

Seattle Department of Human Resources

Bobby Humes, Director

October 30, 2020

Subject: City of Seattle Retiree Medical Annual Enrollment

Dear SPOG/SPMA Retiree and/or Dependent Spouse/Children:

Please note monthly rate changes

Questions? Contact the Benefits Unit at (206) 615-1340 or Benefits.Unit@seattle.gov

This letter contains information about the City of Seattle's Annual Enrollment for retiree medical plans. Annual Enrollment runs Monday, November 2 through Friday, November 20, 2020. Changes you make will go into effect on January 1, 2021.

If you want to *stay* in your current medical plan, **no action is necessary.** You will remain on your current medical plan and the 2021 premium deduction amount will start with your **December 31, 2020** pension check. **If you pay by check**, please change the check amount starting with your January payment. See the enclosed 2021 rate sheets.

If you want to *change* medical coverage effective January 1, 2021, here's what you need to do:

- If you are changing medical plans offered through the City, you must fill out an enrollment form and submit it to the SDHR Benefits Unit postmarked no later than Friday, November 20, 2020. Call our office at (206) 615-1340 to request an enrollment form to be emailed or mailed to you. Any staff member will be able to assist you. If you need to speak with someone in a language other than English, we will help you access Language Line services. Your new coverage will go into effect January 1, 2021.
- If you pay by check, please change the check amount starting with your January payment. See the 2021 enclosed rate sheets.
- If you want to drop/cancel your City retiree medical plan coverage effective January 1, 2021, you must notify the Benefits Unit in writing by Friday, December 4, 2020.

Please read this letter and the enclosed information to understand your options and upcoming plan changes. The 2021 benefit comparisons and rate sheets and the detailed plan booklets are also available online at https://bit.ly/polret1.



Other Retiree Medical Insurance Options

The plans offered by the City are chosen to approximate coverage offered to active employees. We encourage retirees to explore all options available to them to ensure they have medical coverage that best meets their health and financial needs.

- Retirees Under Age 65 You may have options available to you through the state Health
 Insurance Exchange at: www.wahealthplanfinder.org. These plans are "guaranteed issue" they
 cannot deny you coverage. The standard plan designs make it easy to compare pricing, and may
 better meet your financial requirements than City plans. Their Open Enrollment is November 1,
 2019 December 15, 2019.
- Retirees Age 65 and Over (Medicare-eligible retirees) While there are no Medicare options available on the state Health Insurance Exchange, remember that you have access to many other individual Medicare plans that may be more suitable for your financial situation, in addition to the City's plan. Like the Health Insurance Exchange plans, you cannot be denied coverage and can change plans annually during Medicare's open enrollment period. We encourage you to explore these other options directly with the providers of those plans, or consult with the Statewide Health Insurance Benefits Advisors program at 800-562-6900 or a private benefits broker. Contact us at Benefits.Unit@seattle.gov before making any changes, to ensure continued coverage for your spouse/domestic partner and dependents.

If you purchase medical coverage through a Health Insurance Exchange or obtain an individual Medicare Supplement or Medicare Advantage plan, you will not be able to return to City coverage in the future, because these plans are not group/employer health plans. However, as indicated above, you can change plans annually during the Medicare and Exchange open enrollments. This is your opportunity to consider what plan might be more suitable for you.

Medical Plans for Retirees and Dependents Under Age 65 on the "Most" Benefit Program

As a reminder, SPOG retirees can select from Most City Retiree Medical plans or from SPOG Retiree Medical plans. This section describes the *Most City* Retiree Medical plans. The City will offer the same four medical plans as last year to retirees and dependents under age 65. See the enclosed rates and comparison charts for more information. The following are changes to the **Most** plans.

Effective January 1, 2021

For all enrollees, through Accolade (1-866-540-5418)

 Adding Hinge Health, a digital musculoskeletal program to help reduce chronic joint and muscle pain

Medical Plans for Retirees and Dependents Under Age 65 on the SPOG Benefit Program

As mentioned above, SPOG retirees can select from Most City Retiree Medical plans as well as SPOG Retiree Medical plans. This section describes the **SPOG** retiree medical plans. There are no fundamental plan changes for 2021. The City will offer the same four medical plans as last year to SPOG retirees and dependents under age 65 that are currently enrolled in a City retiree group plan. See the enclosed rates and comparison chart for more information.

Please call the medical plans directly with your specific questions:

- City of Seattle Preventive or Traditional (Aetna): 1-877-292-2480
- Kaiser Permanente Deductible: 1-888-901-4636 (Group #0961100)
- Kaiser Permanente Standard: 1-888-901-4636 (Group # 1004400)

Turning 65? To enroll in a Medicare Advantage plan offered through the City, you must provide a copy of your Medicare Parts A and B card 60-90 days *before* your 65th birthday. Apply for Medicare Parts A and B online at **https://secure.ssa.gov/iClaim/rib/**, or stop by your local Social Security Administration office.

Medicare Advantage Medical Plans: Retirees and Dependents Age 65 and Over

The City will continue to offer the same four Medicare Advantage plans to Medicare-eligible retirees and dependents in 2021. Advantage plans, sometimes referred to as Part C, cover all the services of Medicare Parts A (hospital insurance) & B (medical insurance) plus extra coverage like wellness and disease management programs. Because the City plans also include Medicare Part D (prescription drug coverage), they are "MAPD" plans – Medicare Advantage - Prescription Drugs.

The Aetna and UnitedHealthcare plan designs are essentially the same, other than the customary drug formulary updates and any changes required by Medicare. See the below rate changes and Kaiser Permanente plan changes and rate changes, which are effective January 1, 2021.

Kaiser Permanente MAPD 3

- Increasing eyewear allowance from \$150 every 12 months to \$250 every calendar year.
- Increasing hearing aid allowance from \$250 every 12 months to \$1,000 each calendar year.

Kaiser Permanenct MAPD 4

- Increasing eyewear allowance from no coverage to \$150 each calendar year.
- Increasing hearing aid allowance from no coverage to \$750 each calendar year.

Plan	2020 Premium	2021 Premium	Percentage Change
Aetna Medicare (PPO) WA	\$331.58	\$297.84	-10.2%
Aetna Medicare (PPO) out of state	\$351.08	\$317.34	-9.6%
Kaiser Permanente Plan 3	\$441.38	\$427.70	-3.1%
Kaiser Permanente Plan 4	\$412.87	\$408.12	-1.15%
UnitedHealthcare Medicare Complete HMO	\$414.95	\$373.45	-10.0%

Where to call for questions about your Medicare Advantage Plan: For further information about any formulary changes or those required by Medicare, or to obtain information about the individual Medicare plans they offer, please contact the medical plans directly:

Plan	Group Number	Phone Number	Website
Aetna Medicare Plan (PPO)	AE #430517	1-800-307-4830	www.aetna.com
Kaiser Permanente Plan 3 or 4	#0335500	1-888-901-4636	www.kp.org/wa
United Healthcare Medicare Complete HMO	#801855	1-866-622-8055	www.uhc.com

Again, to ensure you are enrolled in a plan that meets your specific health and financial needs, you may wish to explore options other than the City's plans. You may do that directly through the providers of those other plans – Medicare Supplement and Individual Medicare Advantage plans. If you are considering a switch to a **non-City plan**, contact the Benefits Unit to ensure continued coverage for your spouse/domestic partner and/or dependents.

Re-Enrollment Option Reminder

All retirees currently enrolled in a City medical plan have a drop/re-enroll option, which may be exercised at any time. You may drop your City retiree medical coverage and have the option of reenrolling in a City plan at a future date as long as you meet these conditions.

- You must maintain continuous coverage under another group medical plan for the entire time you are not enrolled in a City plan. "Continuous coverage" means there are NO gaps in medical coverage. "Another group medical plan" means a plan offered through another employer, either your own employer or the employer of your spouse or domestic partner. Individual medical plans -- whether obtained through a broker, insurer, HMO, Medicaid, the State High Risk Pool, Health Insurance Exchanges or other entities -- DO NOT qualify as continuous group coverage, and DO NOT meet the requirements for re-enrollment.
- You may re-enroll in a City plan only if you lose eligibility for the other employer group coverage, such as due to your or your spouse's job loss or retirement, or aging out of coverage (as documented by the Human Resources staff of the other employer).
- You must re-enroll in a City Plan within 30 days of losing your other coverage.