



# THURSTON COUNTY

## OPEN ENROLLMENT 2022

Welcome to Open Enrollment! There are only a few changes to your benefit plans for 2022 and they are outlined on the next page. *Please be sure to check out the new rate sheets for 2022.* New rate sheets have been posted on the benefits website.

You will find enrollment forms, rate sheets, coverage information and much more on the HR Benefits Website at: [Click Here](#).

We will not be holding help clinics this year, but benefits staff are available if you have questions. You can call, email or schedule a virtual appointment with Benefits using your Outlook calendar.

We have some items for the open enrollment raffle. A separate email will be sent offering the chance to enter the raffle. Please click on the VOTE button in that email to enter. *Please remember that you must pay income taxes on all raffle prizes.*



### JUST THE FACTS:

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Forms must be turned in to HR *before 3:00 pm* on **Tuesday, November 30.**

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You don't have to complete anything to continue the same plans you have now (except for the FSA plan).

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Changes made will be effective on **January 1, 2022.**

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New forms completely replace old forms...don't forget to list all current dependents!

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Changes in employee deductions will begin on your **December 23 paycheck.**

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### THURSTON COUNTY HR BENEFITS TEAM:

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# *Important Information for 2022*

## **Long Term Disability**

Public Employees Benefits Board (PEBB) recently sent out a notice regarding upcoming changes to **their** Long-Term Disability (LTD) Program. Please remember that medical coverage is the only line of coverage that Thurston County employees participate in with PEBB. Thurston County provides its own LTD coverage for all regular employees, with the exception of the members of the Deputy Sheriff's Association. Members of that union have LTD coverage that is provided by their union. For more information on the County's LTD plan please visit the HR Benefits Website.

## **Uniform Medical Plans**

- Thurston County is being removed from the UMP Plus-Puget Sound High Value Network service area.
- Medicare will pay primary for domestic partners enrolled in any UMP plan. Medicare benefits will remain secondary for active employees or spouses age 65 or over.

## **Kaiser Permanente Plans**

No significant changes for 2022

## **SmartHealth**

The \$25 Amazon gift card incentive for completing the SmartHealth well-being assessment is ending and will no longer be available in 2022. The \$125 wellness incentive deductible credit/HSA contribution remains.

## **Appointments**

Please note that the Benefits Team will not be available for in-person meetings, unless an accommodation is requested. Virtual meetings through Teams etc. are a great option. You can email, call, or schedule an appointment with Benefits staff if you have questions regarding your benefits. Appointments can be made by sending an email to [benefits@co.thurston.wa.us](mailto:benefits@co.thurston.wa.us).

Appointments are not necessary for simply turning in forms. Forms can be emailed to the benefits email address, sent interoffice to Benefits at B4-2HR or dropped off in the lockbox located outside of HR's door in Building 4, Room 202. There is also a drop box to the right of the exterior door behind Building 4 (parking lot side) if you need to drop anything off during non-business hours.

## **WCIF BenefitHub Discount Program**

Did you know that you have access to a website with discounts on many items? You can save money on electronics, restaurants, travel, pet insurance...and so much more! Visit [wcif.benefitHub.com](http://wcif.benefitHub.com) to register for access. The referral code is IBWY7X.

## **WA Cares Act Long Term Care Payroll Tax**

Do you have your own personal Long Term Care insurance plan? Don't forget that you must apply for an exemption from the Employment Security Department (ESD). Payroll must receive a copy of ESD's approval letter before December 31<sup>st</sup> to avoid charging this tax.

## Quick Reminders

- There are rate changes. Check out the 2022 rate charts on the benefits website.
- You cannot make changes online with the County or directly through the PEBB. *All changes require a new enrollment form.*
- If you want to participate in the 2022 Health Care or Daycare Flexible Spending Accounts, you must complete a new election form.
- You will be contacted by HR if you have to re-attest to the Spousal Premium Surcharge. If you have not received an email from HR about re-attesting, you do not have to do anything.

## Frequently Asked Questions

1. When I log into My Account with the PEBB, why does it say I am not enrolled in dental?
  - Our dental coverage is **not** through the PEBB, it is through WCIF. The PEBB does not have access to any dental enrollment information for Thurston County employees.
2. What does deductible, co-insurance, out-of-pocket, etc. mean?
  - A glossary of insurance terms is posted on the benefits website
3. I don't want to make any changes, what do I have to do?
  - If you want to participate in the FSA, you **must** complete a new FSA Election Form.
  - If you do not participate in the FSA, you **do not** need to do anything.
4. I want to make a change. Can I do this online?
  - No, enrollment forms are required for all changes.
5. What is the deadline for enrollment forms?
  - Forms must be received in HR no later than 3:00 pm on Tuesday, November 30<sup>th</sup>. *There are **no exceptions** to this due date.*
6. When will the change be effective?
  - All Open Enrollment changes will become effective on January 1, 2022.
7. What will my coverage cost next year?
  - Check out the 2022 rate sheets on the benefits website.
8. I participate in the FSA. Will I get a new debit card?
  - No, your current card will be loaded with your new election amount.
9. Where do I send new enrollment forms?
  - You can send them to HR via interoffice mail to B4-2HR, drop them off in the lockbox outside of HR's office (Building 4, Room 202) or scan and email them to [benefits@co.thurston.wa.us](mailto:benefits@co.thurston.wa.us). Please keep a copy of all forms for your records.

# REQUIRED ANNUAL NOTIFICATIONS

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## Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2022 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2021, through January 15, 2022. From December 15, 2021 to January 15, 2022, coverage will be effective February 1, 2022. After January 15, 2022, you can get coverage through the Marketplace for 2022 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

If the cost of our medical plan to cover yourself (and not any other members of your family) is more than 9.61 percent of your household income for the year, or our coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.) **All WCIF health plans currently meet the "minimum value standard".**

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

If you are not eligible for our Plan, you may want to look at the Health Insurance Marketplace as an option. In some cases you may qualify for a subsidy if you meet certain requirements. You will need to consult with an Insurance Navigator at the Health Insurance Marketplace to understand better your plan options as well as any subsidies which may apply to you.

**How Can I Get More Information?** Please visit [WAHEALTHPLANFINDER.org](http://WAHEALTHPLANFINDER.org) or [HEALTHCARE.gov](http://HEALTHCARE.gov) for more information.

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## Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums. 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](http://HEALTHCARE.gov).

If you or your dependents are already enrolled in Medicaid or CHIP you can 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, you can contact your State Medicaid or CHIP office or dial **1.877.KIDS NOW (1.877.543.7669)** or [INSUREKIDSNOW.gov](http://INSUREKIDSNOW.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

To see if any more States have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.DOL.gov/agencies/ebsa](http://www.DOL.gov/agencies/ebsa)  
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.CMS.HHS.gov](http://www.CMS.HHS.gov)  
1.877.267.2323, Menu Option 4, Ext. 61565

# REQUIRED ANNUAL NOTIFICATIONS

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## Notice of Special Enrollment Rights

If you acquire a new dependent, or if you decline WCIF health coverage for yourself or an eligible dependent (including your spouse\*) while other coverage is in effect and later lost that other coverage for certain qualifying reasons, you have the right to enroll in a plan under its *Special Enrollment Provision*.

This notice also advises you of some of the other consequences of declining coverage, including your responsibility for any claims you might incur.

### Loss of Other Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse\*) while other health insurance or health plan coverage is in effect, you may be able to enroll yourself and your dependents in a WCIF health plan if you or your dependents lost eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### New Dependent

If you have a new dependent as a result of marriage, you may be able to enroll yourself or your new dependent if you request enrollment within 31 days after the marriage\*\*. Step children may also be added within 31 days of the marriage\*\*. You must request enrollment within 60 days after: Birth, Adoption / placement for adoption, Foster child placement, Grant of legal guardianship.

### State Medical Assistance and Children's Health Insurance Program (CHIP)

If you meet any of the following scenarios, you and your dependents may be able to enroll in WCIF health plans within 60 days if:

- You become eligible for state medical assistance and the Washington State Department of Social and Health Services (DSHS) determines that it is cost-effective to enroll you in this plan.
- You qualify for premium assistance under the state's medical assistance program of Children's Health Insurance Program (CHIP).
- You no longer qualify for health coverage under the state's medical assistance program or CHIP.

To request special enrollment or to obtain more information about WCIF health plans' *Special Enrollment Provisions*, contact your employer's Human Resources Department.

\*or *Qualified Domestic Partner*

\*\*or *Qualified Domestic Partnership*