DATE       September 27, 2021
TO:   All Benefit-Eligible Employees
FROM:   Human Resources, Benefit Services
RE:   Important Information for 2022 Open Enrollment: Oct. 4 – Oct. 29, 2021

The 2022 Open Enrollment period is Monday, October 4, 2021, through Friday, October 29, 2021. Open Enrollment is the one time during the calendar year you can enroll in, change, or drop medical, dental, or vision plans, or add or remove covered dependents, without a Qualifying Life Event. It is also the time you must re-enroll in the Flexible Spending Account or Dependent Care Assistance programs if you wish to have these benefits again in the new year (2022).

For 2022, there are no plan changes to the City’s health plans and all benefit providers remain the same. Most medical plan premiums for active employees are increasing for 2022, but dental and vision premiums remain the same as they are in 2021.

Due to COVID-19, Benefit Services is currently closed to walk-in customers. To receive assistance with your Open Enrollment questions, you may choose from the following options:

- Email your questions to openenrollment@cityofsacramento.org
- Schedule a one-on-one web session with a Benefit Services team member by visiting the Benefit Services webpage and clicking the link: Schedule an appointment with a Benefit Services team member
- Contact the Benefit Services team member assigned to your department by email, telephone, or MS Teams.

To make changes to your benefits for the 2022 plan year, go to https://eCAPS.cityofsacramento.org from Monday, October 4, to Friday, October 29, 2021. Changes cannot be accepted after Open Enrollment closes. Enrollments and changes for the 2022 plan year will be effective January 1, 2022, and premiums associated with benefit enrollments will be reflected on the January 11, 2022 paycheck.

Should I do anything if I am not making any changes to my benefits? Yes! To start, please read this entire memo as it contains important information about your benefits. Open Enrollment is the perfect time to review the benefits available to you. You should review your beneficiaries to ensure they are current, re-enroll in your Flexible Spending Account (FSA) or Dependent Care Assistance Program (DCAP) if you are currently participating and wish to continue, and review the 2022 rate sheet so you know the amount you will be paying for benefits if enrolled.

Know your eCAPS username and password! Be sure you know your eCAPS username and password if you plan to make changes to your benefits during Open Enrollment. For assistance logging into eCAPS, contact the IT Helpdesk at (916) 808-7111.
Verify your email address and mailing address are up to date in eCAPS. Please make sure both addresses are current in eCAPS to receive important information about your benefits including notices about Open Enrollment and approaching deadlines.

**UPDATES FOR JANUARY 1, 2022**

**Premiums**
Premiums are increasing for most medical plans, and all other rates remain the same as in 2021. The 2022 rate charts and the 2022 Employee Benefits Handbook are available on the [Benefit Services webpage](#). Please refer to the 2022 Employee Benefits Handbook for a summary of all benefits available to benefit-eligible employees.

**Health Savings Account (HSA) Annual Limit for 2022**
The 2022 IRS limits for contributions to a Health Savings Account are:
- $3,650 for employee-only coverage
- $7,300 for employee +1 or more coverage
- If you are age 55 or older, you may contribute an additional $1,000.

If you contributed to an HSA during the 2021 plan year and you remain enrolled in the same Account Based Health Plan (ABHP) medical plan for 2022, your 2021 contribution amount will automatically roll over for 2022, if you make no changes. If you do not change your election amount, your amount will not be increased to the 2022 IRS limit. If you want to increase your HSA contributions to the new 2022 limits, you must make this change in eCAPS during Open Enrollment. HSA contributions can be changed at any time during the plan year and do not require a Qualifying Life Event to make changes outside of Open Enrollment. You **must** be enrolled in an ABHP medical plan and meet other eligibility criteria, to contribute to an HSA.

If you select a different ABHP medical plan for 2022, you must enroll in the corresponding HSA plan that matches your ABHP medical plan provider.

**Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP) Elections**
If you want to enroll in an FSA account or the Dependent Care Assistance Program (DCAP), you must make a new election each year.
- FSA and DCAP elections must be made during Open Enrollment if you would like to continue contributing to your FSA/DCAP in 2022.
- Per IRS rules, your FSA/DCAP election made in 2021 cannot roll over to 2022.
- You cannot make changes to your FSA/DCAP election outside of Open Enrollment without a Qualifying Life Event.
- DCAP is used for paying for qualified childcare expenses for children under the age of 13 or for adult dependents who are incapable of caring for themselves. DCAP is **not** dependent life insurance.

**Life Insurance Beneficiaries – Review and Update**
Open Enrollment is a great time to review your beneficiaries especially if you have experienced any family changes. When you log into eCAPS for Open Enrollment, you can see your current beneficiaries
and make updates if needed. Please note you cannot remove historical data related to prior beneficiaries. If you need assistance viewing beneficiaries, contact Benefit Services.

457(b) Deferred Compensation Changes
To change your 457(b) contribution, you must do so via your online account with Nationwide and not in eCAPS. If you submit a change to your 457 contribution, this change usually is not reflected until the 2nd paycheck in the month following the month you made the change. Example – you made a change between December 1-31, 2021. Your change should not be reflected until your 2nd paycheck in January 2022. If you need assistance with how to change your contribution amount for the 1st paycheck in January 2022, please contact Benefit Services no later than November 30, 2021. Changes to beneficiaries for the City’s 401(a) or 457(b) plans are made by logging into your Nationwide online account. The City does not maintain this information.

Dependent Eligibility Verification & Proof of Other Group Medical Coverage
- **Additional documentation** is required if you are newly enrolling a dependent on a City health plan or you are newly waiving City medical coverage.
- For new dependents, this documentation will prove the dependent’s eligibility to be enrolled in a City plan.
- To waive medical insurance, you must provide proof of other group medical coverage obtained through a spouse, parent, or other employer.
- Documentation must be submitted to Benefit Services no later than 5:00 p.m., on Friday, November 12, 2021.
- Documentation may be sent using the following methods:
  - Scan and email documents to openenrollment@cityofsacramento.org. Your scanned document must be legible when printed or you will be required to re-submit your documents.
  - Mail paper copies of your documents to Benefit Services, 915 I Street, Plaza Level, Sacramento, CA 95814, postmarked by November 12, 2021.
  - Send your documents in a sealed envelope via interoffice mail to mailstop 9800.
- **Acceptable dependent documentation** includes, but is not limited to, the following documents: birth certificate, marriage certificate, State of California registration of domestic partnership, or court order or decree.
- Proof of other group medical coverage, used to waive your City medical coverage, must illustrate your effective date of coverage will begin 1/1/2022, and contain the carrier’s name and group number. A medical card cannot be accepted as proof of current coverage. Be sure to request this documentation well in advance of the due date from the other employer where you will have coverage. No proof is required to drop dental and/or vision insurance.
- Medical coverage purchased through Covered California is not group health coverage and does not meet eligibility requirements to waive City medical coverage, due to Affordable Care Act requirements for employers.
- If Benefit Services does not receive your proof documentation by 5:00 p.m. on Friday, November 12, 2021, your requested 2022 medical enrollment changes or newly waiving medical for 2022 cannot be accepted, and you will remain in your current medical plan.
Submitting your Open Enrollment Changes in eCAPS Prior to the Close of Open Enrollment

It is important to complete your desired changes in eCAPS prior to the end of Open Enrollment.

- It is each employee’s responsibility to make sure the Open Enrollment process is completed in eCAPS and required documentation is sent to Benefit Services by the stated deadlines.
- After submitting your changes in eCAPS, it is recommended that you exit and log back into eCAPS to double check you see your changes were recorded.
- If your changes were successfully submitted, you will see them in bold under your current benefit elections.
- If you do not see the changes, you did not accurately complete the process, and you must go through the process again.
- After Open Enrollment closes on October 29, 2021, you will not be permitted to make changes to your benefits without a Qualifying Life Event per the City’s IRC Section 125 Cafeteria Plan.
- Benefit Services cannot verify for you if you accurately made your changes during the Open Enrollment processing period. Complete the steps above for self-verification in eCAPS. You are encouraged to print the screens for your records.

Additional Information

For detailed information on available benefit options, as well as a copy of communications sent during Open Enrollment, visit the Benefit Services webpage on the City’s website. If you need additional information not included in any Open Enrollment materials, you are encouraged to contact the provider directly.

For additional questions regarding Open Enrollment, please email openenrollment@cityofsacramento.org or contact the Benefit Services team member assigned to your department by email, telephone, or MS Teams.

If you call the main Benefit Services telephone line at (916) 808-5665 or your assigned Benefit Services team member, please leave a detailed message including your first and last name, telephone number, your employee ID, and the type of assistance needed. Be sure to speak clearly and slowly. A team member will return your call within two business days.