

**DATE**            **September 25, 2023**

**TO:**              **All Benefit-Eligible Employees**

**FROM:**          **Human Resources, Benefit Services**

**RE:**              **Important Information for 2024 Open Enrollment: Oct. 2 – Oct. 27, 2023**

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The 2024 Open Enrollment period is Monday, October 2, 2023, through Friday, October 27, 2023. Open Enrollment is the one time during the calendar year you can enroll, change, or drop medical, dental, or vision plans, add eligible dependents or remove, without a Qualifying Life Event. It is also the time you must re-enroll in the Flexible Spending Account (FSA) or Dependent Care Assistance (DCAP) programs if you wish to have these benefits again in 2024.

For 2024, all City health plans and benefit providers remain the same, however, medical plan premiums are increasing, the Delta Dental PPO plan premiums are decreasing, and Vision Service Plan premiums will remain the same.

To make changes to your benefits for the 2024 plan year, go to <https://eCAPS.cityofsacramento.org> from Monday, October 2, to Friday, October 27, 2023, at 11:59 p.m. Changes cannot be accepted after Open Enrollment closes. Enrollments and changes for the 2024 plan year will be effective January 1, 2024, and premiums associated with benefit enrollments will be reflected on the January 9, 2024, paycheck.

### **Open Enrollment Assistance**

For assistance with Open Enrollment:

- Email questions to [openenrollment@cityofsacramento.org](mailto:openenrollment@cityofsacramento.org)
- Schedule a one-on-one web session with Benefit Services 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.
- Contact your department's PAR Contact for general assistance with Open Enrollment in eCAPs.
- [Virtual Q&A Session 1](#): Oct. 11 from 12:00 p.m. to 1:00 p.m.
- [Virtual Q&A Session 2](#): Oct. 25 from 3:00 p.m. to 4:00 p.m.
- Read the Open Enrollment [FAQ](#)

### **Should I do anything if I am not making any changes to my benefits?**

**Yes!** To start, 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 [2024 rate sheet](#) so you know the amount you will be paying for benefits if enrolled.

**Know your eCAPS username and password!**

Contact the IT Service Desk at (916) 808-7111 in advance of Open Enrollment if you do not know your eCAPS username or password or cannot access eCAPS.

**Verify your email address and mailing address are up to date in eCAPS.** Review and update addresses to receive important information about your benefits including notices about Open Enrollment and approaching deadlines.

**UPDATES FOR JANUARY 1, 2024**

Premiums are changing for medical and the Delta Dental PPO plans in 2024, but the vision plan premiums will remain the same. The 2024 rate sheets and the 2024 Employee Benefits Handbook are available on the [Active Employee Benefits webpage](#). Refer to the 2024 Employee Benefits Handbook for a summary of all benefits available to benefit-eligible employees.

**Federally mandated changes to the minimum deductible and maximum out-of-pocket limits for the Account Based Health Plans (ABHP)**

The minimum deductibles and max out-of-pocket costs for all Account Based Health Plans (high deductible) are changing as follows:

**Kaiser**

- Employee-only coverage: \$2,000 deductible/\$3,200 max out-of-pocket
- Family coverage: \$3,200 deductible individual within a family and \$4,000 for family/\$3,200 max-out-pocket for individual within a family and \$6,400 max for family

**SHP**

- Employee-only coverage: \$2,000 deductible/\$3,200 max out-of-pocket
- Family coverage: \$3,200 deductible individual within a family and \$4,000 for family/\$3,200 max-out-pocket for individual within a family and \$6,400 max for family

**WHA**

- Employee-only coverage: \$2,000 deductible/\$3,000 max out-of-pocket
- Family coverage: \$3,200 deductible individual within a family and \$4,000 for family/\$3,200 max-out-pocket for individual within a family and \$6,000 max for family

**Health Savings Account (HSA) Annual Limit for 2024 (Must be enrolled in an ABHP medical plan)**

The 2024 IRS limits for contributions to a Health Savings Account are:

- \$4,150 for employee-only coverage
- \$8,300 for employee +1 or more coverage (full family)
- If you are age 55 or older, you may contribute an additional \$1,000.

If you contributed to an HSA during the 2023 plan year and you remain enrolled in the same Account Based Health Plan (ABHP) medical plan for 2024, your 2023 contribution amount will automatically roll over for 2024, if you make no changes. If you do not change your election amount, your amount will not be increased to the 2024 IRS limit. To change your HSA contribution effective January 1, 2024, 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 2024, you must enroll in the corresponding HSA plan that matches your ABHP medical plan provider and enter a new annual election amount.

### **Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP) Elections**

If you want to enroll in an FSA account or the 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 2024.
- Per IRS rules, your FSA/DCAP election made in 2023 cannot roll over to 2024.
- 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 life insurance for your dependent(s).

### **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. 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. 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**

- [Acceptable documentation](#) is required if you are enrolling a dependent that has never been on a City health plan or you are newly waiving City medical coverage.
- For new dependents enrolled in a City health plan, this documentation will prove the dependent's eligibility for enrollment.
- 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 17, 2023.
- Documentation may be sent using the following methods:
  - Scan and email documents to [openenrollment@cityofsacramento.org](mailto:openenrollment@cityofsacramento.org) from your City email address. 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 17, 2023.

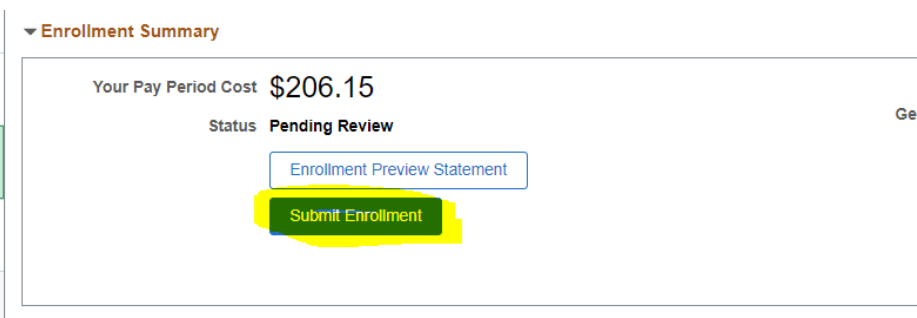
- Send your documents in a sealed envelope via interoffice mail to mailstop 9800.
- Drop off your documents in the Benefit Services secure drop box outside the Benefit Services office in Historic City Hall.
- **Acceptable documentation** includes, but is not limited to, the following documents: birth 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 January 1, 2024, and contain the carrier's name and group number. A medical card or printout or enrollment statement from a website 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 17, 2023, your requested 2024 medical enrollment changes or newly waiving medical for 2024 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 you do not see the changes, you did not accurately complete the process, and you must go through the process again. Be sure to **click the *Submit Enrollment* button** to submit your changes.

Submit Enrollment buttons are available at the top and bottom of the Benefits Enrollment screen.



<b>Flex Spending Dependent Care</b> Current: No Coverage New: No Coverage Status: Pending Review  Pay Period Cost: \$0.00 Review	<b>Health Savings Account</b> Current: Waive New: Kaiser HSA \$2,768 Status: <span style="color: green;">✔</span> Changed  Pay Period Cost: \$115.33 Review
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[Submit Enrollment](#)

- After Open Enrollment closes on October 27, 2023, 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 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 your Enrollment Preview statement for your records.

### Additional Information

The [Active Employee Benefits webpage](#) provides detailed information on benefit options, as well as a copy of communications sent during Open Enrollment. If you need additional information not included in any Open Enrollment materials, you are encouraged to [contact the provider directly or attend one of their presentations](#).

Please make sure you give yourself enough time to make changes in the event you encounter an issue or trouble accessing eCAPS. Do not wait until the last day of Open Enrollment to start the process. For additional questions regarding Open Enrollment, email [openenrollment@cityofsacramento.org](mailto:openenrollment@cityofsacramento.org) or contact the Benefit Services team member [assigned to your department](#) by email, telephone, or MS Teams. If you call Benefit Services at (916) 808-5665 or your assigned Benefit Services team member, 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.