# 2025 benefit guide

Explore Your Benefits Options

JANUARY 1 - DECEMBER 31, 2025

# POLICE GUILD 2025

# WELCOME

Your benefits are an important part of your overall compensation. The City of Bellingham is pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits the first of the month following the start of your employment. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your WA State Registered Domestic Partner (RDP) or their children
- Your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you experience a qualifying life event during the year. Following are examples of the most common qualified life events:

- Marriage or Divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- You lose coverage under your spouse's/RDP plan
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment Period
- You gain access to state coverage under Medicare, Medicaid or CHIP

## When Coverage Begins

New Hires You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire. If you fail to enroll on time, you will not have benefits coverage until January 1 of the following year, provided you enroll during the next open enrollment period.

Open Enrollment Changes made during open enrollment are effective January 1 – December 31, 2025.

## Making Changes

To make changes to your benefit elections, you MUST notify Human Resources within 31 days of the Qualifying Event (60 days for newborns).

Supporting documentation of the Qualifying Event is required such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you may have to wait until the next open enrollment period to make your election changes.

## Inside



## Enrollment

Detailed information about the plans available to you and enrollment forms can be found on the Staff Central Benefits Page.

## Questions

Enrollment Questions
COB HR Benefits
360-778-8220
Email: benefits@cob.org

Medical Plan Questions
AWC Benefits Trust
800-562-8981
benefitinfo@awcnet.org

***Required Information** - When you enroll, you will be required to provide a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the city to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

# MEDICAL PLANS

The City is pleased to offer you a choice among four different medical plans that provide comprehensive medical & prescription drug coverage.

### Regence Healthfirst $250 PPO

The Regence Healthfirst $250 PPO plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose an in-network provider. The calendar year deductible must be met before certain services are covered.

### Regence High Deductible Health Plan (HDHP) PPO

The Regence High Deductible Health Plan (HDHP) PPO Plan gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose an in-network provider. In addition, the HDHP comes with a Health Savings Account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out of pocket medical, prescription drug, dental, and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the HDHP Plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- **Coinsurance:** Once you have met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum**: Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all in-network eligible covered services for the rest of the calendar year.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, the City will contribute annually to your HSA. *To be eligible for the HSA contributions, you cannot be covered through Medicare Part A or Part B or TRICARE programs. Other restrictions also apply. See the plan documents for full details.*
- **Your HSA is yours for life.** The money is yours to spend or save, regardless of whether you change health plans 2, retire or leave the City. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You can use them to pay for you and your eligible dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.
- **IMPORTANT:** Your contributions to your HSA, in addition to the City's contributions, may not exceed the annual 2025 IRS limits listed below:
  **Employee Only = $4,300 | Family (employee + 1 or more) = $8,550 | Catch up (age 55+) = additional $1,000**

### Kaiser $200 HMO

The Kaiser $200 HMO plan limits coverage to care from doctors who work for or contract with the HMO. Out-of-network care will generally not be covered except in an emergency. With an HMO plan, you will be required to pick a primary care provider (PCP), and you will need a referral from your PCP to see another doctor, such as a specialist.

### Kaiser Access PPO

The Kaiser Access PPO plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose an in-network provider. The calendar year deductible must be met before certain services are covered.

# DENTAL PLAN


Enrollment in the Police Guild Dental Plan is completed through your union. Please refer to your union for information and enrollment in dental benefits.

# VISION PLAN

Enrollment in the Police Guild Vision Plan is completed through your union. Please refer to your union for information and enrollment in vision benefits.

# FLEXIBLE SPENDING ACCOUNTS (HSA Bank)

The City provides you with an opportunity to participate in up to in up three different flexible spending accounts (FSAs) administered through HSA Bank. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare Taxes. https://account.hsabank.com

## Health Care FSA

For 2025, you may contribute up to the determined IRS maximum, to cover qualified health care expenses incurred by you, your spouse, and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental Treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

## Limited Purpose Health Care FSA (for HDHP PPO participants)

If you enroll in the HDHP PPO medical plan, you may only participate in a limited purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

## Dependent Care FSA

For 2025, you may contribute up to $5,000 to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school, or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible child and dependent care expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf

## FSA Rules

**YOU MUST ENROLL EACH YEAR TO PARTICIPATE.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 2025, and must file claims by March 31, 2025.**

# LIFE AND AD&D INSURANCE (New York Life)

### Basic Life/AD&D (City Paid)

This benefit is provided at NO COST to you through New York Life.
Benefit Amount: 2 times Annual Salary

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

# LONG TERM DISABILITY

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. **Long Term Disability benefits are provided through your union.** Please contact your union for information.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## ComPsych 1-800-570-9315 www.guidanceresources.com WEB ID: trusteap71

Life is full of challenges and sometimes balancing it is difficult. City of Bellingham is pleased to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at NO COST to you through AWC and can help with the following (and more):

| | | |
|---|---|---|
| Mental Health | Personal & Life Issues | Substance Abuse |
| Relationships & Marital Conflicts | Financial Debt | Workplace Conflict |
| Childcare and Eldercare | Grief & Loss | Legal Issues |

# COST OF BENEFITS

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. For rates, please refer to the Employee Cost Share Rate Sheet.

# MEDICAL OPT-OUT INCENTIVE

If you or an eligible family member are covered by group medical benefits elsewhere, you may choose to “opt out” of receiving City medical benefits. If you do “opt out”, you and the City share the savings.
Opt-out incentives are payable as a taxable cash benefit. Opt-out amounts and additional information are available on the Staff Central-Benefits page under Opt-Out Medical Benefits. NOTE: You may only opt-out/in during open enrollment or due to a Qualifying Event as defined by the IRS.

| 2025 Police Guild Medical Opt-Out Incentive | | | |
|---|---|---|---|
| Opt-Out Category | Monthly | Semi-Monthly | Annual |
| Employee | $484.52 | $242.26 | $5,814.18 |
| Spouse | $434.41 | $217.21 | $5,212.94 |
| 1st Child | $217.72 | $108.86 | $2,612.68 |
| 2nd Child | $198.86 | $99.43 | $2,386.37 |

# CONTACT INFORMATION

| COVERAGE | CARRIER | PHONE # | WEBSITE |
|---|---|---|---|
| Medical | Regence | (800) 752-9985 | www.regence.com |
| Medical | Kaiser Permanente | (888) 901-4636 | www.kp.org |
| Health Savings Account (HSA) | HSA Bank | (800) 357-6246 | www.hsabank.com |
| Flexible Spending Accounts (FSAs) | HSA Bank | (800) 357-6246 | www.hsabank.com |
| Employee Assistance Program (EAP) | AWC | (800) 570-9315 | www.guidanceresources.com |

Benefits Website - The Staff Central Benefits Page can be accessed at anytime for additional information on the City’s benefits plans.

Questions?

- COB HR Benefits 360-778-8220 | email: benefits@cob.org
- AWC Benefits Trust 1-800-562-8981 | email: benefitinfo@awcnet.org