



Open Enrollment

Benefits Highlights for 2025

Navigating Change Together

October 7 to November 1*, 2024

City of Seattle
Benefit Programs

For:

Most

SPOG

Local 77



- * Changes must be made by 11:59 pm on November 1
- * For language resources, go to page 2



City of Seattle

Seattle Department of Human Resources

Kimberly Loving, Director

October 2024

Dear City Employee,

This guide has information about Open Enrollment for health and welfare benefits. Open Enrollment starts Monday, October 7, at 12:00 am and ends Friday, November 1, at 11:59 pm. Now is the perfect time to take a thoughtful look at your benefit coverage needs. You can consider your optional insurances, change benefits selections, adjust Flexible Spending Accounts contributions, and confirm you have named your beneficiaries for Life and Accidental Death and Dismemberment (AD&D) insurance.

While most of your current benefits will automatically carry over, one important exception exists. Both Health Care and Dependent Care (daycare) Flexible Spending Accounts do not continue from year to year. Therefore, deciding on the amount you want to set aside for these tax-free spending accounts is essential each year.

All Open Enrollment changes need to be made in the City's new Human Resource Management system, [Workday](#). See the [Open Enrollment job aid](#) for detailed instructions. Please make your changes by Friday, November 1, at 11:59 pm. Benefit actions you may consider include*:

- Change health plans
- Add or end dependent coverage
- Change beneficiaries
- Add, increase, or decrease Life insurance
- Add, increase, or decrease AD&D insurance
- Add or end supplemental Long-term Disability insurance

We are committed to supporting you in making the best choices for your well-being and peace of mind. If you have any questions about Open Enrollment, please contact your department's [benefits representative](#), register for an Open Enrollment webinar, or access the instructional recording on the Open Enrollment page at <http://bit.ly/benhome1>. For assistance reading or understanding the Open Enrollment Benefits Highlights, please see Page 3 of this guide for additional resources.

Your health and satisfaction are our priorities, and we are here to ensure you have the resources you need for a successful Open Enrollment period.

Sincerely,

Kimberly Loving

Director, Seattle Human Resources

** Not all this information applies to represented LEOFF 1, LEOFF 2, and Local 77 members. See your department's Benefits Representative for details.*

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Changes to your benefits must be made by 11:59 pm on Friday, November 1

Between **October 7 and November 1**, you can make changes to your benefits coverage and add or drop dependents (see checklist on page 3). You must re-enroll if you wish to have a health care and/or daycare Flexible Spending Account in 2025. Even if you do not wish to make any changes, we encourage you to go online and review your beneficiary information.

For accuracy and efficiency, make changes online through Workday at <https://www.myworkday.com/wday/authgwy/seattle/login.html>. You can make changes as often as you want until 11:59 pm on Friday, November 1. The most recent changes will be saved. Beneficiary updates made by Workday are effective immediately.

For assistance in understanding the information in this document

Assistance is available for help reading or understanding this document.

- **Need to speak with someone in a language other than English?** Call the Benefits Unit at 206-615-1340, and we will help you access Language Line Services. You will have access to an interpreter and a Benefits Unit staff member to answer your questions.
- **Hearing impaired?** If you use a TDD, the City provides interpretation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will be connected with the Washington Relay Service. Give them the number of the party you want to call, in this case, the Benefits Unit at 206-615-1340. They will call the person for you, and then interpret information from your TDD to the person you are calling.
- **Visually impaired?** This Benefits Highlights document is available in a larger font. To request an electronic copy, contact the Benefits Unit at 206-615-1340.
- **Would you rather *hear* the information than *read* it?** If your understanding is improved by having someone read or paraphrase information for you, you are invited to attend a benefits orientation. Orientations cover all City benefits and provide ample time for questions. You can meet with the presenter after the session if you have additional questions or questions you would like to ask confidentially. Live Orientation webinars are held monthly; you may view a recorded webinar at <http://bit.ly/mostpage1>. Call the Benefits Unit at 206-615-1340 to sign up for the live Orientation webinar.

If additional help is needed or you would prefer to speak to someone confidentially, please call the Benefits Unit at 206-615-1340.

Changes you can make ONLY during Open Enrollment

Make changes by 11:59 pm on Friday, November 1, through [Workday](#)

See the [Open Enrollment job aid](#) for instructions

You can make the following changes only during Open Enrollment unless you experience a qualifying change in family status (see the box on this page).

Medical/Dental/Vision Coverage*

- ☐ Change plans
- ☐ Add or drop an eligible family member **

Flexible Spending Accounts (Participants must re-enroll every year)

- ☐ Enroll in Daycare Flexible Spending Account for 2025
- ☐ Enroll in Health Care Flexible Spending Account for 2025

Supplemental Long-Term Disability Insurance***

- ☐ Enroll in Supplemental LTD, a pre-existing exclusion applies

Life Insurance****

- ☐ Add or increase Basic Life coverage
- ☐ Change your Basic Life to Limited Basic Life (or vice versa)
- ☐ Add or increase Supplemental Life coverage for yourself or family members if you have or are newly electing Basic Life.

Accidental Death & Dismemberment Insurance

- ☐ Add or increase coverage for yourself or your family

* Does not apply to Local 27 members

** If you add a new dependent during Open Enrollment or any time during the year, you will receive a letter at home from Alight Solutions, the City's business partner, to submit documentation to verify dependent eligibility. For more information about dependent eligibility verification, visit the [Dependent Eligibility Verification page at \(http://bit.ly/Citydev\)](http://bit.ly/Citydev).

*** Does not apply to represented LEOFF 1 and LEOFF 2 members

****Evidence of Insurability (medical history statement) is required if adding or increasing coverage. You may complete [Evidence of Insurability](#) and submit it online [here](#) within 90 days of the end of Open Enrollment or January 31, 2025.

Changing your plan choices outside of Open Enrollment

You may only make changes to your benefits elections outside the Open Enrollment period if family status changes occur in your family. The changes you can make depend on the status change, and must be consistent with it. Contact your department's HR representative, or the Benefits Unit at Benefits.Unit@seattle.gov for more information.

Changes in family status are defined as:

- Birth, adoption, placement of a child, or legal guardianship*
- Loss of a child, spouse, or domestic partner's eligibility under another health plan*
- Marriage or formation of a domestic partnership*
- Divorce, termination of a domestic partnership, or legal separation

Eligible Dependents

You must be enrolled before you can enroll your dependents. Dependents eligible to be covered under the City's benefit programs are:

- Your spouse
- Your domestic partner
- Your biological or adopted children, your spouse or domestic partner's children, or any child for whom you are the legal guardian. The child must be under age 26.

To cover a spouse/domestic partner, you must complete an Affidavit of Marriage/Domestic Partnership. Follow the steps on the [Manage Dependents Job Aid](#).

Premiums for a domestic partner or partner's child are taken after taxes. You may drop a domestic partner or partner's child at any time (without a change in family status) if he/she is not claimed as your IRS tax dependent.

Changes you can make throughout the year

Contact your department's benefits representative to make these changes at any time:

Medical/Dental/Vision Coverage*

- ☐ Drop ineligible family members
- ☐ Add dependents if you have a family status change

Supplemental Long-term Disability Insurance**

- ☐ Drop Supplemental Long-term Disability

Life Insurance

- ☐ Change beneficiary designation
- ☐ Drop Basic (up to 1.5x annual salary) or Limited Basic Life coverage(\$50,000)
- ☐ Drop or decrease Supplemental Life coverage for yourself or family members

Accidental Death & Dismemberment Insurance

- ☐ Change beneficiary designation
- ☐ Drop or decrease your or your family coverage

Deferred Compensation Plan

- ☐ Add, change, or drop the beneficiary designation
- ☐ Enroll or increase your contribution
- ☐ Stop or decrease your contribution

Your Ongoing Responsibilities

- ☐ Update your address, telephone number, and emergency contact through Employee Self-Service
- ☐ Review your paycheck deductions frequently; see your HR representative with questions
- ☐ Update family status changes – such as birth or divorce – through your department's HR/Benefits Representative

** Does not apply to Local 27 members*

***Does not apply to represented LEOFF 1 and LEOFF 2 members*

2025 plan changes

This section outlines changes for the upcoming plan year. Detailed information about all the plans is available at <http://bit.ly/oepage1>.

All Employees

Flexible Spending Accounts

- **Health Care FSA**
 - Increase maximum contribution to \$3,200
 - Increase carry-over amount from 2025 to 2026 to \$640

Group Term Life

- **Supplemental Employee Plan**
 - Increase to six times earnings up to \$2.5 million when combined with basic life

Long-Term Disability

- **Supplemental Plan**
 - Increase maximum monthly benefit amount to \$6,000

Employees with “Most” Benefits Coverage

Aetna Preventive and Traditional Plans

- **Colonoscopy**
 - Increase in-network diagnostic colonoscopy coverage to 100%
- **Follow-up Mammography Screening**
 - Increase in-network coverage to 100%
- **Hearing Aids**
 - Increase in-network coverage to \$3,000 per ear maximum per 36-month period
- **Pregnancy Termination Care**
 - Increase in-network coverage to 100%
- **Retail Pharmacy**
 - Increase in-network 90-day prescription maintenance medication prescriptions filled at participating retail pharmacies to the same cost share as prescriptions filled at mail order

Aetna Preventive Plan

- **Outpatient Mental Health Services**
 - Increase out-of-network coverage to \$15 copay, no deductible. Balance billing may still apply.

Kaiser Permanente Standard and Deductible Plans

- **Colonoscopy**
 - Increase in-network diagnostic colonoscopy coverage to 100%
- **Follow-up Mammography Screening**
 - Increase in-network coverage to 100%
- **Hearing Aids**
 - Increase in-network coverage to \$3,000 per ear maximum per 36-month period
- **Pregnancy Termination Care**
 - Increase in-network coverage to 100%

Changes continued on the next page

Delta Dental of Washington Plan

- **Nightguard**
 - Remove periodontal necessity

VSP Buy-up Plan

- **Eyeglass Frames**
 - Increase in-network allowance to \$200

Employees with Local 77 IBEW Coverage

Aetna Preventive and Traditional Plans

- **Colonoscopy**
 - Increase in-network diagnostic colonoscopy coverage to 100%
- **Follow-up Mammography Screening**
 - Increase in-network coverage to 100%
- **Hearing Aids**
 - Increase in-network coverage to \$3,000 per ear maximum per 36-month period
- **Pregnancy Termination Care**
 - Increase in-network coverage to 100%
- **Retail Pharmacy**
 - Increase in-network 90-day prescription maintenance medication prescriptions filled at participating retail pharmacies to the same cost share as prescriptions filled at mail-order
- **Outpatient Mental Health Services**
 - Increase out-of-network coverage to match in-network coinsurance.

Kaiser Permanente Standard and Deductible Plans

- **Colonoscopy**
 - Increase in-network diagnostic colonoscopy coverage to 100%
- **Follow-up Mammography Screening**
 - Increase in-network coverage to 100%
- **Hearing Aids**
 - Increase in-network coverage to \$3,000 per ear maximum per 36-month period
- **Pregnancy Termination Care**
 - Increase in-network coverage to 100%

Delta Dental of Washington Plan

- **Nightguard**
 - Remove periodontal necessity

Employees with Seattle Police Officers' Guild Coverage

- All Healthcare Plans – no plan design changes

Health Care Reform Notice: Grandfathered plan status disclosure

The City of Seattle Aetna and Kaiser Permanente medical plans for Most employees and employees who are members of the Seattle Police Officers' Guild are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). The Local 77 IBEW medical plans are non-grandfathered plans.

As permitted by the Affordable Care Act (ACA), a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being on a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans, for example, the ACA requires the provision of preventive health services without any cost sharing. However, Grandfathered health plans must comply with certain consumer protections in the Affordable Care Act, for example, the plans include the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered to non-grandfathered status can be directed to the Benefits Unit at 206-615-1340 or Benefits.Unit@seattle.gov.

Enrollment options

The benefits plan and dependent coverage elections you make during Open Enrollment (which ends at 11:59 pm on November 1) are for the 2025 plan year, which begins on January 1, 2025. According to I.R.S. Section 125 regulations, you cannot change your elections outside of the fall Open Enrollment period unless you have a qualifying change in family status (see page 3). If you do not make changes, your plans will remain the same, and you will pay the designated premium amount (except for FSA participation, which will stop).

If you decline medical coverage for yourself or family members (you may not decline dental or vision coverage), the following will occur:

- If you have no other medical insurance, you will NOT be eligible to enroll in a medical plan until the next annual Open Enrollment unless you have a qualifying change in family status as defined in the Change in Family Status/Dependent Eligibility section on page 3. Enrollment must take place within 30 days, or within 60 days to enroll a child on your medical plan due to birth or adoption.
- If you have other medical coverage and lose your other coverage, you may enroll in a City medical plan within 30 days of the loss of the other coverage upon providing proof of continuous medical coverage. However, you may not decline (waive) dental or vision coverage.
- If you have a qualifying change in family status, you may enroll or dis-enroll your eligible dependents within 30 days of the change (60 days for a newborn, newly adopted child, or child placed for adoption).
- If you declined (waived) City healthcare coverage and leave City employment or go on a leave of absence, you will not be eligible to obtain the declined medical, dental, or vision coverage through the City under the Federal COBRA law subsequently. However, you will be eligible to enroll in a City retiree medical plan if you retire.

Dependent eligibility

To ensure that the City treats all employees fairly, operates our plans consistently, follows our plan documents, and appropriately allocates funds, the City verifies the eligibility of all newly added dependents to its health care plans.

All City employees with City healthcare coverage must provide documentation for their newly added dependents. The City's business partner, Aight Solutions, handles this process. If you add a dependent during Open Enrollment, you will be asked to provide documentation of the nature of the relationship (such as a marriage license, birth certificate, affidavit of domestic partnership, court documents, etc.). You will also be asked to provide documentation of the current status of the relationship (such as a Federal tax return, proof of joint ownership, etc.).

Who is an eligible dependent?

- Your legal spouse (unless you are legally separated)
 - Your domestic partner if you and your domestic partner
 - Share the same regular and permanent residence and
 - Have a close personal relationship and
 - Are jointly responsible for basic living expenses* and
 - Are not married to anyone and
 - Are each 18 years of age or older and
 - Are not related by blood closer than would bar marriage in the State of Washington and
 - Were mentally competent to consent to contract when the domestic partnership began and
 - Are each other's sole domestic partner and are responsible for each other's common welfare.
- *"Basic living expenses" means the cost of basic food and shelter and any other expenses of a domestic partner. The individuals do not need to contribute equally or jointly to these expenses as long as they agree they are both responsible for the cost.
- Your children or your spouse's children under the age of 26, including biological children, adopted children, children placed with you for adoption, stepchildren, children of your domestic partner, children for whom you have a qualified court order to provide coverage, and children for whom you are the legal guardian. The age limit does not apply if the child is certified as disabled.

If you discover you are covering an ineligible dependent, they should be removed from City plans.

Contact your department's benefits representative with any questions.

Premium sharing

The table below shows monthly premium contributions for employees with Most benefits in 2025. SPOG and Local 77 premium contributions are on the following two pages. Premium contributions will be divided into two equal payments and taken from the first two paychecks of the month on a pre-tax basis.

Employees with Most Benefits Coverage – 2025 Monthly Health Care Premium*

		Employee, with or without children		An employee with a spouse or domestic partner, with or without children	
Plan	Total monthly premium	City pays	Employee pays	City pays	Employee pays
Medical					
City of Seattle Preventive	\$2,141.15	\$2,023.15	\$48.12	\$1,968.97	\$98.50
City of Seattle Traditional	\$1,928.38	\$1,879.47	\$ 0.00	\$1,844.69	\$32.34
Kaiser Permanente Standard	\$1,572.69	\$1,448.36	\$48.40	\$1,392.97	\$99.90
Kaiser Permanente Deductible	\$1,449.40	\$1,355.90	\$25.00	\$1,321.57	\$56.92
Dental					
Delta Dental of Washington	\$121.85	\$121.85	\$0.00	\$121.85	\$0.00
Dental Health Services	\$142.65	\$142.65	\$0.00	\$142.65	\$0.00
Vision					
Basic Plan	\$9.47	\$9.47	\$0.00	\$9.47	\$0.00
Buy-Up Plan	\$20.39	\$9.47	\$10.92	\$9.47	\$10.92

For 2025 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to <http://bit.ly/benrates1>. Open the "Non-IRS Dependent Coverage Values" document.

*Rates also apply to members covered by Local 77 contracts for IT Professionals and Power Marketers. Rates do not apply to CMEOs, Fire Chiefs, and Material Controllers. See the Open Enrollment letter for additional information or contact your department's Human Resources representative.

Employees Covered by SPOG. Contract – 2025 Monthly Health Care Premiums (With or without Children or Spouse/Domestic Partner)

Plan	Total monthly premium	City pays	Employee pays
Medical			
City of Seattle Preventive	\$2,672.30	\$2,538.68	\$133.62
City of Seattle Traditional LEOFF II	\$2,382.58	\$2,263.44	\$119.14
Kaiser Permanente Standard Plan	\$1,934.46	\$1,837.74	\$96.72
Kaiser Permanente Deductible Plan	\$1,433.95	\$1,362.25	\$71.70
Dental			
Delta Dental of Washington	\$139.85	\$139.85	\$0.00
Dental Health Services	\$155.50	\$155.50	\$0.00
Vision			
VSP	\$28.85	\$28.85	\$0.00

For 2025 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to <http://bit.ly/benrates1>. Open the "Non-IRS Dependent Coverage Values" document.

Employees Covered by IBEW Local 77 Contract – 2025 Monthly Medical Premiums* (With or without Children or Spouse/Domestic Partner)

Plan	Total monthly premium	City pays	Employee pays
Medical			
City of Seattle Preventive	\$2,684.62	\$2,416.16	\$268.46
City of Seattle Traditional	\$2,733.67	\$2,460.29	\$273.38
Kaiser Permanente Standard	\$1,786.05	\$1,607.43	\$178.62

		Employee, with or without children		Employee with a spouse or domestic partner, with or without children	
Plan	Total monthly premium	City pays	Employee pays*	City pays	Employee pays
Local 77 / Most medical plans					
City of Seattle Preventive	\$2,141.62	\$2,093.50	\$48.12	\$2,043.12	\$98.50
City of Seattle Traditional	\$2,159.08	\$2,159.08	\$ 0.00	\$2,126.74	\$32.34
Kaiser Permanente Standard	\$1,578.50	\$1,530.10	\$48.40	\$1,478.60	\$99.90

Plan	Total monthly premium	City pays	Employee pays
Dental			
Delta Dental of Washington	\$126.12	\$126.12	\$0.00
Dental Health Services	\$155.50	\$155.50	\$0.00
Vision			
Vision Service Plan	\$11.87	\$11.87	\$0.00

For 2025 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to <http://bit.ly/benrates1>. Open the "Non-IRS Dependent Coverage Values" document.

*Does not include members covered by Local 77 contracts for CMEOs, IT Professionals, Material Controllers, and Power Marketers. See your Open Enrollment letter for additional information or contact your Human Resources representative.

Optional coverages

Accidental Death and Dismemberment (AD&D):

You may choose a coverage amount in increments of \$25,000 up to \$500,000. Go to <http://bit.ly/benadd1> for plan information.

Flexible Spending Accounts (FSAs)

To set up accounts for 2025, you must enroll by 11:59 pm on Friday, November 1 in [Workday](#). For more plan information, go to <https://bit.ly/mostFSA>.

- Up to \$610 unused Health FSA funds will be carried over from 2024 to 2025 if there is a minimum balance of \$120 at the beginning of 2025. For the Health FSA, if a 2025 account is not elected, 2024 account balances under \$120 will be forfeited.
- Up to \$640 unused Health FSA funds will be carried over from 2025 to 2026 if there is a minimum balance of \$120 at the beginning of 2026.

Group Term Life (GTL):

See more about the Group Term Life plans at <https://bit.ly/citylifeins1>. If you wait to enroll (or increase coverage) yourself or your spouse/domestic partner until open enrollment, you will each have to complete an Evidence of Insurability (medical history statement) that can be denied or approved for any coverage amount. You may Complete the [Evidence of Insurability](#) and submit it online [here](#) within 90 days of the end of Open Enrollment or January 31, 2025.

Long-Term Disability (LTD)*:

For information about the long-term disability plan, go to <http://bit.ly/benltd1>.

**Does not apply to represented LEOFF 1 and LEOFF 2 members*

Who to contact if you have questions

If you have questions, contact the following organizations. The Seattle Department of Human Resources Benefits Unit can be reached at 206-615-1340 or Benefits.Unit@seattle.gov.

Accolade (Most benefits only)	866-540-5418	Member.accolade.com
Aetna	877-292-2480	AetnaNavigator.com
Kaiser Permanente	888-901-4636	kp.org/wa
VSP	800-877-7195	VSP.com click on “Members and Consumers”
Delta Dental of Washington	206-522-2300 or 800-554-1907	DeltaDentalWa.com
Dental Health Services	206-788-3444 877-495-4455	DentalHealthServices.com/cityofseattle
Nationwide	855-550-1757	cityofseattledeferredcomp.com
ComPsych Employee Assistance Program	800-858-6715 TRS: Dial 711	Guidanceresources.com Web ID: SeattleEAP App: GuidanceNow
Life, AD&D, LTD Disability		Your Department/HR Representative
Navia Benefits Solution	800-669-3539	Naviabenefits.com

Flu shot and Covid-19 vaccine clinics



Registration Required:
<https://bit.ly/city24clinics>.

Drop-ins are not allowed.

Date	Location	Time
10/8/2024	Seattle Municipal Tower, 700 5 th Ave, Seattle 98104, Floor 40, Room 4050	9:00 am – 2:00 pm
10/9/2024 *	Airport Way Center / Park 95, 2203 Airport Way S, Bldg. B, Seattle 98134, Large Conference Room	3:00 pm – 4:30 pm
10/10/2024 *	Seattle City Hall, 600 4 th Ave, Seattle 98104, Bertha Knight Landes Room	10:00 am – 2:00 pm
10/16/2024 *	Charles Street Complex, 805 S. Charles Street, Seattle 98134, Large Conference Room	8:00 am – 10:00 am
10/17/2024 *	Jefferson Community Center, 3801 Beacon Ave S, Seattle 98108, Gym	9:15 am – 10:30 am
10/21/2024	Seattle Municipal Tower, 700 5 th Ave, Seattle 98104, Floor 40, Room 4050	9:00 am – 2:00 pm
10/22/2024*	Traffic Shop, 4200 Airport Way S., Seattle 98108, Common Area	3:00 pm – 4:00 pm
10/23/2024 *	HSD Renton Office – Times Square Center, 600 SW 39 th Suite 155, Renton 98057, Mount Baker Room	12:00 pm – 1:00 pm
10/30/2024 *	Haller Lake, 12600 Stone Ave N, Bldg C, Seattle 98133, Conference Room	7:30 am – 9:30 am
10/31/2024 *	South Service Center, 3613 4 th Ave S, Seattle 98134, Conference Room A1105	7:30 am-9:30 am
10/31/2024 **	Bitter Lake Community Center, 13035 Linden Avenue N., Seattle 98133, Gym	8:30 am-10:00 am
11/13/2024 *	Seattle Municipal Tower, 700 5 th Ave, Seattle 98104, Floor 40, Room 4050	9:00 am – 2:00 pm

*A Deferred Compensation Education Consultant will attend to answer questions about the plan.

** An Accolade representative will attend to answer questions about services.