Open Enrollment

Benefits Highlights for 2026

Navigating Change Together

October 13 to October 31*, 2025

* Changes must be received by 4:00 pm on October 31
* Drop off forms at Central Office or email to: HR-Benefits@seattlehousing.org
* For language resources, go to page 2

Open Enrollment begins Monday, October 13 and ends Friday, October 31, at 4:00 pm

October 2025

Dear Seattle Housing Authority Employee,

This guide contains important information about Open Enrollment for your health and welfare benefits. Open Enrollment begins **Monday, October 13 and ends Friday, October 31, at 4:00 pm.** This is your annual opportunity to review your benefits coverage and make any necessary changes. Now is a great time to evaluate your needs and consider reviewing or changing your benefits selections, updating or enrolling in optional insurance plans, adjusting contributions to your Flexible Spending Accounts (FSAs), and confirming or updating your Life and AD&D insurance beneficiaries.

Please note: Most of your current benefits will automatically carry over into the new year. However, there is one **important exception** — your **Health Care and Dependent Care (daycare) FSAs do not** roll over and must be re-elected annually. Be sure to determine the amount you'd like to set aside for these tax-free accounts.

All Open Enrollment changes and elections must be submitted to the HR Benefits Team or dropped off to the Human Resources Department at Central Office All changes and elections must be received by the Benefits Team by **Friday, October 31, at 4:00 p.m.** During Open Enrollment, you may:

- Change your health plans
- Add or remove dependent coverage
- Update beneficiaries
- Add, increase, or decrease Life insurance
- Add, increase, or decrease AD&D insurance
- Add or discontinue supplemental Long-Term Disability insurance

We are committed to supporting you in making the best choices for your health, well-being, and peace of mind. If you have any questions or need help:

- Contact the HR Benefits Team
- Register for a Benefit Vendor Informational webinar

If you need assistance reading or understanding the Open Enrollment Benefits Highlights, please refer to **Page 3** of this guide for additional support resources. Your health and satisfaction are our priorities, and we're here to ensure you have the information and tools you need for a smooth and successful Open Enrollment experience.

Sincerely,
Patty Anderson
HR Benefit and Leave Administrator

Contents

Changes to your benefits must be received by 4:00 pm on Friday, October 31

Between **October 13 and October 31**, you can make changes to your benefits coverage and add or drop dependents (see checklist on page 3). You must re-enroll if you wish to have a health care and/or daycare Flexible Spending Account in 2026. Even if you do not wish to make any changes, we encourage you to review your beneficiary information.

For assistance in understanding the information in this document

Assistance is available for help reading or understanding this document.

- **Need to speak with someone in a language other than English?** Contact the HR Benefits Team and we will help you access Language Line Services. You will have access to an interpreter and a Benefits Team staff member to answer your questions.
- **Hearing impaired?** If you use a TDD, SHA provides interpretation services. Call 7-1-1 or 1-800-833-6384 on your TDD. You will be connected with the Washington Relay Service. Give them the number of the party you want to call, in this case, the Benefits Team Representative at 1-206-837-7057. They will call the person for you and then interpret information from your TDD to the person you are calling.
- **Visually impaired?** This Benefits Highlights document is available in a larger font. To request an electronic copy, contact the HR Benefits Team.
- **Would you rather *hear* the information than *read* it?** If your understanding is improved by having someone read or paraphrase information for you, you are invited to request a benefits orientation. Contact the HR Benefits Team to schedule a benefits orientation.

If additional help is needed or you would prefer to speak to someone confidentially, please contact the HR Benefits Team

Changes you can make ONLY during Open Enrollment

Make changes from Monday, October 13 through 4:00 pm on Friday, October 31.

You can make the following changes only during Open Enrollment unless you experience a qualifying change in family status (see the box on this page).

Medical/Dental/Vision Coverage*

- Change plans
- Add or drop an eligible family member **

Flexible Spending Accounts (Participants must re-enroll every year)

- Enroll in Daycare Flexible Spending Account for 2026
- Enroll in Health Care Flexible Spending Account for 2026

Supplemental Long-Term Disability Insurance***

- Enroll in Supplemental LTD, a pre-existing exclusion applies

Life Insurance****

- Add or increase Basic Life coverage
- Change your Basic Life to Limited Basic Life (or vice versa)
- Add or increase Supplemental Life coverage for yourself or family members if you have or are newly electing Basic Life.

Accidental Death & Dismemberment Insurance

Add or increase coverage for yourself or your family

*** If you add a new dependent during Open Enrollment or any time during the year, you will receive a letter at home from Alight Solutions, the City's business partner, to submit documentation to verify dependent eligibility. For more information about dependent eligibility verification, visit the Dependent Eligibility Verification page at* (http://bit.ly/Citydev).

*****Evidence of Insurability (medical history statement) is required if adding or increasing coverage.* You may complete **Evidence of Insurability** and submit it online **here** within 90 days of the end of Open Enrollment or January 31, 2026.

Changing your plan choices outside of Open Enrollment

You may only make changes to your benefits elections outside the Open Enrollment period if family status changes occur in your family. The changes you can make depend on the status change and must be consistent with it. Contact the HR Benefits Team for more information.

Changes in family status are defined as:

- Birth, adoption, placement of a child, or legal guardianship*
- Loss of a child, spouse, or domestic partner's eligibility under another health plan*
- Marriage or formation of a domestic partnership*
- Divorce, termination of a domestic partnership, or legal separation

Eligible Dependents

You must be enrolled before you can enroll your dependents. Dependents eligible to be covered under the City's benefit programs are:

- Your spouse
- Your domestic partner
- Your biological or adopted children, your spouse or domestic partner's children, or any child for whom you are the legal guardian. The child must be under age 26.

To cover a spouse/domestic partner, you must complete an Affidavit of Marriage/Domestic Partnership.

Premiums for a domestic partner or partner's child are taken after taxes. You may drop a domestic partner or partner's child at any time (without a change in family status) if he/she is not claimed as your IRS tax dependent.

Changes you can make throughout the year

Contact the HR Benefits Team to make these changes:

Medical/Dental/Vision Coverage*

- ☐ Drop ineligible family members
- ☐ Add dependents if you have a family status change

Supplemental Long-term Disability Insurance**

- ☐ Drop Supplemental Long-term Disability

Life Insurance

- ☐ Change beneficiary designation
- ☐ Drop Basic (up to 1.5x annual salary) or Limited Basic Life coverage ($50,000)
- ☐ Drop or decrease Supplemental Life coverage for yourself or family members

Accidental Death & Dismemberment Insurance

- ☐ Change beneficiary designation
- ☐ Drop or decrease your or your family coverage

Deferred Compensation Plan

- ☐ Add, change, or drop the beneficiary designation
- ☐ Enroll or increase your contribution
- ☐ Stop or decrease your contribution

Your Ongoing Responsibilities

- ☐ Update your address, telephone number, and emergency contact through Human Resources
- ☐ Review your paycheck deductions frequently; contact the payroll team with questions
- ☐ Update family status changes – such as birth or divorce – through the Benefits Team

2026 plan changes

This section outlines changes for the upcoming plan year. Detailed information about all the plans is available at SHA 2026 Benefits Open Enrollment website.

All Employees

Flexible Spending Accounts

- **Health Care FSA**
  - Increasing maximum annual contribution from $3,200 to $3,300
  - Increasing carry-over amount from 2025 to 2026 to $660
- **Day Care FSA**
  - Increasing maximum annual contribution from $5,000 to $7,500 for single filers and married couples filing jointly
  - Increasing maximum annual contribution from $2,250 to $3,750 for married individuals filing separately

Group Term Life

- **Basic Plan**
  - Increase premium by 54.7%. Total rate $0.116/$1,000 of coverage. Employee portion $0.070/$1,000; SHA portion $0.046/$1,000
- **Supplemental Employee Plan**
  - Increase premium by 33%. See chart below for monthly cost per $1,000 of coverage.
- **Supplemental Spouse/Domestic Partner Plan**
  - Increase premium by 33%. See chart below for monthly cost per $1,000 of coverage.

2026 Supplemental Employee and Spouse / Domestic Partner Premium

Your Age	2026 Monthly cost per $1,000 of coverage
18-29	$0.032
30-34	$0.047
35-39	$0.063
40-44	$0.088
45-49	$0.149
50-54	$0.227
55-59	$0.354
60-64	$0.541
65+	$0.942

Kaiser Permanente Standard and Deductible Plans

- **Hearing Aids**
  - Expand coverage to one device per ear with hearing loss every 36 months. Remove dollar limit.
- **Artificial Insemination Services**
  - Enhance coverage by applying regular cost shares and accruing costs to medical out-of-pocket maximum

Aetna Preventive and Traditional Plans

- **Hearing Aids**
  - Expand coverage to one device per ear with hearing loss every 36 months. Remove dollar limit.

Delta Dental of Washington Plan

- **Posterior Composites**
  - Add coverage of composite fillings on posterior teeth, member pays applicable coinsurance
- **TotalHealth**
  - Expand coverage to include additional cleanings, periodontal maintenance, and scaling for moderate to severe gingival inflammation for qualifying health conditions such as pregnancy, heart disease, diabetes, and periodontal disease

VSP Basic and Buy-up Plans

- **Essential Medical Eye Care**
  - Add access to care for conditions such as pink eye and additional exams for diabetics when needed
- **VSP Network**
  - Add Walmart Optical to the network

VSP Buy-up Plan

- **Computer Vision Care**
  - Add coverage for a second pair of glasses specifically designed for vision issues caused by regular computer and digital device use; $25 copay and $100 in-network frame allowance
- **Rate Increase**
  - Increase rate from $10.92 per month to $12.04 per month

Health Care Reform Notice: Grandfathered plan status disclosure

The City of Seattle Aetna and Kaiser Permanente medical plans for SHA employees are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act).

As permitted by the Affordable Care Act (ACA), a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being on a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans, for example, the ACA requires the provision of preventive health services without any cost sharing. However, Grandfathered health plans must comply with certain consumer protections in the Affordable Care Act, for example, the plans include the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered to non-grandfathered status can be directed to the Benefits Team.

Enrollment options

The benefits plan and dependent coverage elections you make during Open Enrollment (which ends at 4:00 pm on October 31) are for the 2026 plan year, which begins on January 1, 2026. According to I.R.S. Section 125 regulations, you cannot change your elections outside of the fall Open Enrollment period unless you have a qualifying change in family status (see page 3). If you do not make changes, your plans will remain the same, and you will pay the designated premium amount (except for FSA participation, which will stop).

If you decline medical coverage for yourself or family members (you may not decline dental or vision coverage), the following will occur:

- If you have no other medical insurance, you will NOT be eligible to enroll in a medical plan until the next annual Open Enrollment unless you have a qualifying change in family status as defined in the Change in Family Status/Dependent Eligibility section on page 3. Enrollment must take place within 30 days, or within 60 days to enroll a child on your medical plan due to birth or adoption.
- If you have other medical coverage and lose your other coverage, you may enroll in a City medical plan within 30 days of the loss of the other coverage upon providing proof of continuous medical coverage. However, you may not decline (waive) dental or vision coverage.
- If you have a qualifying change in family status, you may enroll or un-enroll your eligible dependents within 30 days of the change (60 days for a newborn, newly adopted child, or child placed for adoption).
- If you declined (waived) City healthcare coverage and leave City employment or go on a leave of absence, you will not be eligible to obtain the declined medical, dental, or vision coverage through the City under the Federal COBRA law subsequently. However, you will be eligible to enroll in a City retiree medical plan if you retire.

Dependent eligibility

To ensure that the City treats all employees fairly, operates our plans consistently, follows our plan documents, and appropriately allocates funds, the City verifies the eligibility of all newly added dependents to its health care plans.

All City employees with City healthcare coverage must provide documentation for their newly added dependents. The City's business partner, Alight Solutions, handles this process. If you add a dependent during Open Enrollment, you will be asked to provide documentation of the nature of the relationship (such as a marriage license, birth certificate, affidavit of domestic partnership, court documents, etc.). You will also be asked to provide documentation of the current status of the relationship (such as a federal tax return, proof of joint ownership, etc.).

Who is an eligible dependent?

- Your legal spouse (unless you are legally separated)
- Your domestic partner if you and your domestic partner
  - Share the same regular and permanent residence and
  - Have a close personal relationship and
  - Are jointly responsible for basic living expenses* and
  - Are not married to anyone and
  - Are each 18 years of age or older and
  - Are not related by blood closer than would bar marriage in the State of Washington and
  - Were mentally competent to consent to contract when the domestic partnership began and
  - Are each other's sole domestic partner and are responsible for each other's common welfare.

  *"Basic living expenses" means the cost of basic food and shelter and any other expenses of a domestic partner. The individuals do not need to contribute equally or jointly to these expenses as long as they agree they are both responsible for the cost.
- Your children or your spouse's children under the age of 26, including biological children, adopted children, children placed with you for adoption, stepchildren, children of your domestic partner, children for whom you have a qualified court order to provide coverage, and children for whom you are the legal guardian. The age limit does not apply if the child is certified as disabled.

If you discover you are covering an ineligible dependent, they should be removed from SHA plans.

Contact the Benefits Team with any questions.

Premium sharing

The table below shows monthly premium contributions for employees with benefits in 2026. Premium contributions will be divided into two equal payments and taken from the first two paychecks of the month on a pre-tax basis.

SHA Benefits Coverage – 2026 Monthly Health Care Premium

		Employee, with or without children		An employee with a spouse or domestic partner, with or without children	
Plan	**Total monthly premium**	**SHA pays**	**Employee pays**	**SHA pays**	**Employee pays**
Medical					
Aetna Preventive	$2,329.36	$2,281.24	$48.12	$2,230.86	$98.50
Aetna Traditional	$2,097.88	$2,097.88	$ 0.00	$2,065.54	$32.34
Kaiser Permanente Standard	$1,748.23	$1,699.83	$48.40	$1,648.33	$99.90
Kaiser Permanente Deductible	$1,611.18	$1,586.18	$25.00	$1,554.26	$56.92
Dental					
Delta Dental of Washington	125.52	125.52	$0.00	125.52	$0.00
Dental Health Services	$142.65	$142.65	$0.00	$142.65	$0.00
Vision					
Basic Plan	9.53	9.53	$0.00	9.53	$0.00
Buy-Up Plan	$21.58	$9.54	$12.04	$9.54	$12.04

For 2026 health benefits coverage values for non-IRS tax dependents such as domestic partner and domestic partner's dependent children, go to SHA 2026 DP Tax Values.

Optional Coverages:

Accidental Death and Dismemberment (AD&D):

You may choose a coverage amount in increments of $25,000 up to $500,000. Go to AD&D for plan information.

Flexible Spending Accounts (FSAs)

To set up accounts for 2026, you must enroll by 4:00 pm on Friday, October 31. For more plan information, go to FSA

- Up to $660 unused Health FSA funds will be carried over from 2025 to 2026 if there is a minimum balance of $120 at the beginning of 2026. For the Health FSA, if a 2026 account is not elected, 2025 account balances under $120 will be forfeited.

Group Term Life (GTL):

See more about the Group Term Life plans at Life Insurance. If you wait to enroll (or increase coverage) yourself or your spouse/domestic partner until open enrollment, you will each have to complete an Evidence of Insurability (medical history statement) that can be denied or approved for any coverage amount. You may complete the **Evidence of Insurability** and submit it online **here** within 90 days of the end of Open Enrollment or January 29, 2026.

Long-Term Disability (LTD)*:

For information about the long-term disability plan, go to LTD.

Who to Contact if You have Questions

If you have questions or want more information, contact the following organizations by phone or obtain information through their web sites

Aetna Medical Insurance	(800) 872-3862	www.aetnanavigator.com **to find a doctor**: www.aetna.com/docfind/custom/cityofseattle/
Kaiser Permanente Medical Insurance	(888) 901-4636	www.kp.org/wa
Vision Service Plan (VSP)	(800) 877-7195	www.VSP.com
Dental Health Services (DHS)	(206) 788-3444 (877) 495-4455	www.dentalhealthservices.com/cityofseattle/
Delta Dental of Washington (DDW)	(206) 522-2300 (800) 554-1907	www.deltadentalwa.com
WA State Retirement Systems (PERS)	(800) 547-6657	www.drs.wa.gov
WA State Deferred Compensation Program (DCP)	(800) 547-6657	www.drs.wa.gov/plan/dcp
Employee Assistance Program (EAP) SupportLinc	(800) 553-7798	SupportLinc
Long Term Care UNUM Provident	(800) 421-0344	www.unum.com
Life, AD&D, LTD	(206) 615-3328	Optional Benefits page on www.seattlehousing.org
Flexible Spending Accounts Navia Benefits Solution	(425) 452-3500 (800) 669-3539	www.naviabenefits.com Company Code: SHA