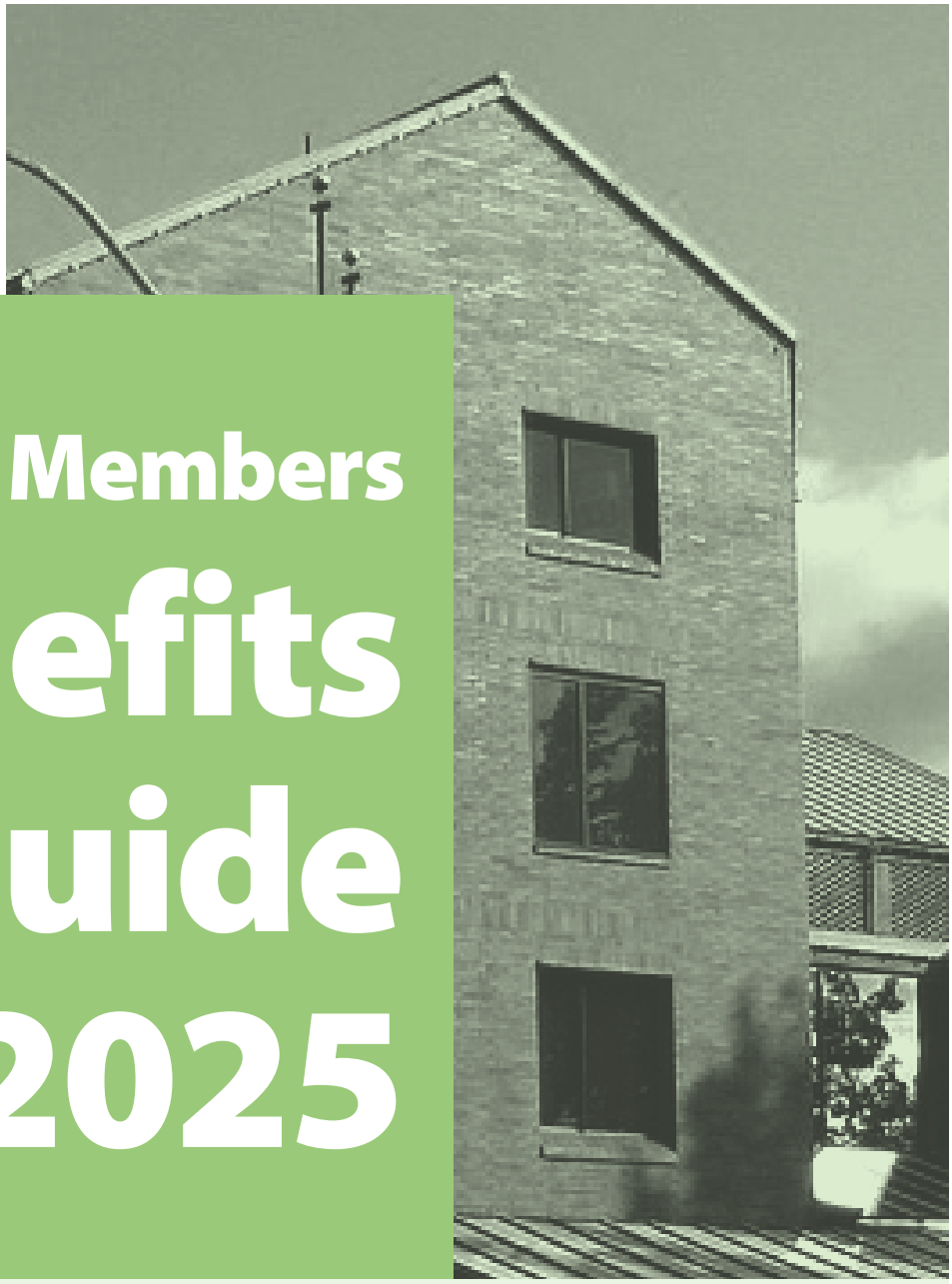
KENT
WASHINGTON



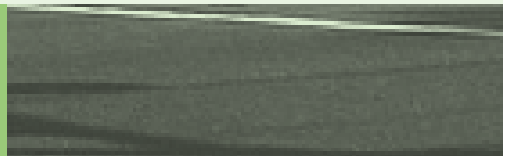
## Council Members

# Benefits Guide 2025

Medical

Dental

Vision



# WELCOME

to your City of Kent council member benefits program. We're excited to offer you and your family comprehensive benefit options designed to help you grow personally, financially and professionally. We continually evaluate our council members' benefits to enhance the quality of your work life and provide support wherever it is needed.

This guide provides you with updates for your 2025 benefits program and has been specifically designed to help you better understand your plans. Each section contains important information, so please read carefully while keeping you and your family's needs in mind.

If you have questions about your benefits, contact the Human Resources department. We're here to help!

This communication highlights some of your City of Kent benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail.

## What's New for the 2025 Plan Year

- Preferred asthma inhalers & prescription epinephrine autoinjectors (EpiPen) subject to $35 copay price cap for Premera and Kaiser plans
- Annual massage therapy limit increased from 15 to 24 visits per year for the Premera plans
- Kaiser rates: 11.2% increase
  Premera rates: no change

**2025 Open Enrollment:**

- Submit Open Enrollment elections in Workday
- Coverage for medically necessary chronic weight management prescription drugs for Premera and Kaiser plans
- Delta Dental is transitioning to digital ID cards in 2025
- HIV post-exposure drugs and therapies will not require cost sharing and prior authorization for the Premera and Kaiser plans (after deductible for CCP)

## Table of Contents



## Important Terms

The terms defined below will help you better understand the contents of this guide.

- **COBRA –** A federal law that allows workers and dependents who lose their Medical, Dental, Vision or FSA coverage to continue any group coverage for a specified length of time.
- **Coinsurance –** The portion of covered expenses that you must pay for care, after first meeting a deductible amount, if any.
- **Copayment –** A flat fee that you pay for health care services at the time they're received, regardless of the actual amount charged by your doctor. This generally applies to office visits and prescription drugs.
- **Deductible –** The amount you need to pay each year before your plan starts paying benefits.
- **Network –** A group of doctors and hospitals who offer discounts on services based on their relationship with your medical provider.
- **Out-of-Pocket Maximum –** The most you'll pay in a given year for all covered expenses. After you pay this amount, your benefit plan will pay all covered expenses for the rest of the year.

# Eligibility

## Council Members

If you are a City of Kent active council member, you are eligible to enroll in the benefits described in this benefits guide, unless otherwise indicated. If you are a newly elected council member, you can elect benefits within 31 days from the term start date.

You are eligible to participate as of your term start date.

Coverage ends at the end of the month in which your term ends.

## Dependents

Some plan benefits offer coverage for your dependents. Eligible dependents include:

- Your spouse or registered domestic partner (over age 62)
- Your children, up to age 26 (see SPD or contracts for additional information)
- Your disabled children of any age (see SPD or contracts for further information)

## Open Enrollment October 31 – November 14, 2024

Now is your opportunity to make changes to your benefit elections without the requirement of a qualifying event. Please read carefully through this Benefit Guide prior to enrollment.

All benefit changes will become effective January 1, 2025. Please make your 2025 benefits selection no later than November 14, 2024. Requests received after this date will not be processed until next year's open enrollment unless you have a qualifying event. Premiums are deducted for the current month. You will see the first 2025 rate change in your January 3, 2025 paycheck.

**Benefit changes must be made during Open Enrollment unless a Qualifying Life Event occurs and you provide timely notification to City of Kent – Human Resources.**

**Open Enrollment elections and changes have to be submitted online through Workday starting October 31, 2024 and no later than November 14, 2024.**

**If you do not make changes during open enrollment**, your current program elections, excluding the Health and Dependent Care FSA, will automatically continue for the 2025 plan year. Please note that you must re-enroll each year in the FSA plans. Insurance Rates, plan documents are available online on City Space/Human Resources/ Benefits/ Open Enrollment and on the City's website at kentwa.gov/departments/human-resources.

**Beneficiary Designations Record Keepers**

- 457(b) and IRA plans beneficiaries are maintained by MissionSquare Retirement. Log in to your account to assign or update your beneficiaries at missionsq.org
- PERS, JPERS, PSERS, LEOFF plans beneficiaries are maintained by DRS. Access your account online to assign or update your beneficiaries at drsmemberaccess.drs.wa.gov/.

# Premera & Kaiser MEDICAL BENEFITS

We understand the importance of good health as the foundation for a productive life at home and at work. That is why we offer medical plan choices through Premera and Kaiser Permanente (HMO). To help you decide which plan is best for you and your family, a description of each plan option and summaries of the medical plans are provided in the guide. Medical plans are bundled with Dental and Vision.

## PPO Options

With the choice of PPO options through Premera Blue Cross, you are able to select the plan that best fits you and your family's health care needs. Your benefits will be based on the amount that is considered allowable, and you are responsible for any amount above the allowed charges. Out-of-network providers may also ask you to file your own claims.

Once you reach the annual out-of-pocket maximum in qualified out-of-pocket expenses, the plan will pay 100% of those expenses for the remainder of the plan year. This limit does not include all out-of-pocket expenses such as charges that exceed the plan's usual and customary limits..

### Preventive Care

Your Premera plan covers many in-network preventive screenings and immunizations, so take advantage of these benefits to prevent illness and disease. Check your benefits online at premera.com to see what is covered. You can also go to premera.com/immunizations to get up to date immunization recommendations.

## HMO Options

As a City of Kent council member, you may also select the HMO option through Kaiser Permanente. Under an HMO, you are responsible for copayments for office visits and other medical services. Services provided by out-of-network providers are not covered except in an emergency.

City of Kent's HMO generally requires the designation of a Primary Care Physician to coordinate your care. You have the right to designate any Primary Care Physician who participates in our network and who is available to accept you or your family members. For information on how to select a Primary Care Physician, and for a list of participating Primary Care Physicians, contact the HMO at the number listed at the end of the Guide.

For children, you may designate a pediatrician as the Primary Care Physician. You do not need prior authorization from a City of Kent HMO or from any other person (including a Primary Care Physician) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the HMO at the number listed at the end of the Guide.

Please note that this guide is a summary of benefits. Please refer to your summary plan description (SPD) or contracts for a complete description of the benefit provisions. In the event of a discrepancy between this guide and the SPD and contracts, the SPD and contracts will govern the plan..

# Medical Benefits

## Which Medical Plan is Best for You?

When trying to decide which Medical plan will work best for you and your family, be sure to:

- **Shop around.** Talk with others. Work with someone you trust—just like you would when planning other major purchases. It pays to become a more engaged health care consumer.
- **Be selective.** Use the appropriate network facilities whenever possible. ER visits for non-critical situations such as sinus infections, colds and headaches are very costly. Make use of the Doctor on Demand, 98point6, and Premera's 24-hour nurse line (1-800-841-8343), or local urgent care facilities before going to the emergency room.
- **Remember your preventive care benefits.** Staying healthy includes getting a regular physical or check- up. Doctors can provide treatment or suggest lifestyle changes that can help you avoid future conditions that will be more costly to you— both physically and financially.
- **Talk to your doctor.** Always ask about less-costly generic or over-the-counter prescriptions. It is up to you to talk to your doctor about which prescriptions would work best for you.

### Copayment vs. Coinsurance–What's the Difference?

**A copayment (or copay)** is a fixed-dollar amount that you pay each time for certain services (e.g., doctor's visits and prescription medications).

**Coinsurance** is a percent of the cost of your care that you are responsible for paying (e.g., if the eligible cost of a doctor's visit is $100, 20% coinsurance would equal $20 and your health plan would pay $80).

**Avoid Extra Costs.** Make sure your health care provider requests prior authorization before you have a planned medical service.

## Quality Specialty Care

As a Premera member, you have access to specialty care centers across the country which have been recognized for quality care and positive results. Blue Cross Blue Shield Association evaluates thousands of hospitals and surgical centers around the country. Facilities that provide the highest expertise and best outcomes are designated as a Blue Distinction or Blue Distinction Plus center. A Blue Distinction center is a healthcare facility with providers who are recognized for their expertise in delivering specialty care. A Blue Distinction Plus center is not only recognized for their expertise, but also for providing the greatest value. These centers of excellence provide specialty care in the following fields:

- Cancer care
- Cardiac care
- Knee and hip replacement
- Maternity care
- Spine surgery
- Transplants

### Finding a Facility

1. Go to premera.com
2. Under 'Find Care', click 'Find a Doctor'
3. If you already have a username and password, click 'Sign in to search your providers.' If you do not have a username and password, click 'Browse all doctors and specialists'
4. At the top right, enter your City, State or Zip and select the correct location. If searching as a visitor, select the 'Heritage' for network also
5. Under "Browse by Category" select, 'Urgent Care & Other Facilities' and then select 'Hospitals'
6. A list of in-network facilities along with contact information will appear
7. To narrow your search by specialty treatments, select a Blue Distinction Program from the 'Blue Quality Programs' filter at the top right
8. A list of facilities will appear with the Blue Distinction or Blue Distinction Plus designation

**Empowered decision-making starts with informed decision-making. For more information regarding specialty care, visit premera.com or call the number listed on the back of your ID card.**

# Medical Plan Summaries

| In Network Medical Plan Features | Premera 80/20 Plan | Kaiser Permanente (HMO) | Premera $15 Copay Plan CLOSED (Available only to council members currently enrolled in this plan) |
|---|---|---|---|
| **Annual Deductible** | $200 Individual**<br>$600 Family** | $0 Individual<br>$0 Family | $0 Individual<br>$0 Family |
| **Annual Out-of-Pocket Limit** (including deductible) | $1,200 Individual**<br>$3,600 Family** | $2,000 Individual<br>$4,000 Family | $6,350 Individual**<br>$12,700 Family** |
| **Coinsurance** | Network: 20% | Network: 0% | Network: 0% |
| **Physician Office Visit** | First 6 Visits: $20 copay; Additional visits: $200 deductible, then 20% | $10 Copay | $15 copay |
| **Preventive Services** Routine Physicals, Immunizations, Colonoscopy, Mammograms, Lab & X-Ray | No charge; Deductible waived; unlimited annual maximum | No charge; unlimited annual maximum | No charge; unlimited annual maximum |
| **Diagnostic X-Ray & Lab Tests** | Preventive: Covered in full<br>Non-Preventive: 20% after Deductible | Covered in full | 0% |
| **Hospital Care** | Deductible then 20% | No Charge | 0% |
| **Emergency Room** (copay waived if admitted) | $75 copay<br>then Deductible + 20% | $75 copay | $50 copay then 0% |
| **Mental Health Benefits**<br>Inpatient Care<br>Outpatient Care - Professional Office visit | Deductible then 20%<br>First 6 Visits: $20 copay<br>Additional visits:<br>$200 deductible, then 20% | Covered in Full<br>$10 copay | 0%<br>$15 copay |
| **Acupuncture** | Waive deductible then 20%<br>(10 visits PCY) | $10 copay (8 visits PCY) | 20%<br>(10 visits PCY) |
| **Chiropractic Care** | Waive deductible then 20%<br>(20 visits PCY) | $10 copay<br>(10 visits PCY) | 20%<br>(20 visits PCY) |
| **Chemical Dependency**<br>Hospital Based Outpatient | Deductible then 20%<br>First 6 Visits: $20 copay<br>Additional visits:<br>$200 deductible, then 20% | Covered in full<br>$10 copay | 0%<br>$15 copay |
| **Allergy Injections** | Deductible then 20% | $10 copay | Covered in Full |
| **Hearing Exam** | 1 exam per year | $10 copay (1 visit every 12 months) | 1 exam per year |
| **Home Health Care** | Waive deductible then 20%<br>(130 visits PCY) | Covered in full.<br>No limit PCY | 20%<br>(130 visits PCY) |
| **Medical Supplies, Equipment, Prosthetics** | Waive deductible then 20% | 20% | 20% |
| **Rehabilitation Therapy**<br>Inpatient<br><br>Outpatient | Deductible then 0%<br>(30 days PCY)<br>Deductible then 0%<br>(45 visits PCY) | Covered in full<br>(60 days PCY)<br>$10 copay<br>(60 visits PCY) | 20%<br>(30 days PCY)<br>20%<br>(45 visits PCY) |
| **Behavioral Telehealth** | Talkspace &<br>Doctor on Demand | Not covered | Talkspace &<br>Doctor on Demand |
| **Virtual Care**<br>98point6 and Doctor on Demand | Deductible then 0% | Kaiser Permanente***<br>E-visit: $10 copay<br>Care Chat: Free | $15 copay |

**Embedded family deductible and out-of-pocket maximum.

***Kaiser Permanente (HMO) plan members do not have access to 98point6 or Doctor on Demand

# **Teladoc** (formerly Livongo)

## Diabetes Management Plus Program for Premera Plan Participants

Teladoc (formerly Livongo) is a comprehensive and personalized program to help you manage your diabetes and reach your health goals. This offering through Teladoc in partnership with Premera takes away the daily stress and hassle of managing chronic diabetes. It's diabetes management, simplified.

When you sign up, you'll receive simple, advanced cellular-enabled blood glucose meter, 100% paid by your health plan. The meter makes it easy to see health data and analytics based on your current readings – no WiFi or Bluetooth connectivity is needed!

### Through this program, you'll also have access to:

- Personalized tips with each glucose check
- Real-time support when you're out of range, within three minutes of reporting
- Strip re-ordering, right from your smart meter
- Optional family alerts to keep everyone in the loop
- Health summary reports that can be sent directly from your meter
- Automatic uploads – no more paper logbooks!

You'll also receive unlimited strips and lancets at no additional cost! Based on your testing patterns, the cellular-enabled meter knows when you're down to a 20 day supply and you'll be prompted to re-order. Please note, Premera members age 13+ are eligible for the Teladoc Diabetes Management Plus program..

To get started, text "GO PBCDMWA" to 85420 or visit TeladocHealth.com/Register/PBCDMWA.

# KINWELL CLINICS

A new kind of primary care for Premera members. Premera members in Washington state now have access to a new standard of primary care at Kinwell clinics. With Kinwell you get more time, less complexity, more comfort, and a better relationship with the care team you and your family trust with your health.

## Kinwell clinics are currently available in:

- Spokane (North Country Homes)
- Spokane Valley
- Spokane (6th & Washington)
- Yakima
- Wenatchee
- Pasco
- Renton
- Lynnwood
- Denny Way
- Poulsbo
- Mill Creek
- Olympia
- Westlake
- Ballard
- Bellingham
- Redmond
- Federal Way

## Care at lower cost

If you're enrolled in the Premera 80/20 plan or Premera $15 Copay plan, you pay $0 out of pocket when you seek care at a Kinwell Clinic.

Kinwell is an in-network provider, so preventive services are covered in full on both medical plans.

## Schedule an appointment today!

For a list of Kinwell clinic locations in Washington, and to schedule a virtual or in-person appointment online, visit kinwellhealth.com.

PREMERA

# Manage Your Care and Your Account

## Log in at premera.com or your Premera Mobile to:

- Track your care and your spending, including your deductible
- Find in-network doctors, hospitals, and pharmacies
- Refill prescriptions and get dose reminders
- Find the forms you need
- Learn more about your benefits
- Sign up for paperless Explanations of Benefits (EOB)

## 24-Hour NurseLine 1-800-841-8343

Help is a phone call away. Whether it's pain, an injury, or a fever that won't go down, call the 24 - Hour NurseLine. A registered nurse will help you decide how to treat your symptoms - 24 hours a day, 7 days a week, 365 days a year.

- Your call is answered quickly.
- The nurse asks you questions and helps you decide what to do.
- The nurse stays on the line as long as it takes to decide.
- Your call is free and confidential.

## Case Management

Integrated Case Management is a free, voluntary service offered by Premera, available when you need extensive support and services because of a complex medical condition, a recent surgery or admission to a hospital. A case manager works with you to identify resources and plan for support to promote recovery and healing, and to reduce the need for hospital readmission. A case manager can:

- Develop care plans that support your unique situation and promote the care recommended by your doctor
- Locate additional health resources in your community
- Encourage, guide and support you and your family while you navigate the health care system

To request help from a case manager, contact Premera at 1-888-742-1479 or case.management@premera.com.

## Sign up for paperless EOBs

You can get your EOBs quicker by going paperless. Your health plan will send you an email each time a new EOB is available for you to view securely online. To sign up now:

**Premera Members:**

1. Log in at premera.com
2. Under My Account, select 'Account Settings' to turn on Paperless EOBs

## 98point6

A new kind of primary care. Through the ease of a mobile app, 98point6 delivers immediate, text-based primary care from wherever you are, on your schedule. Health care at your fingertips, at any time! To learn more, visit 98point6.com/premera.

## Doctor on Demand

With Doctor on Demand you can access doctors at any time via video chat. Services include general health and behavioral health. To learn more, visit doctorondemand.com/premera.

## Talkspace

A national network of approximately 4,000 behavioral health providers available through live video appointments or texting with in-app scheduling – anytime, anywhere. Visit talkspace.com/premera to get started!

# Premera & Kaiser PRESCRIPTION BENEFITS

Premera prescription drug coverage, through Express Scripts, is an important part of your benefits package. Using a participating pharmacy will save you money – if you use a nonparticipating pharmacy, you may pay more than the allowed charges.

The mail order option allows you to buy qualified prescriptions in larger 90-day quantities for less than you would pay at the pharmacy. Mail order is convenient because it saves you trips to the pharmacy since the prescriptions are delivered right to your door.

If you use a non-participating pharmacy, please be aware that you will be reimbursed up to the allowed amount.

**Did You Know...**

If you choose a generic equivalent drug instead of the brand-name drug, you'll save money. Generic drugs are just as safe as brand-name, but they cost about 40% less.

| | Premera 80/20 Plan | Kaiser Permanente (HMO) | Premera $15 Copay Plan CLOSED (Available only to council members currently enrolled in this plan) |
|---|---|---|---|
| **Prescription Drugs** | | | |
| Generic | $5 copay | $10 copay | $5 copay |
| Preferred | $20 copay | $10 copay | $10 copay |
| Non- Preferred | $40 copay | Not covered | $20 copay |
| **Mail-Order Prescription Drugs** | 90-day supply | 90-day supply | 90-day supply |
| Generic | $10 copay | $30 copay | $5 copay |
| Preferred | $40 copay | $30 copay | $10 copay |
| Non- Preferred | $80 copay | Not covered | $20 copay |
| **Specialty Prescription Drugs** | 30-day supply | 30-day supply | 30-day supply |
| Order from Specialty Pharmacy | $5/$20/$40 copay | $10 copay | $5/$10/$20 copay |

# Prescription Benefits

## Mail Order Pharmacy

The mail-order option allows you to purchase qualified prescriptions in 90-day quantities for less than you would pay at the pharmacy. Ordering medications by mail offers convenience of home delivery while maximizing your ability to choose the most cost-effective medication.

To obtain medicines via mail order, you will need your provider to write a special prescription that authorizes a 90-day supply of your prescriptions with three refills. Prescription envelopes for mail-order prescriptions can be downloaded from premera.com. Once established, your prescription can be ordered over the phone, through the web, by mail or fax.

For more information, visit premera.com and click on "Pharmacy/ About Pharmacy."

## Manage your Premera prescriptions

To manage your prescriptions online, visit premera.com/wa/provider/pharmacy/pharmacy-services/mail-order-prescriptions/

- Find drug costs and copays
- Review benefits and drug history
- Get detailed drug information
- Refill prescriptions online, or call 1-800-391-9701

## Find a Premera Blue Cross Provider

1. Go to premera.com
2. Under 'Find Care', click 'Find a Doctor'
3. If you already have a username and password, click 'Sign in to search your providers.' If you do not have a username and password, click 'Browse all doctors and specialists'
4. At the top right, enter your City, State or Zip and select the correct location. If searching as a visitor, select the 'Heritage' for Network also
5. You can browse by category, names, or specialties
6. Once you click enter, a list of in-network providers along with contact information will appear
7. Any provider directory can be viewed online, a PDF version generated, or forwarded to your email. At the bottom of the results, select 'Share' to send to email and 'Download' to download a PDF copy.

## Right Price Discount Card Program

This program maximizes prescription savings through the embedded discount card program. At the time of refill, the pharmacy will apply all available discounts or coupons available for that particular medication.

This behind-the-scenes process ensures that you get the best price for your prescriptions!

Any out of pocket costs from you, will be applied to your deductible and/or out-of-pocket maximum. You no longer need to shop for the best price for your medications--it's now all integrated, and you always get the best cost available.

# Delta Dental of WA
# DENTAL BENEFITS

We are offering you a dental plan through Delta Dental. The dental plan is bundled with the medical and vision plans. You may seek services through a provider in the Delta Dental network, or from any other licensed dental provider. A list of dental providers can be found at deltadentalwa.com. You will be responsible for any charges that exceed the plan's usual and customary limits when services are received from a non-network provider.

**Please note:** Before beginning extensive dental work, it is strongly recommended that you have your dentist obtain a pre-treatment estimate from the insurance company. A pretreatment estimate ensures that you are aware of expected out of pocket costs before beginning treatment.

| | Dental Plan Features |
|---|---|
| **Annual Deductible** | Preventive - Waived<br>$50/Individual<br>$150/Family |
| **Diagnostic and Preventive** | 100% |
| **Restorative** | 80% |
| **Major** | 80% |
| **Annual Maximum** | $2,000 |
| **Annual Maximum**<br>per child to age 19 | Unlimited |
| **Orthodontia (Adults & Children)**<br>Lifetime Maximum per person | 50%<br>$1,800 |
| **Medically Necessary Orthodontia**<br>Children up to age 19 | Unlimited |

# VSP VISION BENEFITS

Your voluntary vision program through VSP includes benefits for routine eye exams and vision hardware. Routine eye exams not only help you see better, but can also detect a number of other serious health conditions. If you visit an out- of-network provider, you may be required to pay your provider up front and submit a claim requesting reimbursement from VSP. VSP does not issue ID cards; your social security number is considered your member ID number.

**Out-of-network providers:** you may be required to pay your provider up front and submit a claim form for reimbursement from VSP.

| Vision Plan Features | VSP | |
|---|---|---|
| | VSP Provider | Out-of-Network Provider |
| **Annual Exam** (Every calendar year) | $0 copay | Up to $45 plan allowance |
| **Prescription Glasses** | $25 copay | N/A |
| **Frames** (Every other calendar year) | 100% after $25 copay; frames covered up to $150 | Frames: Up to $45 |
| **Prescription Lenses** (Every calendar year) | 100% after $25 copay | Single vision - Up to $42<br>Bifocal – Up to $72<br>Trifocal – Up to $82 |
| **Contact Lenses** instead of glasses (Every calendar year) | Limited to $200 for contacts and contact lens exam (fitting and evaluation)<br>15% off exam and fitting | Limited to $125 |
| **Diabetic Eye Care Plus Program** (As needed) | $20 copay | N/A |

**To find a VSP doctor or retail chain affiliate, visit vsp.com or call 1-800-877-7195**

# 2025 Cost of Coverage
## Council Members

| Medical/ Dental/ Vision | Total Plan Cost Per Month | City of Kent Monthly Cost | Council Member Monthly Cost | Council Member Cost Per Pay Period (24 pay periods) |
|---|---|---|---|---|
| **Premera – 80/20** | | | | |
| Council Member | $838.00 | $788.00 | $50.00 | $25.00 |
| Council Member + Spouse | $1,708.00 | $788.00 | $920.00 | $460.00 |
| Council Member + Child(ren) | $1,614.00 | $788.00 | $826.00 | $413.00 |
| Council Member + Family | $2,471.00 | $788.00 | $1,683.00 | $841.50 |
| **Kaiser Permanente (HMO)** | | | | |
| Council Member Only | $1,020.64 | $959.64 | $61.00 | $30.50 |
| Council Member + Spouse | $2,080.88 | $959.88 | $1,121.00 | $560.50 |
| Council Member + Child(ren) | $1,966.26 | $959.26 | $1,007.00 | $503..50 |
| Council Member + Family | $3,009.95 | $959.95 | $2,050.00 | $1,025.00 |
| **Premera $15 Copay - Plan Closed** | Available only to Council Members currently enrolled in the plan. | | | |
| Council Member Only | $947.00 | $890.00 | $57.00 | $28.50 |
| Council Member + Spouse | $1,925.00 | $890.00 | $1,035.00 | $517.50 |
| Council Member + Child(ren) | $1,818.00 | $890.00 | $928.00 | $464.00 |
| Council Member + Family | $2,782.00 | $890.00 | $1,892.00 | $946.00 |

# 2025 Plan Maximums

| Plan | Maximum* |
|---|---|
| **Flexible Spending Accounts** | |
| Health Care Flexible Spending Account | $3,300 per plan year |
| Dependent Care Flexible Spending Account | $5,000 per plan year ($2,500 if married filing separately) |
| **Retirement Plans** | |
| 457 Plan (Pre tax and/or Roth) | $23,000 |
| 457(b) Catch up (age 50 or older) | $7,500 |
| 457(b) Special Catch up (3 years prior to normal retirement age) | Twice the annual limit or the basic annual limit plus the amount of basic limit not used in prior years |
| Roth IRA | $7,000 |
| Roth IRA Catch up (age 50 or older) | $1,000 |

*IRS announces maximums later in the year. Please confirm with irs.gov or consult with a tax advisor.

## Domestic Partner Premiums

If your domestic partner is not a dependent under IRS regulations, deductions for his or her coverage are taken after taxes and the amount the City of Kent contributes is imputed income to you.

# SupportLinc
# EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through SupportLinc can help you with things like:

- Stress
- Marital and Family Issues
- Depression and Anxiety
- Problems with Substance Abuse
- Problems with Gambling
- Relationship Issues
- Balancing Work and Home
- Legal Issues
- Parenting Questions
- Financial Counseling
- Dependent Care Resources

Help is available 24/7, 365 days a year by telephone at (888) 881-5462. Other resources are available online on our company web portal at cityofkent.mysupportportal.com.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 6 visits per incident. Additional benefits are available through your medical plan. Review your medical benefit summary for more information.

| | |
|---|---|
| **Legal Services** | You can speak with an attorney for up to 30 minutes at no charge. Should you decide to retain the attorney, you will receive a 25% discount off the attorney's standard hourly fees (work-related issues are not covered). |
| **Home Ownership Consultation** | Save thousands if you are buying, selling, refinancing, or remodeling a home. |
| **Financial Services** | You can speak with a financial professional by phone for up to 60 minutes at no charge. Issues may include debt management, credit card education/consultation, and budgeting advice (investment advice is not provided). |
| **Childcare And Eldercare Consultation** | You will be connected with a childcare or eldercare specialist who can assist in arranging care or resources for your child or older parent regardless of their location in the U.S. |

**SupportLinc Contact Information:**
cityofkent.mysupportportal.com | (888) 881-5462

# RETIREMENT PLANS

## 457(b): MissionSquare Retirement

The City of Kent's deferred compensation plan is intended to help you save for you and your family's future. Contribution changes can be made through Workday any time during the year.

### 2025 contribution limits:

| Retirement Plans | Maximums* |
|---|---|
| **457 Plan** (Pre-tax and/or Roth) | $23,000 |
| **457(b) Catch up** (age 50 or older) | $7,500 |
| **457(b) Special Catch up** (3 years prior to normal retirement age) | Twice the annual limit or the basic annual limit plus the amount of basic limit not used in prior years |
| **Roth IRA** | $7,000 |
| **Roth IRA Catch up** (age 50 or older) | $1,000 |

* IRS announces maximums later in the year. Please confirm with irs.gov or consult with a tax advisor.

### Beneficiary Designation

457(b) and IRA beneficiaries are maintained by MissionSquare Retirement. Access your account to assign or update beneficiaries at missionsq.org.

## Washington State Department of Retirement Systems

City of Kent participates in the Washington State Department of Retirement Systems program. Participation for council members is optional and can be elected at any time during your term. If you enter membership after your current term of office has begun, membership will be retroactive to the first day of your term. You will be required to pay employee contributions plus interest, back to the first day of your term.

- Public Employees' Retirement System (PERS)

**For more details, visit drs.wa.gov/ or contact Human Resources.**

**Beneficiary Designation**

PERS, JPERS, PSERS, LEOFF beneficiaries are maintained by DRS. Access your account to assign or update beneficiaries at drsmemberaccess.drs.wa.gov.

# Navia Benefit Solutions
# Flexible Spending Accounts

This account, which is subject to IRS regulations, allows you to save money by setting money aside pre-tax to pay for approved expenses.

Enrollment occurs before the beginning of each plan year, or for new council members, during your initial enrollment period. You must enroll each year in order to participate in the Health Care and Dependent Care Reimbursement Accounts. The amount you elect will be taken from your paycheck in equal amounts throughout the plan year. Once you incur expenses, you can request reimbursement from your account with tax-free dollars or use your Healthcare card (Medical FSA only) to pay for eligible expenses. All new enrollees will receive a debit card that can be used for eligible expenses for 2025.

## Health Care FSA

This plan allows you to pay for eligible out-of-pocket expenses with pre-tax dollars. Eligible expenses include plan deductibles, copays, coinsurance and other non- covered medical, dental and vision health care expenses, including over the counter drugs that have been prescribed by your doctor, for you and your dependents. Refer to naviabenefits.com for a complete list.

**Healthcare Flexible Spending Account Maximum $3,300***

*IRS announces maximums later in the year. Please confirm with irs.gov or consult with a tax advisor.

### Important! Don't forfeit your money!

Save Your Receipts! Because of the special tax status of your FSA contribution, IRS regulations will often require you to submit the receipt for your purchase to the plan administrator after the purchase as proof of the eligibility of the expense.

FSA participants are permitted to carryover up to $660 into 2026. The previous year's carryover amount does not count towards the maximum contribution for the upcoming plan year. Participants will be notified by Navia when the carryovers are completed, usually by the end of January.

FSA contributions not used for expenses incurred between January 1 and December 31 that exceed the carryover maximum will be forfeited. Claims must be submitted by March 31.

## Dependent Care FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include day care centers, in-home child care and before or after school care for your dependent children under age 13 (other individuals may qualify if they are incapable of self-care and are considered your tax dependent).

**Dependent Care Flexible Spending Account Maximum**

- $5,000 (married, filing jointly);
- $2,500 (married, filing separately)

**Please note:** All caregivers must have a tax ID or Social Security Number. This information must be included on your federal tax return. If you use the Dependent Care Reimbursement Account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your professional tax advisor to determine whether you should enroll in this plan.

Any amounts remaining in the FSA that are not used for eligible expenses incurred during the current calendar year will be forfeited per IRS regulations. **You have until March 31st of the following year to request reimbursement for expenses incurred in the previous year.** 2024 bills received after January 1, 2025, should be paid with out-of-pocket money and a claim should be submitted for reimbursement. Once an FSA is elected, you must re-enroll for this benefit each year if you want to continue to utilize this benefit.

### What happens to my FSA if I leave City of Kent?

If your term ends and you participate in the FSA Dependent Care Account, your last contribution will be from your final paycheck, but you will be able to submit claims for the remainder of the Plan year to close out your account balance. The last contribution for participants in the FSA Health Care Account will be from your final paycheck. You then have until March 31 of the following year to submit claims that were incurred prior to your employment separation date.

Be sure to estimate your expenses carefully because you'll forfeit any unused funds at the end of the plan year. Keep in mind, money can't be transferred between accounts for reimbursement. Plus, you must re-enroll in any FSAs each year during the open enrollment period. An FSA is strictly governed by IRS regulations. For more details and a list of eligible expenses, you can refer to IRS Publications 502 and 503 available at irs.gov or call 1-800-TAX-FORM. Visit naviabenefits.com to access information regarding your claims status, available balance, eligible expenses and more.

# Additional Benefits

## Tickets at Work

Tickets at Work is a leading Corporate Entertainment Benefits provider, offering exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more.

Register at ticketsatwork.com using your work email address.

## HomeStreet Bank Affinity Program

The City of Kent is pleased to offer an exclusive benefit for all employees and their immediate family members. We have teamed up with HomeStreet Bank, a Northwest-based bank and one of the largest community banks headquartered in Washington State to offer the Affinity Program.

### Affinity Program Highlights Include:

- Financial Wellness Education
- Significant savings on mortgage loan closing costs
- Homeownership Seminars
- Special Home Loan Programs Including Down Payment Assistance
- Discounts on Real Estate Commissions
- Free checking that includes unlimited ATM refunds with minimum $500 per month direct deposit
- .25% rate reduction on consumer loans and lines of credit excluding Holiday Loan Programs, Home Equity Loans and Home Equity Lines of Credit

For more information, visit homestreet.com/affinity-group-pages/city-of-kent

## Alliant Benefit Advocates

Should you have a benefit or claims question, please contact the Alliant Benefit Advocates. Benefit Advocates are available to provide confidential assistance to you and your covered family members Monday through Friday, 5:00am to 5:00pm PT. They will:

- Assist you in understanding your benefits
- Contact the insurance carriers on your behalf to obtain info
- Assist in resolving claims problems
- Assist with claims appeals, if necessary

Contact the Benefit Advocates by calling 800-489-1390 or emailing BenefitSupport@alliant.com.

## Washington Paid Family and Medical Leave

As a Washington worker, you may be able to use Paid Family and Medical Leave benefits to care for yourself or your family. Benefits will generally allow up to 12 weeks of paid leave for:

- Bonding after the birth or placement of a child
- Your serious health condition
- A serious health condition of a qualifying family member
- Certain activities related to a family member's military duty

This statewide insurance program is funded by premiums paid by workers and employers through payroll withholding.

To receive benefits under the Paid Family and Medical Leave program, you must have worked a total of at least 820 hours for any Washington employers during the previous 12 months. Benefits will provide a percentage of your gross wages—up to a maximum of $1,542 per week in 2025—while you are on approved leave.

To learn more about the program, including additional eligibility criteria, benefits information, and application instructions, visit paidleave.wa.gov/workers

# Frequently Asked Questions

**Here are some answers to commonly asked questions that may help you better understand how your benefits work.**

**What is an annual Open Enrollment period?**
It's the time of year when you may add, drop or change your level of coverage for certain pretax benefit options. Open Enrollment occurs annually.

**What if I miss the deadline to enroll in City of Kent's benefits?**
If you don't make your benefit elections during the Open Enrollment period, you won't be able to enroll until the next Open Enrollment period unless you have a Qualified Life Event.

**What is the out-of-pocket maximum?**
The amount each member could pay each calendar year toward the calendar year deductible and coinsurance for certain services under the Medical plan. This total is the "out-of-pocket" maximum. Once this maximum has been satisfied, the benefits of the plan that are subject to the out-of-pocket maximum will be provided at 100% of allowable charges for the remainder of that calendar year. All copayments count toward the out-of-pocket maximum.

**What is a deductible?**
The amount you pay toward medical and dental expenses each calendar year before the plan begins paying benefits. Remember, some services are not subject to the calendar year deductible.

**How do I know if my provider is in the network?**
Check the website or call the provider directly.

**What is a copayment (copay)?**
It is a flat fee you pay for medical services, regardless of the actual charges by your doctor or another provider. This generally applies to physicians' office visits and prescription drugs.

**How do I obtain detailed information about the plans offered by City of Kent?**
Refer to your Summary Plan Description available on City Space under Benefits.

**How can I receive additional or replacement ID cards?**
Call the benefit providers directly. You can also enroll into provider sites to request cards.

**What if I get married, legally separated, divorced, or have a new child in my family during the plan year?**
You must notify the HR department within 30 days of any Qualifying Life Event. Otherwise, you will have to wait until the next enrollment period to change your benefit options or coverage levels. You will also be required to show official documentation as proof of the change such as a marriage license, birth certificate, or court papers.

**If my term ends, when will my benefits coverage end?**
All coverage ends the last day of the month in which your term ends. However, you may elect COBRA to extend your Medical, Dental, Vision, and Health FSA benefits. After your term ends, you will be sent COBRA information. You have 60 days to make the election. If you prefer, you can also shop for health care at healthcare.gov, via the state's marketplace wahbexchange.org/, or on GetInsured —an easy-to-use comparison shopping website for healthcare products and services (visit getinsured.com for more information).

**How long does COBRA last?**
COBRA is only a temporary continuation of coverage. It can last from 18 to 36 months depending on why you lost benefits coverage.

**Where can I obtain affordable health care coverage?**
You have several options:

- Information about the plan options being offered through City of Kent is available on City Space/Human Resources/ Benefits.
- Everyone is free to shop the online exchange to compare medical plan options and costs. Depending on several factors, such as your income, family size and coverage available through City of Kent, you may even be eligible for a tax credit. Find out more at wahealthplanfinder.org.
- If you think you may qualify for Medicaid or Medicare, you should further investigate this option. Go to medicaid.gov or medicare.gov to learn more. You can also contact Alliant Medicare Solutions about Medicare plans and enrollment. Call to speak with a Licensed Insurance Agent (877) 203-2728.

# Frequently Asked Questions

**Here are some answers to commonly asked questions that may help you better understand how your benefits work.**

**Which of these options is the least expensive for me?**
The amount you pay depends upon the option you choose and your family's income.

1. The cost of medical coverage under City of Kent's plan options is available on City Space/Human Resources/Benefits/Open Enrollment.
2. If you decide to purchase coverage through the Health Insurance Exchange, you may qualify for subsidies to help pay for coverage. The availability of subsidies depends on several factors, including family size, income and the availability of coverage through City of Kent.
3. If you qualify for Medicare or Medicaid, part of the cost of your coverage would be subsidized by the government. Go to hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/eligibility to find out the rules for Medicaid eligibility.

**Do I have to wait until the City of Kent Open Enrollment period to enroll through the Health Insurance Exchange?**
You can choose to enroll for coverage through the Exchange during the Exchange's Open Enrollment period or if you have an eligible life event. You then must waive coverage with City of Kent during our Open Enrollment period.

**How do I enroll through the Health Insurance Exchange?**
You can complete an application online, by mail or in-person. Once this application is completed, you will be able to see all health plans available.

**How will I know if I qualify for lower premiums through the Exchange?**
Once your application is completed, you will find out if you qualify for lower premiums or coverage through Medicaid or CHIP (Children's Health Insurance Program).

**What kind of plans will the Health Insurance Exchange offer?**
In general, there will be three or four different levels of medical coverage to choose from — each with different levels of costs sharing. You can compare plans based on price, benefits and other features important to you.

**Are the plans offered through the Exchange fundamentally different than those offered by City of Kent?**
No. Insurance plans offered through the Exchange cover the same core set of benefits, also known as "essential health benefits." While plan design and cost structure may be different, they are fundamentally the same.

**Who administers the plans offered through the Exchange?**
Private companies offer and administer these plans.

**I have a chronic illness, will I have trouble getting coverage through the Exchange?**
No plan can turn you away or charge you more because you have an illness or health condition. They must cover treatments for these conditions. Eliminating discrimination because of preexisting conditions was a fundamental aspect of health care reform.

**Can I save money on my health insurance premiums in the Exchange?**
Some people will qualify to save money and lower their monthly premium, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain minimum standards. City of Kent benefits meet the minimum value standard, which means that the plan's share of the total allowed covered benefit costs is no less than 60 percent of such costs. A City of Kent council member would generally not save money on premiums in the Exchange.

**What happens if I purchase coverage through the Exchange rather than through City of Kent?**
If you purchase a health plan through the Exchange instead of accepting health coverage offered by the City of Kent you may lose the employer contribution to the City of Kent offered coverage. In addition, you would also lose your tax-free contributions for coverage. Payments for coverage through the Exchange are made on an after-tax basis.

**How can I find out more about the Health Insurance Exchange?**
The Exchange can help you evaluate your coverage options, including eligibility for coverage and cost. You can find out more by going to healthcare.gov or wahealthplanfinder.org.

# Special Notices

## Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## The Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided 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 was 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 deductibles and coinsurance applicable to other medical and surgical benefits provided under the City of Kent Group Health Plan. If you would like more information on WHCRA benefits, call City of Kent at 253-856-5270.

## COBRA Benefits

In the event you lose your current health coverage you may be eligible to receive insurance through COBRA. COBRA is a federal law that allows you and your eligible dependents to continue your health benefits in the event you lose your coverage for any of the following reasons:

- Termination or a reduction in hours (18 months of continuation available)
- Disability (29 months of continuation available)
- Council member death or divorce (36 months of continuation available)
- Council member's Medicare entitlement after COBRA is elected (36 months of continuation available)
- Dependent child loses dependent status (36 months of continuation available)

You are responsible for all premiums.

## HIPAA Special Enrollment Notice

**Notice of Special Enrollment Rights for Medical Plan Coverage**

If you decline enrollment in a City of Kent medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a City of Kent health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day time frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your qualifying event. In addition, you may enroll in City of Kent's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

# Special Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't 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 healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in the State listed below, contact your State 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

**If you live in Washington, you may be eligible for assistance paying your employer health plan premiums. The following information is current as of July 31, 2024. Contact your State for more information on eligibility.**

### WASHINGTON - Medicaid

**Website:** hca.wa.gov/

**Phone:** 1-800-562-3022

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**

**Employee Benefits Security Administration**
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**
**Centers for Medicare & Medicaid Services**
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

## Important Notice from City of Kent About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Kent and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. City of Kent has determined that the prescription drug coverage offered by the City of Kent is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

# Special Notices

**When Can You Join A Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your City of Kent coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under City of Kent is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your City of Kent prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with City of Kent and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage**…Please contact Human Resources for further information at 253-856-5270.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Kent changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage…**More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**For more information about Medicare prescription drug coverage:**
- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users: 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800- 772-1213 (TTY 1-800- 325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

| | |
|---|---|
| Date: | October 1, 2024 |
| Name of Entity/Sender: | City of Kent |
| Contact–Position/Office: | Laura Horea, Human Resources Manager |
| Address: | 400 West Gowe Street, Kent WA, 98032 |
| Phone Number: | 253-856-5270 |

# Important Contacts

| Coverage | Carrier | Plan name/Group # | Address | Contact/ Website |
|---|---|---|---|---|
| **Medical** | Premera Blue Cross | City of Kent, 1018212<br>Heritage Network | P.O. Box 91059<br>Seattle, WA 98111 | (800) 722 1471<br>premera.com |
| **Pharmacy Benefits Manager (Mail Order)** (Premera plans) | Express Scripts | City of Kent | | (800) 391 9701<br>express-scripts.com |
| **Medical** | Kaiser Permanente | City of Kent 036900 | P.O. Box 34585<br>Seattle, WA 98124-1585 | (888) 901 4636<br>kaiserpermanente.org |
| **Dental** | Delta Dental of Washington | City of Kent 00611 | P.O. Box 75983<br>Seattle, WA 98175 | (800) 554 1907<br>deltadentalwa.com |
| **Vision** | Vision Service Plan (VSP) | City of Kent 12229020 | 4380 SW Macadam Ave #310<br>Portland, OR 97239 | (800) 877 7195<br>vsp.com |
| **Health FSA, Dependent Care FSA** | Navia Benefit Solutions | Code: COK | P.O. Box 53250<br>Bellevue, WA 98015 | (800) 669 3539<br>naviabenefits.com |
| **PERS** | WA State Department of Retirement Systems (DRS) | PERS 5022 | PO Box 48380<br>Olympia, WA 98504-8380 | (800) 547 6657<br>drs.wa.gov |
| **457, Roth IRA** | MissionSquare Retirement | City of Kent<br>457–Plan # 301655<br>Roth IRA - Plan # 705115 | Workflow Management Team<br>PO Box 96220<br>Washington, DC 20090-6220 | (800) 669 7400<br>missionsq.org/ |
| **Employee Assistance Program** | SupportLinc | City of Kent<br>username: cityofkent | 314 W. Superior St., Suite 601<br>Chicago, IL 60654 | (888) 881-5462<br>cityofkent.mysupportportal.com |
| **Individual Medical Insurance** (public exchange) | Washington Health Plan Finder | | | (855) 923 4633<br>wahealthplanfinder.org |
| **Telemedicine** (Premera plans) | Talkspace<br>98point6<br>Doctor on Demand | City of Kent, 1018212<br>Heritage Network<br>kentwa | | (800) 722 1471<br>talkspace.com/premera<br>98point6.com/premera<br>doctorondemand.com/premera |
| **COBRA Administration** | Navia Benefit Solutions | City of Kent | P.O. Box 53250<br>Bellevue, WA 98015 | (877) 920-9675<br>cobra@naviabenefits.com<br>naviabenefits.com |
| **Employee Self Service** | Workday | City of Kent<br>Use network password | | myworkday.com/cityofkent/d/home.htmld |
| **Affinity Program** | HomeStreet Bank | City of Kent | | (206) 628-0207<br>homestreet.com/affinity-group-pages/city-of-kent |
| **Benefit Advocates** | Alliant Employee Benefits | City of Kent | | (800) 489-1390<br>BenefitSupport@alliant.com |

# Important Contacts

### City of Kent Human Resources / Benefits Contacts

For more information regarding City benefits please contact HR Benefits at 253-856-5270, hrbenefits@KentWA.gov, or visit the HR Benefits page online at cityspace/ES/Benefits/default.aspx and on the City's website at kentwa.gov/departments/human-resources/benefits/employee-benefits.

**Laura Horea**, Human Resources Manager
lhorea@KentWA.gov | 253-856-5290

**Kareena Hobson**, Sr. Human Resources Analyst
khobson@KentWA.gov | 253-856-5278

**Ana Maria Nemes,** Human Resources Analyst
anemes@kentwa.gov | 253-856-6289

**Keturah Melton,** Human Resources Analyst
kmelton@kentwa.gov | 253-856-5279

# Questions?

**Contact Human Resources Benefits**

**hrbenefits@KentWA.gov**

**253-856-5270**

KENT
WASHINGTON