

Begins November 15, 2021



OPEN ENROLLMENT

November 15th – November 23rd

- Your annual opportunity to:
 - Add or drop dependents
 - Change plans
 - Enroll for the first time
 - Waive coverage
- After Open Enrollment, you may make changes ONLY if you have a qualifying life event, such as:
 - Getting married or divorced
 - Giving birth or adopting a child
 - Involuntarily lose other coverage
 - Become eligible for coverage (through a spouse)

You have a 30-day window from the date of your life event to notify HR in order to be eligible to change your benefits.



WHAT'S NEW IN 2022?

Online Enrollment through ADP

- Log into ADP Workforce Now to:
 - ✓ Review current elections
 - ✓ Make updates to coverage for all benefit elections except FSA, GoNavia, and/or HSA
 - ✓ Enrollment in voluntary plans will now be made in ADP
 - √ No changes = only review required

FSA Updates

- Healthcare FSA IRS Maximum Contribution: \$2,850
- Dependent Care FSA Maximum Contribution: \$5,000 (\$2,500 if married and filing separately)

HSA Updates

- Payroll election through ADP
- Enrolling for the first time, must complete Navia account setup on the Navia site
- IRS Maximum Contribution: \$3,650 / \$7,300

Commuter Benefits

- Parking and Transit: pre-tax elections into your GoNavia account
- IRS Maximum contribution: \$280 per month
- Employer subsidy suspended

Pet Insurance

Offered through Trupanion: 2022 Open Enrollment on the Trupanion site



ELIGIBILITY FOR COVERAGE

U.S. regular employees working at least 30 hours per week

Your Spouse or Domestic Partner

Your Dependent Children to age 26



Medical / Pharmacy Premera Blue Cross





Important Insurance Terms to Know

Co	pays (\$)	Deductible ((\$\$)	Coinsurance (\$\$\$)
service • Off • Pre • Ur	e at the time of for things like: fice visits escriptions gent Care nergency Room	 Amount of eligible expenses incurred before the plan with to pay Based on calend 	ed will begin	 Your share of eligible costs: After deductible has been met AND After network discounts are applied AND
	nt towards out-of- maximum	Does count toward out-of-pocket makes		 After plan pays % Stops when the out-of-pocket maximum has been met

MEDICAL & PHARMACY

Premera Blue Cross PPO and HDHP

- Both plans offer a wide choice of providers
- Elect a Heritage network provider or another provider for health care services
- Cost is less if you choose a Heritage network provider
- To verify coverage with your provider, ask, "Are you an innetwork provider with Premera's Heritage network?"

Premera and Express Scripts Apps

- Find nearby doctors and clinics
- Mobile proof of coverage
- Look up your benefits
- Check your claims
- Track your medications
- Order prescriptions
- View lower cost options



Medical / Pharmacy Premera Blue Cross Option 1: High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

You will receive a new Premera Blue Cross ID card for 2022, even if you don't make any benefit changes!

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)

HTC continues to pay 100% for employee only coverage on the HDHP medical plan.

Medical Monthly Premiums	2022 EE Rates	2022 Rate with Surcharge
Employee	\$0.00	N/A
Employee + Spouse/Domestic Partner	\$111.14	\$211.14
Employee + Children	\$74.17	N/A
Employee + Family	\$185.86	\$285.86

\$100 surcharge per month applies if spouse/domestic partner is eligible for coverage through their own employer.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)

	In-Network	Out-of-Network
Deductible	\$1,500 Individual \$3,000 Family*	\$3,000 Individual \$6,000 Family*
Out-of-Pocket Max	\$2,500 Individual \$5,000 Family*	No Limit
Preventive Care	Covered in Full	Not Covered
Doctor's Office Visits	20%, after deductible	50%, after deductible
Lab & X-Ray	20%, after deductible	50%, after deductible
Urgent Care	20%, after deductible	50%, after deductible
Hospital	20%, after deductible	50%, after deductible
Emergency Room	20%, after deductible	

^{*}The deductible is aggregate for families; even if only one person receives services the entire family deductible must be met before the plan will pay for services. This also applies to the out-of-pocket maximum.



HIGH DEDUCTIBLE HEALTH PLAN (HDHP) PHARMACY

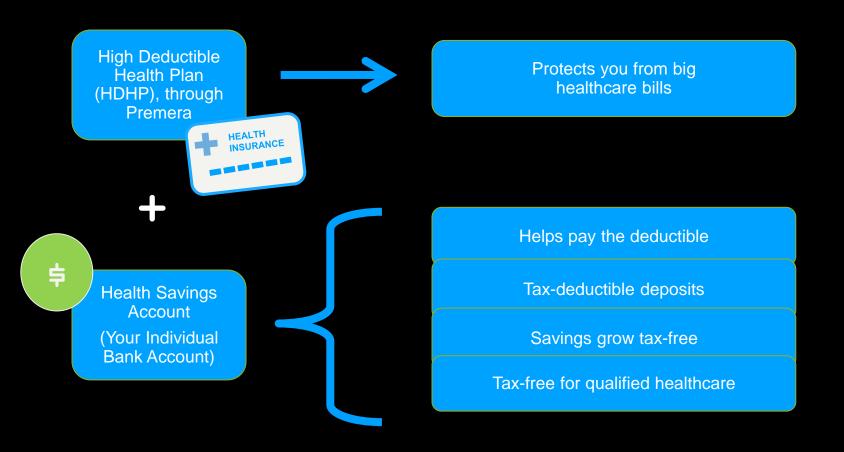
Premera HDHP			
Classification of Prescription	Your Coinsurance		
Generic	20%, after deductible		
Brand Name Formulary	20%, after deductible		
Brand Name Non-Formulary	20%, after deductible		





Use GoodRx (website or app) to cost compare pharmacies!

THE HEALTH SAVINGS ACCOUNT (HSA)





ELIGIBILITY FOR AN HSA (HEALTH SAVINGS ACCOUNT)

- Employees enrolled/entitled to Medicare are not eligible
- You cannot be covered on any other non-HSA eligible medical plan
- Cannot be claimed as a dependent on someone else's tax return
- You cannot participate in your own or a spouse's general FSA or Health Reimbursement Account
- You cannot participate if you have received any Veteran's Administration benefits within the last three months, or if you're using Indian Health Services.

CONTRIBUTIONS TO AN HSA

HTC contributes on your behalf:

HTC's Contribution	2022
Individual	\$1,000
Family (2+)	\$2,000

Annual HSA contribution maximum (including HTC's contribution):

IRS Maximum	2022
Individual	\$3,650
Family (2+)*	\$7,300
Catch-up (age 55+)*	\$1,000

^{*}If both spouses have HDHPs, the maximum family contribution applies per household **Catch-up rule only applies to the account holder, not the spouse

2022 HSA REMINDERS

- If not previously enrolled in the Navia HSA, you must open a Navia account in order to receive the employer contribution in 2022
- Make pre-tax employee contributions into your HSA account through ADP
- Remember that the maximum contribution amounts include all contribution types; employer and employee contributions.

HSA QUALIFIED EXPENSES

- Deductibles and coinsurance for medical and dental care
- Prescriptions and over-the-counter drugs
- Vision care, including glasses and Lasik eye surgery
- Smoking cessation treatment/prescriptions
- Some premiums, such as long-term care, COBRA, Medicare Part A, B or D and health care premiums while you receive unemployment compensation.
- For a detailed list of qualifying medical expenses, go to www.irs.gov or visit the Navia website

CHOOSING AN HDHP WITH HSA – THINGS TO CONSIDER

- Lower monthly premium = lower payroll deductions for you
- Portability
 - Your HSA account is yours to keep
 - You can continue to spend your HSA funds into the future
- Pre-Tax Account
 - Your contributions reduce your taxable income
 - Your employer contributions are not considered taxable income

- Rollover from year to year
 - No expiration date on funds
 - No cap on how large your account can grow
- Investment opportunities
 - Interest accrues tax free
- After age 65, no longer subject to tax penalty for non-medical usage



Medical / Pharmacy Premera Blue Cross Option 2: Preferred Provider Organization (PPO) Plan

You will receive a new Premera Blue Cross ID card for 2022, even if you don't make any benefit changes!

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN OPTION

HTC contributes to the majority of plan premiums for you and your dependents.

Medical Monthly Premiums	2022 EE Rates	2022 Rate with Surcharge
Employee	\$25.00	N/A
Employee + Spouse/Domestic Partner	\$180.07	\$280.07
Employee + Children	\$126.03	N/A
Employee + Family	\$280.40	\$380.40

\$100 surcharge per month applies if spouse/domestic partner is eligible for coverage through their own employer.



PREFERRED PROVIDER ORGANIZATION (PPO) PLAN OPTION

	In-Network	Out-of-Network	
Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	
Out of Pocket Max	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	
Preventive Care	Covered in Full	Not Covered	
Doctor's Office Visits	\$25 copay	40%, after deductible	
Lab & X-Ray	Covered in Full	40%, after deductible	
Urgent Care	\$25 copay	40%, after deductible	
Hospital	20%, after deductible	40%, after deductible	
Emergency Room	n \$100 copay, then 20% after deductible		

PREFERRED PROVIDER ORGANIZATION (PPO) PLAN - PHARMACY

Premera PPO			
Classification of Prescription	Your Copay		
Generic	\$10		
Brand Name Formulary	\$30		
Brand Name Non-Formulary	\$50		





Prescription costs will be applied to your out-of-pocket maximum on the plan

Virtual Care Benefits through Premera Blue Cross



VIRTUAL CARE OPTIONS

Regardless of the plan you select, you have several options available for telehealth benefits.

- 24 Hour Nurseline: advice is just a phone call away! Connect with a registered nurse to receive advice on symptoms and care coordination. Phone number included on back of your Premera ID card.
- 98point6: a text-based primary care service. Board-certified physicians can diagnose & treat, order prescriptions and labs, and provide guidance for your healthcare concerns.
- Doctor on Demand: connect with board-certified doctors and licensed psychologists via video or phone for assistance with common conditions like, colds & allergies, headaches, skin conditions, behavioral health, and more!
- Talkspace: behavioral health care accessible via video and text







Which medical plan is the best fit for me and my family?





THINGS TO CONSIDER

- Where do I receive care?
 - How many times a year do I go to the ER?
 - Do I have a relationship with a Primary Care Provider?
- How do I use healthcare?
 - Do I have a chronic condition requiring frequent medical visits?
 - Do I take an expensive medication?
- What payroll deduction can I afford?
 - How much does it cost to cover my dependents?
 - Do I prefer to have a higher payroll deduction now to pay less for care at the time I receive it (PPO)? Or pay less in payroll deductions now, to pay a little more for care if/when I need to receive (HDHP)?
- Do I have a planned procedure in 2022 where I anticipate meeting my deductible/out-of-pocket maximum?

SAVING MONEY ON MEDICAL COSTS

Regardless of the plan you select, there are key ways to save money on medical costs:

- Mail Order: Same prescription every month? Try mail order if enrolled on the PPO plan, and consider generic alternatives.
- Shop Around: On HSA plan? Shop around to see if your prescription costs less at another pharmacy. Check apps like "GoodRX" to help find lower cost drugs in your area.
- ER or Urgent Care: Is it really an emergency, or can you go to an Urgent Care
 Center? Emergency room care is expensive for you as a member and is costly to the
 HTC plan.
- Virtual Care: Check out the virtual care options through Premera. You can consult with a regular board certified physician at in-network levels via phone, video, or email at days/times when your regular physician may not be available.

COMPARING PLANS – INDIVIDUAL ONLY

The following in-network example compares the two medical plans would work for an employee having their annual preventive care exam, generic birth control, and one office visit for an illness with a preferred brand name prescription prescribed.

<u>Expense</u>	HDHP	PPO
Preventive Care & Generic Birth Control	\$0	\$0
Office Visit (estimated cost)	\$150	\$25 copay
Preferred Brand Name Rx (estimated cost)	\$75	\$30 copay
Subtotal	\$225	\$55
HTC Annual HSA Contribution	(\$1,000)	N/A
Annual Employee Medical Premiums	\$0	\$300
Your Total Cost/Balance for Year	+\$775 (HSA)	\$355

COMPARING PLANS – EMPLOYEE + SPOUSE

The following in-network example assumes Employee + Spouse/Domestic Partner coverage, with only one person needing to meet their deductible and out-of-pocket maximum.

Expense	HDHP	PPO
Annual Deductible	\$3,000	\$500
Additional Amount Needed to Meet Annual Out-of-Pocket Maximum	\$2,000	\$1,000
Subtotal	\$5,000	\$1,500
HTC Annual HSA Contribution	(\$2,000)	N/A
Annual Employee Medical Premiums	\$1,333.68	\$2,160.84
Your Total Cost/Balance for Year	\$4,333.68	\$3,660.84

\$100 surcharge per month applies if spouse/domestic partner is eligible for coverage through their own employer.



COMPARING PLANS – FAMILY

The following in-network example assumes Family coverage (employee + spouse/domestic partner + one or more children). In this example, we're assuming the entire family deductible & out-of-pocket maximum have been met.

Expense	HDHP	PPO
Annual Deductible	\$3,000	\$1,000
Additional Amount Needed to Meet Annual Out-of-Pocket Maximum	\$2,000	\$2,000
Subtotal	\$5,000	\$3,000
HTC Annual HSA Contribution	(\$2,000)	N/A
Annual Employee Medical Premiums	\$2,230.32	\$3,364.80
Your Total Cost/Balance for Year	\$5,230.32	\$6,364.80

\$100 surcharge per month applies if spouse/domestic partner is eligible for coverage through their own employer.

Dental Dental of Washington

A DELTA DENTAL®

Delta Dental of Washington



DENTAL PLAN

- Participating Delta Dental PPO and Premier dentists, nationwide, agree to provide services at discounted, negotiated fees.
- Use a PPO dentist and it will cost you less!

Delta Dental Mobile App

- Find a dentist
- See your plan details and claims status
- Mobile ID card and email to dentist from the app

IMPORTANT NOTE

If you use out-of-network dental providers, your charges will be based on the maximum allowable fee for your area, as determined by Delta Dental.



DENTAL PLAN

Deductible	In-Network Services	Maximums
\$0 (PPO Dentist)	Preventive (cleanings, x-rays, topical fluoride)	Orthodontia - 50%
\$50/\$150 (Premier and OON Dentists)	Covered in full Basic (fillings, extractions, periodontics, root canals)	Up to \$1,500 per lifetime (adults & children)
The deductible must be satisfied before the plan will pay for basic or major services	You pay 20% Major (crowns, bridges, dentures) You pay 50%	Annual Maximum \$2,000 per person, per calendar year



Vision Vision Service Plan (VSP)







VISION PLAN

Eye Exams	Eyeglasses Lenses & Frames	Contact Lenses
Once per calendar year \$10 copay for vision exam up to \$60 for a contact lens exam and fitting	1 pair every calendar year Lenses: 100% after \$25 copay Frames: up to \$150; 20% discount off more than \$150	Up to \$150 allowance; Once per calendar year in lieu of frames & lenses

Life & Disability Prudential







LIFE & ACCIDENTAL DEATH & DISMEMBEMENT

- Life insurance provides financial security for the people who depend on you
- •All eligible employees are covered by Basic Life and Accidental Death and Dismemberment (AD&D) Insurance benefits at 2X your annual earnings to a benefit maximum of \$300,000.
- •Imputed Income: as required by the IRS, HTC employees with an employer-paid life insurance benefit of \$50K+ pay a small payroll tax on the value of the excess insurance.

IMPORTANT NOTE

When you first enroll in Life Insurance Benefits, you will need to designate a beneficiary who would receive the benefits in the event of your death.

You may change or update your beneficiary designation at any time.

Please note that HTC follows all applicable state laws on beneficiary designations.

DISABILITY INSURANCE

Disability benefits help protect your income if you become ill or are injured (outside of work) and are unable to perform your occupation. These benefits have been designed to protect your income on a short or long term basis. HTC pays the full disability premiums for employees.

Short-Term Disability	Can replace up 60% of your salary 14 day elimination period Up to \$2,300 per week Up to 24 weeks duration
Long-Term Disability	Can replace up to 60% of your salary 180 day elimination period Up to \$10,000 per month Up to SSNRA duration

Note: Your Prudential benefit may be offset by any State disability benefit you qualify for.

Voluntary Benefits Gallagher vChoice & Trupanion













VOLUNTARY BENEFIT OPTIONS

Additional insurance coverages are available for you and your family on a voluntary basis at discounted group rates through Gallagher vChoice. You pay 100% of the premium for these policies.

You may choose from the following plans:

- Employee, Spouse/Domestic Partner & Child/ren Term Life
- Accidental Death & Dismemberment
- Critical Illness
- Injury/Accident
- Legal Assistance
- Identity Theft



Life

- Employee: increments of salary, up to 5x salary, max of \$500,000
- Spouse/Domestic Partner: up to 50% of employee election amount
- Children: \$10,000 (ages 6+ months)
- Rates are based on age and salary
- Guaranteed Issue amounts are \$210,000 for employee & \$105,000 for spouse (for newly eligible employees only)

AD&D

- Employee: \$100,000 increments, up to \$500,000
- Spouse/Domestic Partner: up to 50% of employee election amount
- Children: \$10,000 (newborn to 26)
- Guaranteed Issue

Critical Illness

- Critical illness insurance will pay a lump sum benefit upon diagnosis of a covered critical illness
- Covered Illnesses
 - ✓ Heart Attack
 - ✓ Stroke
 - ✓ ALS
 - ✓ End-Stage Renal Disease
 - ✓ Permanent Paralysis
 - ✓ Cancer

*If currently enrolled in the Critical Illness Plan, you must confirm enrollment in ADP for 2022.

Injury Accident

 Accident insurance can help protect against financial hardships resulting from emergency room treatment, hospital admissions and physical therapy expenses as a result of a non-work related accident

These plans pay a benefit directly to you, to be used however you choose!



Legal

Telephone and office consultations for a number of legal matters such as:

- Will preparation
- Debt collection defense
- Property tax assessments
- Repossession
- License suspension
- Civil litigation defense

Identity Theft

Identify theft protection through Allstate. You have the option to buy coverage for yourself or your family.

Protection that can help to proactively and effectively protect you and your family's personal information by:

- Monitoring fraud
- Reduce junk mail
- Protecting or restoring identity
- Provide free credit reports and score watch



Pet Insurance



Recent advances in veterinary medicine mean pets can live longer, healthier lives. Pet insurance can help ensure your pets get necessary care when they need it.

Pet insurance is offered through Trupanion. From surgeries to supplements, diagnostic tests, and medications, Trupanion covers 90% of eligible veterinary costs for the diagnosis and treatment of new unexpected injury or illness.

Waiting Periods:

- Injuries: 5 days from policy effective date
- Illnesses: 30 days from policy effective date
- Pre-existing conditions not covered



VOLUNTARY BENEFITS – HOW TO ENROLL

- ✓ New for 2022, enrollment in voluntary plans offered through Gallagher vChoice will be done in ADP.
- ✓ If not enrolling or not making changes to voluntary coverage, your only action is to review your current benefit elections in ADP. The one exception to this is the Critical Illness Plan – you must review and confirm your election even if making no changes.
- ✓ Your current coverage will roll into 2022.
- ✓ If enrolling for the first time, be sure to have your dependent and beneficiary information handy when enrolling dependents or coverage requiring a beneficiary, for example voluntary life.
- ✓ You will log into Trupanion to elect or waive coverage for 2022. Your
 current Trupanion coverage will roll into 2022 so if there are no
 changes, there is no action required of you.

Your Benefits tasks: Welcome Message



Questions?

Ariana Poltz

americas_benefits@htc.com

+1 206 548 2202

2022 Open Enrollment

November 8, 2021 - November 9, 2021

Welcome to the 2022 HTC America benefits open enrollment!

Open Enrollment begins on Monday, November 11th, 2021 and closes on Tuesday November, 23rd 2021.

This is your annual opportunity to review and update your current benefit elections that will be effective January 1st, 2022.

*All employees are required to review current enrollment and make election updated by November 23rd 2021

Trupanion Pet Insurance: If no changes are needed, your current enrollments will roll over. To enroll or
update elections for please visit this website.

During 2022 HTC Benefit open enrollment you can review and update your benefit elections:

- Enroll in Medical benefit coverage or Supplemental benefit coverage for the first time
- Update your current plan election options.
- · Complete spousal surcharge attestation for the new year.
- Confirm Health Club Payroll Allowance eligibility for 2022 plan year, by completing and uploading this document.
- · Enroll or drop eligible family members enrollment in HTC America benefit plans.
- · Please note that Domestic Partner coverage is dependent on completion of the affidavit found here.
- FSA Participants: You must elect your health and/or dependent care FSA during open enrollment for 2022. FSA elections do not roll over from year to year. This will be done using these instructions on

START THIS ENROLLMENT

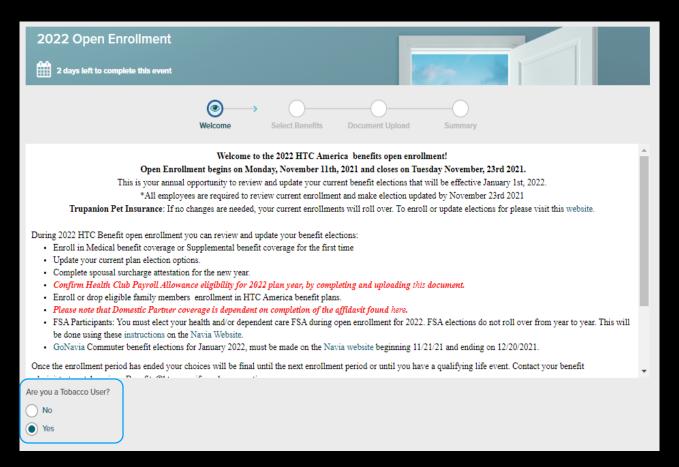
REMIND ME LATER



This pop-up will show up until you have completed your enrollment. After reading the entire Welcome Message, please select Start This Enrollment.



Your Benefits tasks: Initial Instructions



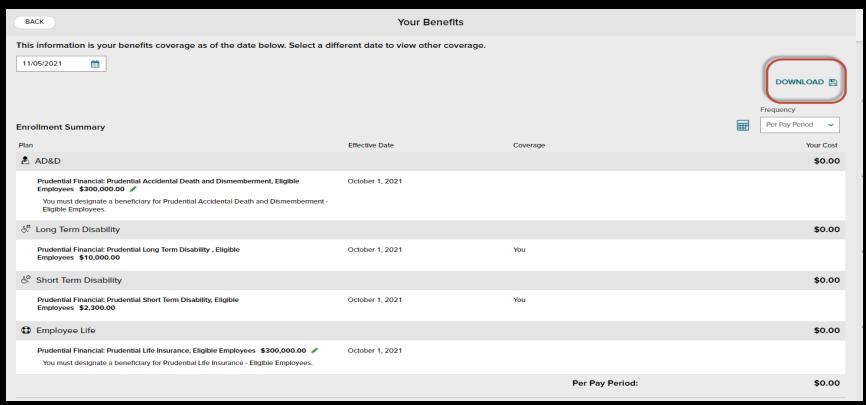


This is the initial instruction message you will receive to complete your benefit election process. Select your tobacco status and click Continue.





Your Benefits tasks: Enrolling in Benefits – Review Benefit Elections

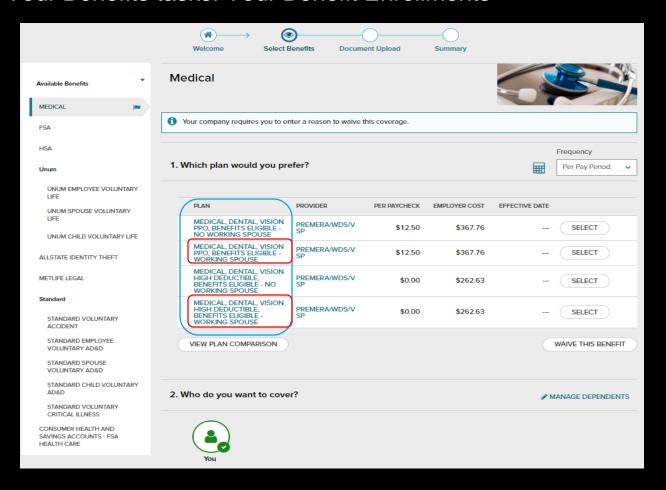


Please review your new benefit elections before submitting. It is recommended that you download this information for reference as you complete the Open Enrollment process.





Your Benefits tasks: Your Benefit Enrollments



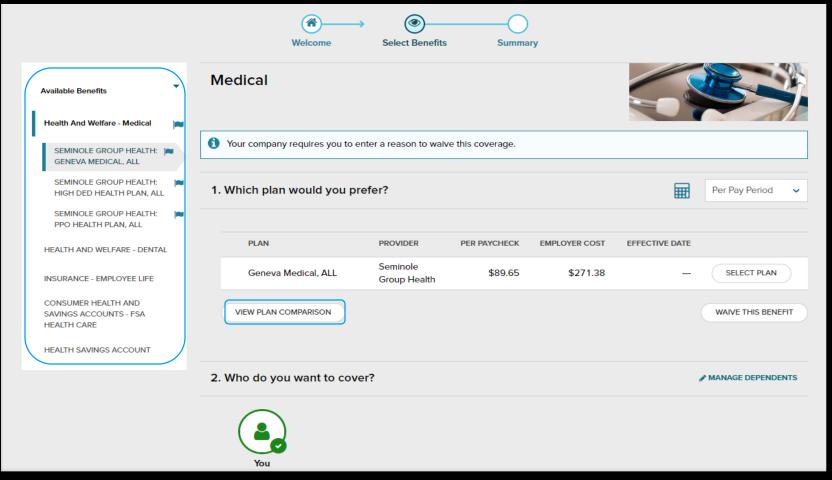
For more information and/or additional instructions, on any plan, you can select the hyperlink. *PLEASE NOTE: It is extremely important that you select the appropriate plan. If you have a working spouse, you must select the plan choice that indicates working spouse.

*Note: Your Website content may vary



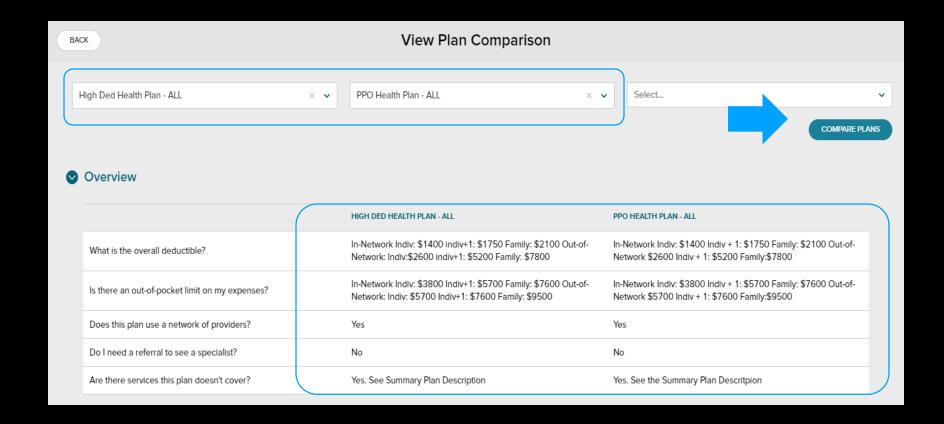


Your Benefits tasks: Enrolling in Benefits



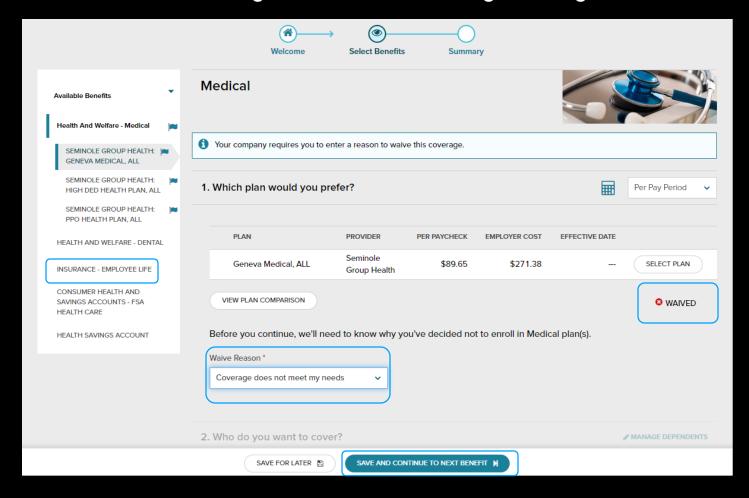
Your Benefits tasks: Comparing Benefit Plans





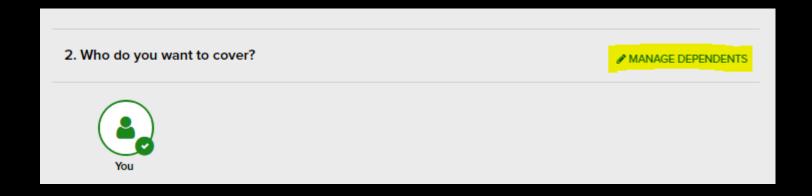


•Your Benefits tasks: Enrolling in Benefits – Waiving coverage





•Your Benefits tasks: Enrolling in Benefits – Review Dependents & Beneficiaries

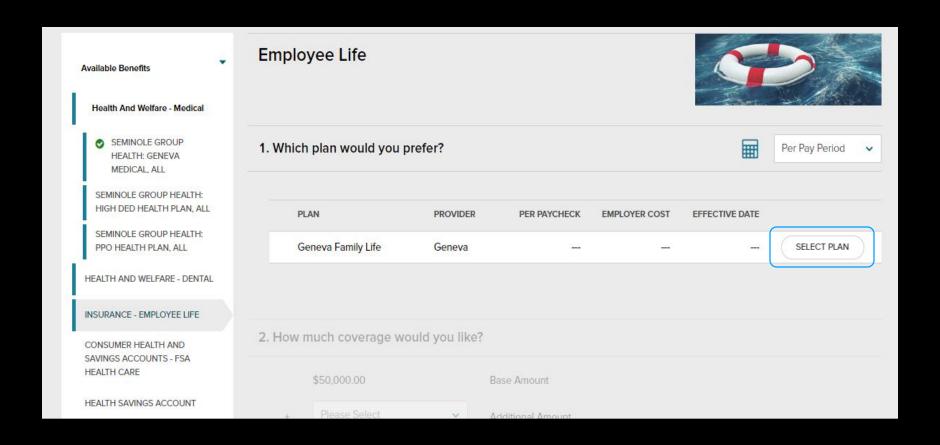


Please take a moment to review your Dependent and Beneficiary information, especially when they are included in your coverage, and confirm this information is up to date. You can do this by clicking on the hyperlink.





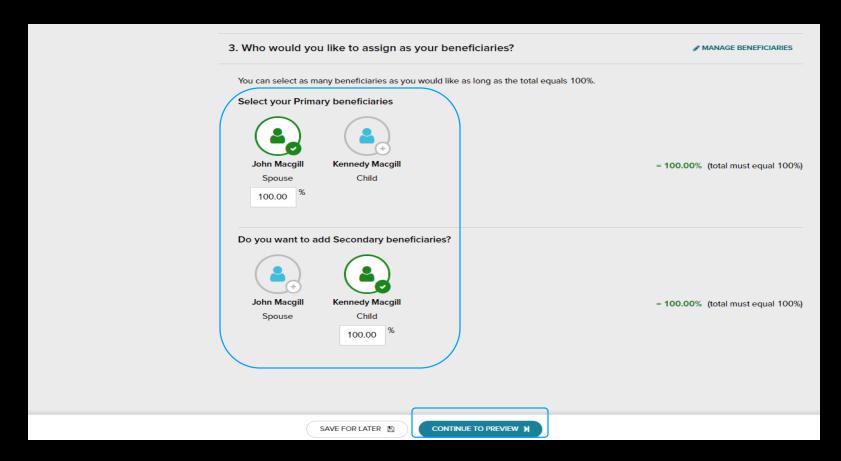
Your Benefits tasks: Supplemental Benefits





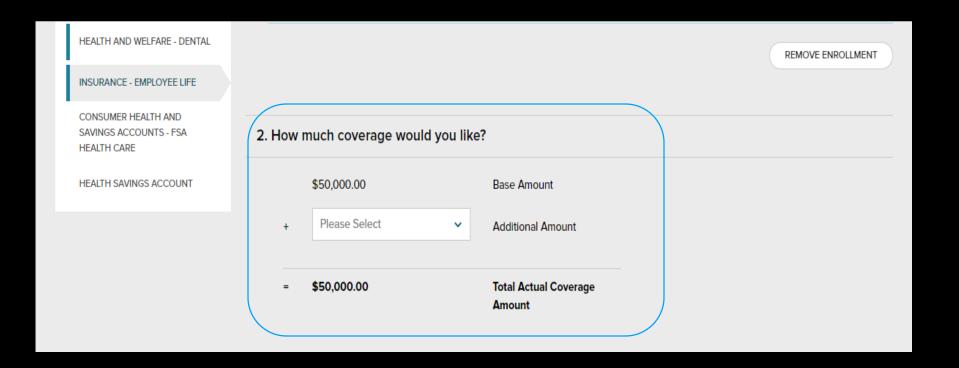


 Your Benefits tasks: Enrolling in Benefits – Selecting Dependents & Beneficiaries





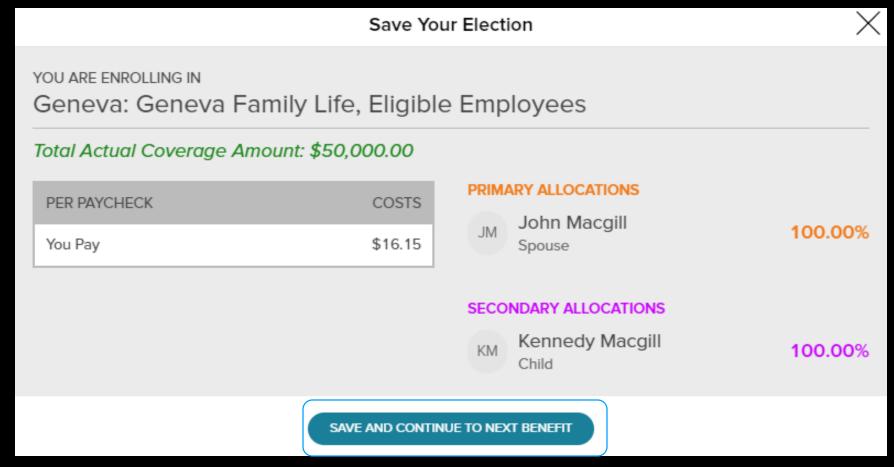
•Your Benefits tasks: Enrolling in Benefits – Employee Life







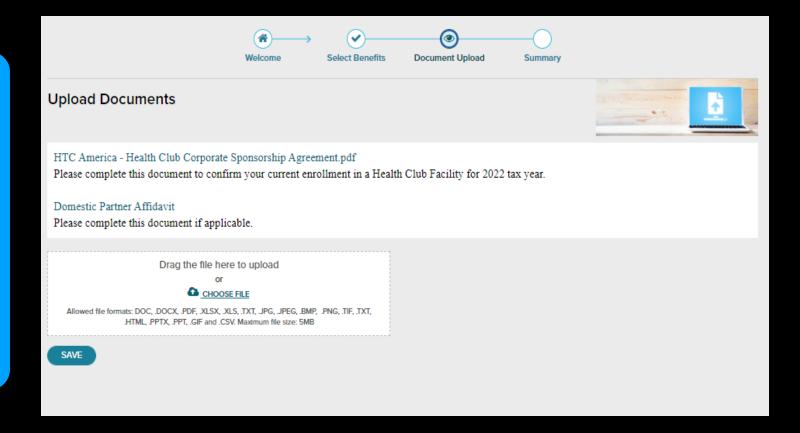
Your Benefits tasks: Enrolling in Benefits – Employee Life (continued)





•Your Benefits tasks: Enrolling in Benefits – Upload Documents

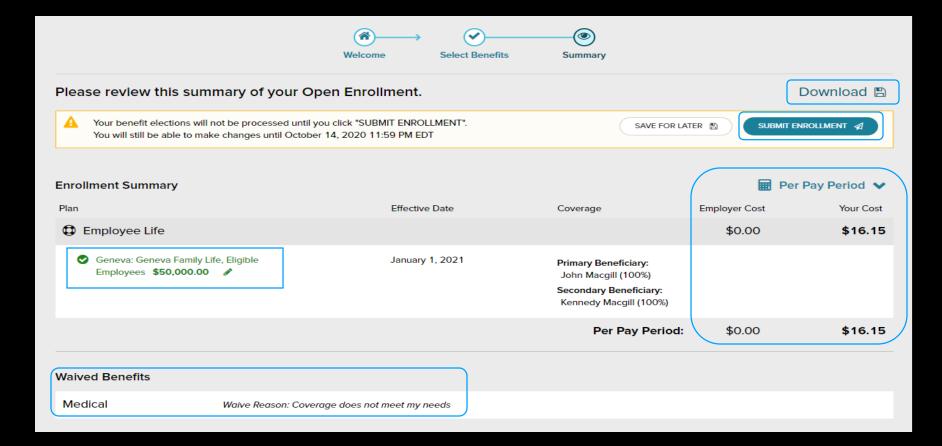
Be sure to download, sign and upload the Health club Corporate Sponsorship Agreement. If you have selected Domestic Partner coverage, you are also required to download, sign, and upload the Affidavit on this page.







 Your Benefits tasks: Enrolling in Benefits – Review and Submit Benefit Elections



ADP WORKFORCE NOW - HOW TO CREATE ADP **WFN LOGIN**

How to register:

ADP Employee Registration Quick Reference Card



Welcome! Register an account with ADP to access the services offered by your organization.

The process is very simple and supportive to help you identify yourself in the context of your organization to set up your account. Let's get started!

Registering with your email/mobile or identity information

- 1. On your ADP service website, click the link to Create Account
- Select Find Me.
- 3. Enter an email address or mobile number that you shared with your organization.
 - a. To verify your record within your organization, enter your identity information either governmentissued legal ID (SSN, EIN OR ITIN - US ONLY) or your Employee ID/Associate ID., Date of birth. Options available to you may vary slightly.

(OR)

Enter your personal identity information that you shared with your organization.

- a. Enter your First name, Last name, and Date of birth, and then either your legal ID or your Employee ID/Associate ID.
- 4. Enter the verification code sent to your email address or mobile number available on record. You can also enter new phone number for identity verification.
- Add your primary contact information—a frequently used email address and mobile number to receive account notifications and used to verify and confirm your identity, when needed.

(OR) Registering with a registration code from your organization

- Set up your user ID and strong password to complete the registration process for your ADP service account.
- 2. On your ADP service website, click the link to Create Account
- Select I Have a Registration Code.
- Enter the Personal Registration code or Organizational Registration code shared by your administrator.
- 5. Enter your identity information, such as First name, Last name. Date of birth, government-issued legal ID (SSN, EIN OR ITIN - US ONLY), or your Employee ID/Associate ID. Options available to you may vary slightly.
- Based on your information requested during this process:
 - a. Enter the verification code sent to your email address or mobile number available on record
 - b. You can also enter new phone number for identity
 - c. You may be required to answer questions from public
- 7. Add your primary contact information—a frequently used email address and mobile number to receive account notifications and used to verify and confirm your identity, when needed.

Congratulations! Use your user ID and password to log in to your account and access your information on ADP service URL and ADP

To stay connected with your information, download the ADP Mobile App and access your information on the go!



you forget your login information, use the Forgot User ID/Forgot Password link on your ADP service web site to complete a uick verification and recover your information.

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Have Questions? Need Help?

Contact Americas Payroll@HTC.com / 206-548-2202

for questions regarding:

Time Off | Time & Attendance | Payroll

For general site navigation, contact ADP MyLife Advisors

Phone: (855) 547-8508 E-Mail: MyLifeAdvisor@adp.com

Hours: 5:00am to 8:30pm PST



Flexible Spending Accounts & Commuter Benefits Navia Benefit Solutions





Healthcare Flexible Spending Account For employees participating in PPO plan or waiving medical coverage with HTC

Healthcare Flexible Spending Account (FSA)

What is a Healthcare FSA?

A pre-tax account that allows you to set aside funds to cover your medical/dental/vision/pharmacy expenses.

- Date of Service Plan: Services must be used within the Calendar Year
- Maximum Contribution: \$2,850
- Commitment: Must continue to participate for the whole plan year, unless qualified life event
- Plan Accordingly: Claim all elected funds by the end of the run-out period.
- Carryover: up to \$570 will be rolled over to the following plan year. Any Healthcare FSA funds in excess of \$570 will be forfeited. Funds will not be available for use until April, 2023. *You must elect enrollment in the Healthcare FSA in 2023 to use the carryover.

Healthcare Flexible Spending Account (FSA)

Examples of Eligible Expenses:

- Doctor visit copays
- Coinsurance
- Prescription copays
- Dental expenses (including orthodontia)
- Vision (glasses, contacts, LASIK, etc.)
- OTC medications
- Menstrual care products

How Do I Access My FSA Dollars?

- Full annual election available at beginning of calendar year
- Use Navia debit card at time of service
- Use personal debit/credit card at time of service, then file for reimbursement with Navia





Dependent Care Flexible Spending Account

Dependent Care Flexible Spending Account (FSA)

What is a Dependent Care FSA?

A pre-tax account that allows you to set aside funds to cover your childcare expenses for dependent children

- Date of Service Plan: Services must be used within the Calendar Plan Year
- Maximum Contribution: \$5,000 (\$2,500 if married and filing separately)
- Commitment: Must continue to participate for the whole plan year, unless qualified life event
- Plan Accordingly: Claim all elected funds by the end of the grace period. Funds remaining after grace period are forfeited.
- **Grace Period:** Following the end of the plan year (12/31), a 2.5 month grace period applies, allowing you to incur NEW claims and spend down your prior year FSA balance, through 03/15.

Dependent Care Flexible Spending Account (FSA)

What is an eligible Dependent Care expense?

Childcare expenses so you/your spouse can go to work or school

Does my childcare provider have to be licensed?

No. As long as the person caring for your child is over the age of 18 and is not another qualified dependent living in your household

What is the dependent age limit?

Through the age of 12, unless disabled

How do I access my Dependent Care funds:

Your Navia debit card, or by using your own debit or credit card and filing for reimbursement online





Commuter Benefits Transit & Parking

Commuter Benefits

What are Commuter Benefits?

Pre-tax accounts that allow you to set aside funds to cover your work-related transit and parking expenses

What is an eligible transit expense?

Bus, subway, train, light rail, ferry, vanpooling, UberPool, Lyft shared rides

What is an eligible parking expense?

Metered parking, daily/monthly fees for parking lots/garages, park & ride lots, parking at a mass transit facility

What expenses aren't eligible?

Bridge/road tolls, gas/fuel, residential parking fees, transit/parking expenses for spouses/dependents, private carpool expenses, non-work related transit/parking expenses

How much can I contribute?

The IRS maximum, per account, is \$280 per month.



Commuter Benefits

How do I elect my commuter benefits?

 Login as a participant to Navia's employee portal. If you've not registered yet, you will need to complete the registration process. Select the "GoNavia Commuter Orders" and follow the instructions.

How often can I change my election?

Unlike the rest of your benefits, commuter benefits can be changed monthly. The cut-off date to submit your monthly order to Navia is the 20th of the month prior. If your commuter expenses remain the same, you can set up recurring orders. For example, if you wanted to elect to contribute \$150 into your parking account for the month of March, you would need to log into the GoNavia site and make that election by Feb. 20th.



Additional Resources





Employee Assistance Program

24/7/365 Phone Consultation

Up to 3 face-to-face visits per issue

Legal Consultation

Relationship Issues

Financial Planning

Financial Consultation

Substance Abuse Anxiety, Stress & Depression

Retirement Planning

Work Conflicts

Day Care & Elder Care
Assistance

Access Information:

Web: https://www.guidanceresources.com (company ID: GEN311)

Phone: 800-311-4327



Gallagher Benefit Advocate Center (BAC)

What is the Gallagher BAC?

A free resource to assist in answering your benefit questions

Benefit Advocates will:

- Answer benefit related questions
- Help you find a provider
- Be an advocate for resolving claims issues
- Assist you through open enrollment



Benefits Help

425-201-9082 bac.htcamerica@ajg.com

Hours of Availability 6:00 am to 6:00 pm (PT)

Language interpretation available



Next Steps



Important Enrollment Information

- You MUST review your benefit elections in ADP for 2022.
 - Review the following for accuracy and any changes needed for 2022:
 - ✓ Medical
 - ✓ Dental
 - ✓ Vision
 - ✓ Life/Disability (automatically enrolled)
 - ✓ Healthcare/Dependent Care FSA (review for reference)
 - ✓ Health Savings Account (current payroll deduction)
 - ✓ Voluntary Coverages
- You MUST enroll on the Navia site to participate in a Healthcare and/or Dependent Care FSA for 2022.
- HSA elections are now made in ADP, If enrolling in the HSA for the first time, you must complete the application on the Navia site.
- Trupanion enrollment or changes must be made on the Trupanion site.

Enrollments must be complete by end of day, Nov. 23, 2021



