

# Your Benefits News

## IMPORTANT NOTICE

City of Tacoma Employees and Family Members of Tacoma Police Union, Local 6,

Tacoma Police Union Local 6 recently completed contract and benefit negotiations with the City, which were approved by Tacoma City Council. This means there will be changes to your current benefit plans effective **January 1, 2022**. Please review this important notice to learn about these changes.

The beginning of January, a special webinar recording will be made available to Local 6 members to learn more about these benefit changes.

If you have questions, or need additional assistance, please contact the Human Resources Benefits Office at [benefits@cityoftacoma.org](mailto:benefits@cityoftacoma.org) or (253) 573-2345.



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City of  
Tacoma

2022

Special  
Edition

Tacoma Police  
Union Local #6

## Benefit Rates in 2022

Both the City and employees will pay more for some benefit plans in 2022.\* (If you met the 2021 Wellness Program incentive requirements, your employee premium for the health insurance will be reduced.)

**\*Note: Employee premium rates for the medical plans have not increased since January 2007.**

Benefit Plan	2021 City Plan Cost	2021 Premium (Individual/Family)	2022 City Plan Cost	2022 Premium (Individual/Family)
<b>Medical Plans</b>				
Regence PPO	\$1,713.36	\$40/\$80	\$1,797.78	\$50/\$100
Regence High-Deductible	\$1,101.84	\$40/\$80	\$1,156.13	\$50/\$100
Kaiser Permanente HMO	\$1,411.70	\$40/\$80	\$1,445.67	\$50/\$100
<b>Dental Plans</b>				
Delta Dental of Washington	\$115.57	\$0/\$0	\$124.72	\$0/\$0
Willamette Dental	\$148.50	\$0/\$0	\$148.50	\$0/\$0
<b>Vision Plans</b>				
Vision Service Plan (VSP)	\$12.42	\$0/\$0	\$13.04	\$0/\$0
Kaiser Permanente	Included in the HMO Medical Plan		Included in the HMO Medical Plan	

# Benefit Changes for 2022

## Medical Plan Changes

There are several changes taking place with the Regence BlueShield medical plans offered by the City for 2022, which are highlighted in the following pages. You can visit the Benefits webpage under **Plan Information** to review the summaries for Regence BlueShield (PPO and High-Deductible Health Plans) and Kaiser Permanente (HMO Health Plan). New plan booklets will be available in the first quarter of 2022.

## New Family Planning & Reproductive Health Care Benefits

Several medically necessary medical and surgical services and FDA-approved contraceptive drugs/devices were mandated to be added to fully-insured medical plans by the State of Washington, which included our Kaiser Permanente HMO plan. As of January 1, 2022, these benefits will be added to the City's self-funded medical plans with Regence BlueShield:

- Contraceptive drug refills for a 12-month supply (no cost to the member)
- Addition of maternity coverage for dependent daughters
- Addition of sterilization and contraceptives for males covered at no member cost (deductible applies on HDHP plan)

## Enhanced Benefits to Protect Members from Claims Not Covered by the Health Plan

In order to provide protection to members from paying 100% of the cost for some medical services under the Regence health plans, there will be the addition of two benefit design enhancements:

Out-of-Network Benefit Option at a 50% Coverage Level - This change not only protects members from paying the full cost for medical services, but also allows members more choice of providers when determining where they choose to receive care. (See the chart on pg. 3)

Surprise Billing Protection from Out-of-Network Providers Performing Services at an In-Network Setting - This design change will protect members from those situations where they have chosen to utilize their medical services with In-Network providers and end up receiving care unknowingly from certain Out-of-Network providers (e.g. Radiologist, Emergency Room Physicians, Anesthesiologists, Pathologists, and Independent Laboratories) that are on-call working at that facility. With this change, those provider charges would be paid at the In-Network benefit level. This is in addition to the billing protections being put in place through the new federal No Surprises Act legislation for emergency care and non-emergency care from out-of-network providers at in-network facilities, and for air ambulance services when received by an out-of-network provider.

## Other Miscellaneous Regence Plan Changes for 2022

- Addition of **travel and lodging expense benefit for organ transplants**, up to \$7,500.
- Addition of a **pharmacy exclusion benefit** which will result in certain high cost drugs no longer being covered by the plan. These prescription drugs haven't been proven to be safer or more effective than lower-cost alternatives. Members impacted by this change will be mailed information directly from Regence BlueShield. (Exceptions will be available to members who cannot use a lower-cost alternative prescription.)
- Addition of the requirement for **Sleep Studies** to be conducted at home. This change encourages more members to receive this type of service when conducted in a more familiar and comfortable environment. (Exceptions can be approved.)
- Replacement of the existing **Disease Management Program** offering with a voluntary, enhanced program through Livongo that focuses on diabetes prevention and management. Members identified for participation in either of these programs through Livongo will be mailed information directly from Regence BlueShield on how to register for the program next year.
  - The **prevention program** focuses on lifestyle changes clinically proven to help members prevent diabetes (e.g. nutrition, activity, motivation, sleep, stress). It provides a free cellular scale and app along with evidenced-based curriculum and coaching support.
  - The **management program** provides access to a free cellular enabled smart glucose meter and free test strips and lancets. This technology provides the ability to provide reporting to a physician, real-time data analytics and education, and real-time support with personalized coaching and live interventions triggered by acute alerts from health professionals 24/7/365.

REGENCE MEDICAL	2022-2023	
	PPO	HDHP/HSA
Medical Benefit	Preferred Network/Participating Network/ Out of Network	Preferred Network/Participating Network/ Out of Network
<b>Deductible</b> (Amount the employee pays)	\$250 Individual (waived for office visits) \$500 Family (waived for office visits)	\$1,500 Individual \$3,000 Family
<b>Coinsurance</b> (Employee share of the cost of a covered service unless specified otherwise)	10% / 40% / <b>50%</b>	20% / 40% / <b>50%</b>
<b>Office Visits – Illness or Injury</b> (Amount the employee pays)	\$20 office visit copay / 40% after \$20 copay / <b>50% after \$20 copay</b>	After deductible 20% / 40% / <b>50%</b>
<b>Telehealth (through MDLive)</b>	<b>\$10 copay</b>	<b>After Deductible 20%</b>
<b>Telehealth (Virtual Visit)</b>	<b>\$10 copay / \$10 copay / 50%</b>	<b>After deductible 20% / After Deductible 20% / After Deductible 50%</b>
<b>Out-of-Pocket Maximum:</b> Includes deductible, Coinsurance and Copays (Amount the employee pays)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
<b>Preventive Care</b> (Amount the employee pays)	0% / 0% / <b>50%</b> Not Subject to Deductible	0% / 0% / <b>50%</b> Not Subject to Deductible
<b>Professional</b> (Amount the employee pays)	After Deductible 0% / 40% / <b>50%</b>	After Deductible 20% / 40% / <b>50%</b>
<b>Emergency Room Copay</b> (Amount the employee pays)	After \$150 copay and Deductible 10% / 10% / 10% (Facility) After Deductible 0% / 0% / 0% (Professional)	After Deductible 20% / 20% / 20% (Facility) After Deductible 20% / 20% / 20% (Professional)
<b>Hospital Stay</b> (Amount the employee pays)	After Deductible 10% / 40% / <b>50%</b> (Facility) After Deductible 0% / 40% / <b>50%</b> (Professional)	After Deductible 20% / 40% / <b>50%</b> (Facility) After Deductible 20% / 40% / <b>50%</b> (Professional)
<b>Outpatient Surgery</b> (Amount the employee pays)	After Deductible 10% / 40% / <b>50%</b> (Facility) After Deductible 0% / 40% / <b>50%</b> (Professional)	After Deductible 20% / 40% / <b>50%</b> (Facility) After Deductible 20% / 40% / <b>50%</b> (Professional)
<b>Lab/X-Ray</b> (Amount the employee pays)	After Deductible 0% / 40% / <b>50%</b>	After Deductible 20% / 40% / <b>50%</b>
<b>Vision Exam/Schedule</b>	No hardware	No hardware
<b>Pharmacy</b> (Amount the employee pays)	100% coinsurance up to the following for a 30-day supply: Generic: \$5 Max Brand - Preferred: \$35 Max Brand - Non-Preferred: \$60 Max Specialty - Preferred: \$75 Max Specialty - Non-Preferred: \$150 Max Mail Order: 90 days for 2 copays  <b>*Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative</b>	Retail or Mail Order - Up to 90-day supply and up to 30-day supply for covered self-administrable injectable medication.  After Deductible 20% - member may be balance-billed when non-participating pharmacy is used.  *Rx list includes drugs in certain categories that will not be subject to the plan deductible. It includes generic medications and formulary brand-name medications specifically designated for treatment of chronic diseases.  <b>*Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative</b>
<b>HSA IRS Annual Contribution Limits</b>	N/A	<b>\$3,650 / \$7,300</b> Employee / Family
<b>City Annual Contributions to Health Savings Account</b> (prorated per pay period)	N/A	<b>Employee Only</b> _____ <b>Employee &amp; Family</b> \$500 w/o Wellness      \$1,000 w/o wellness \$1,250 with Wellness      \$2,500 with Wellness

## Addition of Telehealth Benefit

Effective January 1, 2022, a new Telehealth benefit will be offered on the Regence BlueShield medical plans through MDLive. This benefit allows access to board-certified doctors, pediatricians, and licensed therapists via online video, phone, or mobile app for behavioral health and primary care 24/7, 365 days a year. The telehealth benefit allows for the convenience of visiting with a physician or counselor from your home, office, or on-the-go, allowing for no travel time, shorter wait times, and a lower co-pay expense on the Regence PPO plan. When utilizing the MDLive telehealth services, prescriptions can be sent to your nearest pharmacy if medically necessary.



Did you know that there are other virtual options for care with the City’s benefit plans? Both the Kaiser Permanente medical plan and the Employee Assistance Program (EAP) offer the choice of utilizing services in person or virtually. See below for a general summary of the care options available. You can also visit the Benefits webpage under **Plan Information** for more details on these services.

	Kaiser Permanente	Regence BlueShield	First Choice
Program	Kaiser	MDLive	BetterHelp
Services	Kaiser Permanente offers many ways for members to receive care from anywhere via phone, online and mobile app, with phone and video provider visits, Care Chat and online visits, or by emailing your care team.	Provides members access to board-certified doctors, pediatricians, and licensed therapists via online video, phone, or mobile app for behavioral health and primary care.	Speak to an EAP counselor to get advice, guidance, and counseling for depression, anxiety, relationships, etc. via live chat, phone, messaging, or live video.
Availability	Care Chat: 24/7, including holidays Video Visits Via Appointment: By appointment with your care team. Video Visits: 24/7, including holidays Phone Visits Via Appointment: By appointment with your care team. Phone Visits: 24/7, including holidays Online Visit: Start any time responses from 9 a.m. to 9 p.m.; 7 days a week, including holidays	Available any time, anywhere, 7 days a week, 24 hours a day, 365 days a year (Average wait is 15 minutes)	Available any time, anywhere, 7 days a week, 24 hours a day, 365 days a year (May take up to 24 hours to be matched with a counselor)
Member Cost	No cost to the member	PPO Plan \$10 copay / HDHP Plan 20%	No cost to member 3 employer-paid EAP sessions per issue = 3 weeks of sessions through BetterHelp. After the 3 weeks, employee would be responsible for the cost of future sessions and it would be unlimited after that time.

*\*Regence also offers virtual care with some of the providers in their regular network that have the equipment and capability of offering this service, which is different from the MDLive program (see page 3).*

*Both medical providers offer a free consulting nurse service that is available 24/7, 365 days a year.*

## Addition of Bariatric Surgery

**Effective January 1, 2022**, bariatric surgery will become a covered service under all three health plans. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) explains that “Bariatric surgery is an option if you have severe obesity and have not been able to lose enough weight to improve your health using other methods or have serious obesity-related health problems. The surgery makes the stomach smaller and sometimes changes the small intestine.” Their website provides additional information on weight loss management and specifics related to bariatric surgery at <https://www.niddk.nih.gov/health-information/weight-management/bariatric-surgery>. Below is specific information on the coverage for bariatric surgery under the City’s medical plans. You can also visit our carriers’ websites for more detailed information on their medical policies related to bariatric surgery and how to start the process.

<https://wa.kaiserpermanente.org/html/public/specialties/bariatric>  
<http://blue.regence.com/trgmedpol/surgery/sur58.pdf>

Regence BlueShield	PPO Preferred Network / Participating Network / Out of Network	HDHP/HSA Preferred Network / Participating Network / Out of Network
<b>Office Visit</b>	\$20 Copay / 40% after \$20 copay / After Deductible 50% of the allowed amount and any balance of billed charges.	After Deductible 20% / After Deductible 40% / After Deductible 50% of the allowed amount and any balance of billed charges.
Bariatric office visits apply to the Maximum Benefit limit for these services, including bariatric office visits that are applied toward any Deductible.		
<b>Surgery Facility Payment</b>	After Deductible 10% / After Deductible 40% / After Deductible 50% of allowed amount and any balance of billed charges.	After Deductible 20% / After Deductible 40% / After Deductible 50% of the allowed amount and any balance of billed charges.
<b>Professional Payment</b>	After Deductible 0% / After Deductible 40% / After Deductible 50% of allowed amount and any balance of billed charges.	
Bariatric surgery to treat obesity is covered only after the Claims Administrator evaluates and approves that the surgery is meeting its published medical policy. Bariatric surgery services apply to the maximum benefit limit for these services, including bariatric surgery services that are applied toward any deductible.		
Coverage does not include treatment for complications, revisions, and reversals of bariatric surgery, unless the previous bariatric surgery was approved by a United States medical insurance plan and the bariatric surgery was performed in the United States. If a covered complication, revision, or reversal is received, the procedure will be covered the same as any other Illness or Injury and the procedure will not accrue to the Maximum Benefit limit on these services.		

Kaiser Permanente	HMO
Bariatric surgery and related hospitalizations when KFHPWA criteria are met.	<b>Hospital - Inpatient:</b> \$100 copay + Deductible
Services related to obesity screening and counseling are covered as preventive services.	<b>Hospital - Outpatient:</b> \$100 copay + Deductible
Obesity related services require preauthorization.	<b>Outpatient Services:</b> \$10 Primary; \$20 Specialist + Deductible
<b>Exclusions:</b> All other obesity treatment and treatment for morbid obesity including any medical services, drugs, or supplies, regardless of co-morbidities, except as described above; specialty treatment programs such as weight control self-help programs or memberships, such as Weight Watchers, Jenny Craig, or other such programs; medications and related physician visits for medication monitoring; pre and post bariatric surgery nutritional counseling.	

## Dental Plan Changes

The Delta Dental of Washington plan will have changes to Class I (Preventive) and Class II (Basic/Restorative) coverage levels next year. The change involves switching from an incentive-based program to a more common benefit structure that removes barriers to preventive dental care. The new structure covers preventive dental care automatically at 100%. Additionally, to help address chronic health conditions, the plan will move the coverage level for Evidence Based Care for treating Periodontal Disease to Class I (preventive) coverage, which will cover the cost at 100%. This benefit change includes coverage for periodontal gum maintenance, prescription-strength fluoride toothpaste, and antimicrobial rinses provided during a dental visit.

Benefit Coverage	2021			2022		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
ANNUAL DEDUCTIBLE (Single/Family)	None	\$50/\$150	\$50/\$150	None	\$50/\$150	\$50/\$150
ANNUAL BENEFIT MAXIMUM (Single/Family)	\$2,000			\$2,000		
DIAGNOSTIC/ PREVENTIVE	Annual Deductible Waived - 0% – 30%			Annual Deductible Waived - <b>0%</b>		
BASIC/RESTORATIVE	<b>Class II Restorative: (Restorations, Endodontics, Periodontics, Oral Surgery)</b>			<b>Class II Restorative: (Restorations, Endodontics, Periodontics, Oral Surgery)</b>		
	0% - 30%			<b>20%</b>		
	<b>Class III Restorative: (Crowns and Onlays)</b>			<b>Class III Restorative: (Crowns and Onlays)</b>		
	20%			20%		
MAJOR	50%			50%		

## Vision Plan Changes

The Vision Services Plan (VSP) in-network frames and contact lens hardware allowance will **increase** from \$130 to \$150 in 2022 to bring parity with the hardware allowance benefit provided under the Kaiser Permanente HMO medical plan.

Visit the Benefits webpage under **Plan Information** to review the complete summaries for the VSP and Kaiser Permanente (HMO Health Plan) vision plan coverage.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	• Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	• \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • \$80 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
<b>LENSES</b>	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	• \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year

## Deferred Compensation Changes

The collective bargaining agreement with Tacoma Police Union, Local 6, includes an increase to the employer match on deferred compensation contributions, from up to \$192 per pay period, to up to \$211 per pay period. This change is planned for implementation in the pay period ending January 30, 2022. The employer match applies to Traditional 457 deferrals only.

If you are currently enrolled in Deferred Compensation, you can make decreases or stop your deferral amounts at any time through Employee Self Service (ESS) using the Allowable Midyear Changes option.

However, to enroll/sign up for the Deferred Compensation Plan, or to make an increase to your employee deferrals, requires a paper application to be completed and forwarded to the Benefits Office. For questions and assistance, contact the Benefits Office at [benefits@cityoftacoma.org](mailto:benefits@cityoftacoma.org) or 253-573-2345. The MissionSquare Deferral Change Form is available as a fillable pdf document on the City's [Benefits webpage](#) under Forms and Deferred Compensation.

**SPECIAL NOTE: Applications to increase contributions received no later than January 30th, will be eligible to receive the employer match contribution up to the \$211 per pay period maximum, beginning on the pay advice dated February 4, 2022. IRS regulations require that an application to increase contributions may not be deducted in the same month they are received; so, an application received after January 30<sup>th</sup>, may not be processed until the first pay period in March.**

A 457 Deferred Compensation plan is designed to supplement your retirement income. Pre-tax contributions are placed in an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time. The pre-tax contributions you make reduce your taxable income for the year. Contributions and all associated earnings are not subject to tax until you withdraw them. You also have an option to make after-tax contributions to a Roth account which allows for potentially tax-free withdrawals.

Deferred Compensation Plan	2022 Annual Limit
Employee deferral (regular)	\$20,500
Age 50+ employee deferral	\$27,000
Pre-Retirement Catch-up deferral	\$41,000

Contributions made to 457 plans may not exceed annual limits as determined by the IRS.

### Deferred Compensation for participants age 50 and older

An employee enrolled in deferred compensation plan who will be age 50 or older at any time during a calendar year, will be automatically enrolled in the Age 50+ Catch-Up option beginning in that year. This allows you to make a higher annual contribution if you so choose.

### Questions

For more information, questions and/or assistance, you can also contact the City's MissionSquare representative, Scott Berry at [sberry@missionsq.org](mailto:sberry@missionsq.org), or by calling 866-838-2102. You can also schedule an appointment online with Scott from the City's [Benefits webpage](#) under Plan information and Deferred Compensation, or if you are already enrolled, from your MissionSquare Retirement Account access page.



# Tacoma Employee Wellness Program

## Your New Virgin Pulse (VP) Wellbeing Experience is Here



The 2023 wellness incentive period is already underway and beginning January 1, 2022 you will experience a much more robust wellbeing platform. Specifically, you will see that there are MANY more ways for you to earn points on a daily, weekly, monthly, annual, or onetime basis. This more robust experience goes beyond physical wellness by helping you make healthy, long-lasting behavior changes for more energy, focus, and drive. You can also invite family and friends to join along with you!

**Earn 25,000 points by September 30, 2022.** The monthly wellness credit is tied to your participation in the Virgin Pulse Wellbeing Platform. The below table highlights some of the different activities available for you to accumulate points. To view the entire list of activities, please visit [member.virginpulse.com](http://member.virginpulse.com) and select “How to Earn” under the “Home” tab on the platform. You are also encouraged to watch the **2023 VP Training Video**, which is located at [wellness.cityoftacoma.org/tew-webinars-classes](http://wellness.cityoftacoma.org/tew-webinars-classes).

	DO HEALTHY THINGS	EARN POINTS
<b>Getting started</b>	First log in to mobile app	250
	Complete Health Check survey	2,500
	Connect your activity device	200
	Add a profile picture	100
<b>Daily</b>	Track steps (per 1,000 steps)	10
	Do your daily cards (2 per day)	20 each
	Track your healthy habits (3 per day)	10 each
	30 active minutes	100
	Complete a Journey step (1 per day)	30
<b>Monthly</b>	Win the promoted healthy habit challenge	200
	Complete 20 daily cards in a month	200
	Track Healthy Habits 20 days in a month	300
	Give or receive a shout out	100 each
	Track calories 20 days in a month via MyFitnessPal	300
	20-day Triple Tracker: 10,000 steps/30 active minutes/30 workout minutes	500
<b>Quarterly</b>	Add a friend from outside your company	100
	Choose your eating type via the Nutrition Guide	250
	Choose your sleep profile via the Sleep Guide	250
	Set your interests	100
<b>Yearly</b>	Set a wellbeing goal	200
	Complete the Nicotine-free agreement	100
	Complete your annual physical	2,500
	Complete a Journey (12 per program year; 150 points each)	1,800
	Attend a City of Tacoma wellness webinar (12 per program year; 250 points each)	3,000
	Complete 3 preventive care activities (My Care Checklist)	500

**Questions?** Visit [join.virginpulse.com/cityoftacoma](http://join.virginpulse.com/cityoftacoma) to register. To learn more about your new 2023 wellness incentive requirements, sync options, and other program components, visit [wellness.cityoftacoma.org](http://wellness.cityoftacoma.org) or [member.virginpulse.com](http://member.virginpulse.com).