

## Benefits at a Glance 2025

Within 30 days of retirement, retirees may elect medical and/or dental coverage. If you do not elect to enroll or continue the City of Tacoma's group health insurance upon retirement, or if you elect to cancel your coverage at any time, you will not be eligible to return to a City of Tacoma retiree plan.

Regence BlueShield PPO or High-Deductible Health Plan (HDHP) plans are available to retirees. During our annual open enrollment period, retirees who maintain medical coverage may switch plans and add or drop eligible dependents.

| Medical Plan Options<br>(Participant Plan Costs) | Regence PPO<br>Preferred Network/Participating Network/<br>Out of Network   | Regence HDHP<br>Preferred Network/Participating Network/<br>Out of Network   |
|--|---|--|
| Monthly Premium                                  | <b>\$2,014.38</b>   | <b>\$1,283.55</b>  |
| Office Visit Co-pay                              | \$20  | N/A  |
| Deductible                                       | \$250 Individual / \$500 Family   | \$2,000 Individual / \$4,000 Family  |
| Telehealth (through MDLive)                      | \$10 copay  | After deductible 20%   |
| Telehealth (Virtual Visit)                       | \$10 copay / \$10 copay / 50%   | After deductible 20% / 20% / 50%   |
| Out-of-pocket maximum                            | \$1,500 Individual<br>\$3,000 Family  | \$3,000 Individual<br>\$6,000 Family   |
| Hospital Coinsurance                             | 10% / 40% / 50%   | 20% / 40% / 50%  |
| Rx Co-pay  | \$5 Generic<br>\$35 Brand<br>\$60 Non-formulary<br>\$75 Specialty – Formulary<br>\$150 Specialty – Non-Formulary<br>Mail Order: 2x Rx co-pay 90 day supply<br><b>*Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative</b> | After deductible has been met coverage is 20%; member may be balance-billed when non-participating pharmacy is used.<br>Retail or Mail Order: Up to 90-day supply and up to 30-day supply for covered self-administrable injectable medication.<br><b>Note:</b> 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.<br><b>*Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative</b> |
| HSA IRS<br>Annual Contribution Limits            | N/A   | \$4,300 / \$8,550*   |

\*Annual limits are subject to change by the IRS. Individuals age 55 and over can make an additional annual \$1,000 catch-up contribution.

Delta Dental of Washington and Willamette Dental plans are available to retirees. The annual open enrollment period will only apply to those who maintain coverage, which includes adding or dropping eligible dependents and/or switching plans between Delta Dental and Willamette. If you cancel your coverage at any time, you will not be eligible to return to a City of Tacoma dental plan.

| Dental Plan Options          | Delta Dental   | Willamette   |
|------------------------------|--|--|
| Monthly Premium              | Retiree only: <b>\$64.52</b><br>Retiree plus spouse: <b>\$129.07</b><br>Retiree plus children: <b>\$90.04</b><br>Retiree plus spouse and children: <b>\$154.61</b> | Retiree only: <b>\$88.80</b><br>Retiree plus spouse or child(ren): <b>\$171.50</b><br>Retiree plus family: <b>\$241.00</b> |
| Office Visit Co-pay          | None   | \$10 general / \$30 specialty  |
| Deductible                   | \$0 – Network Provider<br>\$50 Individual /\$150 Family -<br>Out-of-Network Provider   | None   |
| Annual Benefit Maximum       | \$2,000 per person   | None   |
| Diagnostic & Preventive Care | 0%   | 0%   |
| Basic Services               | 20%  | 0%   |
| Major Services               | 50%  | 0%   |
| Orthodontia                  | Not covered  | Pre-Orthodontic Service Co-Pay: \$150<br>Orthodontic Co-Pay: \$1,800   |