plan deductible. It includes generic medications and formulary brand-name medications specifically designated for treatment of chronic diseases. *Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative
HSA IRS Annual Contribution Limits	N/A	\$3,650 / \$7,300*

*Annual limits are subject to change by the IRS. Individuals age 55 and over can make an additional annual \$1,000 catch-up contribution.

Delta Dental of Washington and Willamette Dental plans are available to retirees. The annual open enrollment period will only apply to those who maintain coverage, which includes adding or dropping eligible dependents and/or switching plans between Delta Dental and Willamette. If you cancel your coverage at any time, you will no longer be eligible to return to a City of Tacoma dental plan.

Dental Plan Options	Delta Dental	Willamette
Monthly Premium	Retiree only: \$64.40 Retiree plus spouse: \$128.84 Retiree plus children: \$89.88 Retiree plus spouse and children: \$154.32	Retiree only: \$80.80 Retiree plus spouse or one child: \$156.07 Retiree plus family: \$219.28
Office Visit Co-pay	None	\$10 general / \$30 specialty
Deductible	\$0 – Network Provider \$50 Individual / \$150 Family - Out-of-Network Provider	None
Annual Benefit Maximum	\$2,000 per person	None
Diagnostic & Preventive Care	0%	0%
Basic Services	20%	0%
Major Services	50%	0%
Orthodontia	Not covered	Pre-Orthodontic Service Co-Pay: \$150 \$1,800 Orthodontic Co-Pay

2022 Open Enrollment is Here!

Who Can I Cover on my Benefits?

- **Spouse:** Your current legal spouse.
- **Domestic Partner:** Your grandfathered domestic partner who met the requirements of the City of Tacoma Affidavit of Domestic Partnership and was registered and on file with the City of Tacoma as of Dec. 31, 2016, OR, after Jan. 1, 2017, is registered with the State of Washington under chapter 26.60.030 RCW.
- **Child under age 26:** Your children up to age 26 may include: a natural child, adopted child, or a child legally placed with you for adoption, including a child for whom you have assumed a total or partial legal obligation for support in anticipation of adoption, a stepchild or domestic partner's child, or a child for whom you have legal guardianship or court-ordered custody.
- **Child age 26 and over:** 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.



Note: You are required to contact the Retirement Office immediately to report any dependents on your plans that no longer meet the above definitions.

DEADLINE

If you DO NOT need to make any changes, no action is required

If you are making changes, you must complete the Open Enrollment Change Form, Retiree Eligibility Verification Form, and submit all supplemental dependent eligibility verification paperwork to the City of Tacoma Retirement Office via email or USPS mail. See page 1 for contact information.

NO LATER THAN November 19, 2021

Alternative Individual Health Care Resources

Under the Affordable Care Act, individuals can now also access public exchanges, where they may qualify for tax credits that immediately lower health insurance costs. Reminder: Open Enrollment for the public exchanges is from 11/01/21– 12/15/21. If you do not enroll in a 2022 health insurance plan by December 15, 2021, you cannot enroll in a health insurance plan for 2022 unless you experience a qualifying life event which allows you to take advantage of a Special Enrollment Period. You can contact Washington Health Plan Finder for assistance. Additional alternative health care resources are also listed below for your information.

- Washington Health Plan Finder: www.wahealthplanfinder.org or 1-855-WAFINDER (1-855-923-4633)
- Washington Basic Health: www.hca.wa.gov
- Statewide Health Insurance Benefits Advisors (SHIBA): www.insurance.wa.gov/shiba or 1-800-562-6900
- Medicare: www.medicare.gov or 1-800-MEDICARE (1-800-633-4227)
- Social Security: www.ssa.gov or 1-800-772-1213
- Federal Healthcare Resource: www.healthcare.gov or 1-800-318-2596