

§501-c-9 Post-Retirement Medical Plan & Trust

*A single employer plan sponsored by
Truckee Meadows Water Authority*

AGENDA

§501-c-9 Post-Retirement Medical Plan & Trust

Tuesday, April 21, 2020 at 1:00 p.m.

Meeting Via Teleconference Only

MEMBERS OF THE PUBLIC MAY ATTEND TELPHONICALLY BY CALLING THE NUMBER LISTED BELOW.

NO PHYSICAL LOCATION IS BEING PROVIDED FOR THIS MEETING

(be sure to keep your phones on mute, and do not place the call on hold)

Phone: (775) 325-5404

Meeting ID: 370 937 562#

1. Roll call*
2. Public comment — limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the January 21, 2020 minutes **(For Possible Action)**
5. Review and consideration for approval of request(s) for reimbursement of premiums. — Rosalinda Rodriguez **(For Possible Action)**
6. Review of Retirement Benefits Investment Fund (RBIF) performance—Michele Sullivan*
7. Trustee comments and requests for future agenda items*
8. Public comment — limited to no more than three minutes per speaker*
9. Adjournment **(For Possible Action)**

NOTES:

1. This meeting is being conducted pursuant to the Governor's Declaration of Emergency Directive 006 ("Directive 006") http://gov.nv.gov/uploadedFiles/govnewnv.gov/Content/News/Emergency_Orders/2020/DeclarationofEmergencyDirective006reOML3-21-20.pdf
2. The announcement of this meeting has been electronically posted in compliance with NRS 241.020(3) and Directive 006 at <http://www.tmwa.com>, and NRS 232.2175 at <https://notice.nv.gov/>.
3. Pursuant to Directive 006, the requirement contained in NRS 241.020(3)(c) that physical locations be available for the public to receive supporting material for public meetings has been suspended. Staff reports and supporting material for the meeting are available on the TMWA website at <http://www.tmwa.com/meeting/> or you can contact Rosalinda Rodriguez at (775) 834-8294. Supporting material is made available to the general public in accordance with NRS 241.020(6).
4. The Board may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
5. Asterisks (*) denote non-action items.
6. Pursuant to Directive 006, public comment, whether on action items or general public comment, may be provided without being physically present at the meeting by submitting written comments online on TMWA's Public Comment Form (tmwa.com/PublicComment) or by email sent to boardclerk@tmwa.com prior to the Board opening the public comment period during the meeting. In addition, public comments may be provided by leaving a voicemail at (775)834-0255 prior to 4:00 p.m. on April 20th. Voicemail messages received will either be broadcast on the telephone call during the meeting or transcribed for entry into the record. Public comment is limited to three minutes and is allowed during the public comment periods. The Board may elect to receive public comment only during the two public comment periods rather than each action item.

Post-Retirement Medical Plan & Trust

*A single employer plan sponsored by
Truckee Meadows Water Authority*



DRAFT JANUARY 21, 2020 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Friday, January 18, 2019 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 1:02 P.M.

1. ROLL CALL AND DETERMINATION OF PRESENCE OF A QUORUM.

A quorum was present.

Voting Members Present:

Michele Sullivan
Juan Esparza
James Weingart

Voting Members Absent

Steve Enos

Members Present

Rosalinda Rodriguez
Gus Rossi
Mike Venturino

Members Absent:

Jessica Atkinson

2. PUBLIC COMMENT

There was no public comment

3. APPROVAL OF THE AGENDA

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.

4. APPROVAL OF THE OCTOBER 15, 2019 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the October 15, 2019 minutes.

5. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL PLAN & TRUST CALCULATIONS FOR TMWA RETIREE CHRIS STRUFFERT

Ms. Rodriguez presented the benefits calculation for Chris Struffert. Mr. Struffert will retire on 03/06/2020 and is requesting trust benefits beginning on 04/01/2020. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. He has elected to continue on TMWA coverage as Retiree and Child(ren) for medical (W/O Medicare), Retiree and Child(ren) dental, and vision coverage. Mr. Struffert has elected to have any remaining premium balance paid from his PERS check.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the benefits calculation for Chris Struffert.

6. DISCUSSION AND ACTION OF SIGNING 501-C-9 POST RETIREMENT MEDICAL PLAN AND TRUST BOARD OF TRUSTEES ANNUAL PLEDGE OF PERSONAL COMMITMENT/DISCLOSURE FORM

Ms. Rodriguez reviewed the annual pledge of personal commitment/disclosure form that Trustees are required to review and sign. Trustees submitted their signed form for 2020.

No other action required.

7. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS

Ms. Rodriguez presented a reimbursement request received for Medicare premiums paid for through Social Security.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for Medicare premiums paid for through Social Security.

Ms. Rodriguez presented a reimbursement request received for Medicare Part B, premiums paid for through Social Security.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for Medicare Part B, premiums paid for through Social Security.

Ms. Rodriguez presented a reimbursement request received for United Health Care, premiums paid for by the retiree.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for United Health Care premiums paid for by the retiree.

Ms. Rodriguez presented a reimbursement request received for United Health Care, premiums paid for by the retiree through AARP.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for United Health Care premiums paid for by the retiree through AARP.

Ms. Rodriguez presented a reimbursement request received for United Health Care, and Rx premiums paid for by the retiree.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for United Health Care and Rx premiums paid for by the retiree.

9. PRESENTATION OF BUDGET FOR CALENDAR YEAR 2020

Ms. Sullivan presented the budget for calendar year 2020. Ms. Sullivan advised that there will be another actuarial analysis that will be conducted soon. Ms. Sullivan also advised that there is expected employer contributions of \$138,578, and plan member contributions of \$106,500. There is a conservative estimate of \$238,500 for investment income with investment expenses of \$2600. The plan will pay out \$442,100 for benefits, and \$15,000 for administrative expenses which includes fees for tax filing and audits.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the budget for calendar year 2020.

10. REVIEW OF RETIREMENT BENEFITS INVESTMENT FUND (RBIF) PERFORMANCE REVIEW

Ms. Sullivan advised that a new statement has not been received, and she will provide an update at the next scheduled meeting.

This is for informational purposes only, no action required.

15. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

RBIF review

Actuarial analysis

16. PUBLIC COMMENT

There was no public comment.

17. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:14 P.M.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

Retirement Benefits Investment Fund

December 31, 2019

Performance

Asset Class	Market Value	Target Allocation	Actual Allocation	FYTD Return	One Year	3 Years	5 Years	10 Years	Since Inception (2008)
U.S. Stocks- S&P 500 Index	\$ 306,256,426	50.5%	50.9%	10.9%	31.4%	15.2%	11.7%	13.5%	9.8%
Market Return				10.9%	31.5%	15.3%	11.7%	13.6%	9.7%
Int'l Stocks- MSCI World x US Index	\$ 129,172,219	21.5%	21.5%	6.9%	22.6%	9.8%	5.9%	5.9%	3.1%
Market Return				6.9%	22.5%	9.6%	5.7%	5.5%	2.9%
U.S. Bonds- U.S. Bond Index	\$ 162,163,116	28.0%	26.9%	1.6%	6.9%	3.3%	2.4%	3.3%	3.4%
Market Return				1.6%	6.9%	3.3%	2.4%	3.1%	3.2%
	\$ 4,504,447	0.0%	0.8%						
Total RBIF Fund	\$ 602,096,208	100.0%	100.0%	7.4%	22.4%	10.8%	7.9%	9.0%	6.9%
Market Return				7.4%	22.5%	10.6%	7.8%	9.0%	6.9%

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.



Social Security Administration

Date: April 03, 2020

REF: A

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2019, the full monthly Social Security benefit before any deductions is

We deduct \$144.60 for medical insurance premiums each month. *Medicare "Part B"*

The regular monthly Social Security payment is
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was

We deducted \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment was \$

Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

RETRIEE INFORMATION:

DATE RANGE From 1-20
To 3-20

Name: _____

Employee #: _____

Address: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1-5-20	Monthly premium	Medicare	144.60	\$ 144.60 -
2-5-20	"	"	"	\$ 144.60 -
3-5-20	"	"	"	\$ 144.60 -
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <u>J</u> YES ____ NO				Total \$ 0.00 <u>433.80</u>

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself, my spouse, my eligible dependents, or a spouse beneficiary (after the participant's death only) while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: 1-28-20

PRMT Approval*: _____

Date: _____

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

Accounting Approval**: _____

Date: _____

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.

Your New Benefit Amount

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefits will increase by **1.6%** in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is [REDACTED]
- The amount we deduct for Medicare Medical Insurance is [REDACTED] **\$144.60**
(If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is [REDACTED] **\$0.00**
(We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is [REDACTED]
(If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0.00.)
- After we take any other deductions, you will receive [REDACTED]
on or about January 8, 2020.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit ***www.ssa.gov/non-medical/appeal*** to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at ***www.godirect.org*** online.

What If I Have Questions?

- Visit our website at ***www.socialsecurity.gov***
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**)
- Contact your nearest Social Security office

1170 HARVARD WAY
RENO NV 89502

Other Help For Seniors

Call the Eldercare Locator service of the U.S. Administration on Aging at **1-800-677-1116** or visit ***www.eldercare.acl.gov*** to learn about a wide variety of services that may be helpful to you.

TMWA - HUMAN
RESOURCES
JANUARY 30, 2020

Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

RETIREE

RETIREE INFORMATION:

DATE RANGE From: JANUARY 1, 2019
To: DECEMBER 31, 2019

Name:

Employee #:

Address:

Phone #:

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2019	MONTHLY MEDICAL	BLUE CROSS BLUE SHIELD	JAN-\$218.00; Feb-Dec \$209.82	\$ 2,526 -02
2019	MONTHLY DENTAL	METLIFE	JAN-\$45.48; Feb-Dec \$43.29	\$ 521 -67
2019	MONTHLY VISION	VSP	JAN-DEC \$14.47	\$ 173 -64
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? _____ YES <u>X</u> NO				Total \$ <u>3,221-33</u>

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself, my spouse, my eligible dependents, or a spouse beneficiary (after the participant's death only) while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature:

Date: January 29, 2020

PRMPT Approval*:

Date:

Accounting Approval**:

Date:

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.



Retirement Services

Summary of Payment

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT PROGRAMS
BOYERS, PA 16017

ClaimNumber: [REDACTED]

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gross Amount of Annuity	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Basic Life Insurance Premiums	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$372.32	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$369.56	-\$4,437.48
Federal Dental Insurance	-\$87.45	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$86.58	-\$1,039.83
Federal Income Tax Withheld	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Federal Vision Insurance	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$28.90	-\$346.80
Payment of FERS Supplement	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Net Amount of Annuity	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* An *(asterisk) reflected in the payment description indicates that the amount is a one-time only adjustment.

The summary of payments and total paid to date is current as of Dec 1, 2019, payment. The Summary of Payments contains information regarding the recurring monthly payments that are issued to you. The Summary of Payments does not include any adjustment payments that have been made. Generally, in the middle of the month, we authorize payments that are payable for the first business day of the following month.

The information contained in the Summary of Payments is not to be used for income tax filing purposes.

TRUCKEE MEADOWS WATER AUTHORITY
POST-RETIREMENT MEDICAL PLAN & TRUST - MEDICAL PREMIUM EXPENSE REIMBURSEMENT
2019 MEDICAL, DENTAL AND VISION PAID PREMIUMS FOR [REDACTED]

Below is an itemized list of my 2019 paid premiums. Attached is documentation.

MEDICAL - BCBS BASIC

	PREMIUM												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 218.00	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 209.82	\$ 2,526.02
	\$ 154.32	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 159.74	\$ 1,911.46
Total monthly	\$ 372.32	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 369.56	\$ 4,437.48

DENTAL - METLIFE

	PREMIUM												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 45.48	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 521.67
	\$ 41.97	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 43.29	\$ 518.16
Total monthly	\$ 87.45	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 86.58	\$ 1,039.83

VISION - VSP

	PREMIUM												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 173.64
	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 14.43	\$ 173.16
Total monthly	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 28.90	\$ 346.80

2019 TOTAL PREMIUMS FOR [REDACTED] \$ 3,221.33

2019 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or www.opm.gov/Tribalpremium.

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

Postal rates apply to certain United States Postal Service employees as follows:

- Postal Category 1 rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, NPMHU, and NRLCA.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- Postal Category 2 rates apply to career bargaining unit employees who are represented by the following agreement: PPOA.

Non-Postal rates apply to all career non-bargaining unit Postal Service employees. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

If you are a Postal Service employee and have questions or require assistance, please contact:

USPS Human Resources Shared Service Center: 877-477-3273, option 5, Federal Relay Service 800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
Basic Option Self Only	111	\$221.18	\$73.72	\$479.21	\$159.74	\$70.78	\$61.19
Basic Option Self Plus One	113	\$492.27	\$170.57	\$1,066.59	\$369.56	\$163.73	\$143.22
Basic Option Self and Family	112	\$525.32	\$177.24	\$1,138.19	\$384.02	\$169.94	\$148.06
Standard Option Self Only	104	\$230.18	\$112.23	\$498.72	\$243.17	\$109.03	\$99.44
Standard Option Self Plus One	106	\$492.27	\$256.54	\$1,066.59	\$555.83	\$249.70	\$229.19
Standard Option Self and Family	105	\$525.32	\$268.21	\$1,138.19	\$581.13	\$260.91	\$239.03



2019 FEDVIP dental payment history

Note: The information displayed below reflects transactions from 1/1/2019 through 12/31/2019, as of January 27, 2020.

Transaction date	Description	Pre-tax	Post tax
12/04/2019	Annuity Payment		\$86.58
11/06/2019	Annuity Payment		\$86.58
10/04/2019	Annuity Payment		\$86.58
09/06/2019	Annuity Payment		\$86.58
08/06/2019	Annuity Payment		\$86.58
07/05/2019	Annuity Payment		\$86.58
06/06/2019	Annuity Payment		\$86.58
05/06/2019	Annuity Payment		\$86.58
04/04/2019	Annuity Payment		\$86.58
03/06/2019	Annuity Payment		\$86.58
02/06/2019	Annuity Payment		\$86.58
01/07/2019	Annuity Payment		\$87.45
Subtotals		\$0.00	\$1,039.83
Year-to-date total:			\$1,039.83

Rate Information

How to find your rate

- In the first chart below, look up your state or zip code to determine our rating area.
- In the second chart on the following page, match your Rating Area to our enrollment type and plan option.

Premium Rating Areas by State/Zip Code (first three digits)

State		Rating Area	State		Rating Area	State		Rating Area
AK	Entire state	5	ME	Entire state	2	PR	Entire area	1
AL	Entire state	1	MI	480-485	3	RI	Entire state	5
AR	Entire state	1	MI	Rest of state	2	SC	Entire state	1
AZ	Entire state	1	MN	550-555, 563	4	SD	Entire state	1
CA	919-921, 942, 956-958	4	MN	Rest of state	2	TN	Entire state	1
CA	Rest of state	5	MO	Entire state	1	TX	Entire state	1
CO	Entire state	4	MS	Entire state	1	UT	Entire state	1
CT	Entire state	5	MT	Entire state	1	VA	201-205, 220-227	4
DC	Entire district	4	NC	Entire state	1	VA	Rest of state	1
DE	Entire state	3	ND	Entire state	1	VT	Entire state	2
FL	330-334	3	NE	Entire state	1	WA	980-985	5
FL	Rest of state	1	NH	Entire state	5	WA	Rest of state	4
GA	300-303, 305, 311, 399	2	NJ	080-084	3	WI	540	4
GA	Rest of state	1	NJ	Rest of state	5	WI	Rest of state	2
HI	Entire state	4	NM	Entire state	1	WV	254	4
IA	Entire state	1	NV	Entire state	2	WV	Rest of state	1
ID	Entire state	1	NY	005, 063, 100-119, 124-126	5	WY	Entire state	1
IL	600-608	4	NY	Rest of state	2	VI	All	1
IL	Rest of state	1	OH	Entire state	1	GU	All	1
IN	463-464	4	OK	Entire state	1	AS	All	1
IN	Rest of state	1	OR	970-973	4	MH	All	1
KS	Entire state	1	OR	Rest of state	3	PW	All	1
KY	Entire state	1	PA	173-174	4	FM	All	1
LA	Entire state	1	PA	183	5	MP	All	1
MA	Entire state	5	PA	189-196	3	INTER	International	5
MD	219	3	PA	Rest of state	1			
MD	Rest of state	4						

Monthly Rates

Rating Areas	High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	\$38.65	\$77.33	\$115.98	\$21.17	\$42.36	\$63.53
2	\$43.29	\$86.58	\$129.87	\$22.97	\$45.91	\$68.88
3	\$47.15	\$94.32	\$141.46	\$25.48	\$50.96	\$76.44
4	\$51.07	\$102.14	\$153.18	\$28.25	\$56.51	\$84.78
5	\$57.16	\$114.29	\$171.45	\$31.07	\$62.12	\$93.19

Bi-weekly Rates

Rating Areas	High option Self Only	High option Self Plus One	High Option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	\$17.84	\$35.69	\$53.53	\$9.77	\$19.55	\$29.32
2	\$19.98	\$39.96	\$59.94	\$10.60	\$21.19	\$31.79
3	\$21.76	\$43.53	\$65.29	\$11.76	\$23.52	\$35.28
4	\$23.57	\$47.14	\$70.70	\$13.04	\$26.08	\$39.13
5	\$26.38	\$52.75	\$79.13	\$14.34	\$28.67	\$43.01



2019 FEDVIP vision payment history

Note: The information displayed below reflects transactions from 1/1/2019 through 12/31/2019, as of January 27, 2020.

Transaction date	Description	Pre-tax	Post tax
12/04/2019	Annuity Payment		\$28.90
11/06/2019	Annuity Payment		\$28.90
10/04/2019	Annuity Payment		\$28.90
09/06/2019	Annuity Payment		\$28.90
08/06/2019	Annuity Payment		\$28.90
07/05/2019	Annuity Payment		\$28.90
06/06/2019	Annuity Payment		\$28.90
05/06/2019	Annuity Payment		\$28.90
04/04/2019	Annuity Payment		\$28.90
03/06/2019	Annuity Payment		\$28.90
02/06/2019	Annuity Payment		\$28.90
01/07/2019	Annuity Payment		\$28.90
Subtotals		\$0.00	\$346.80
Year-to-date total:			\$346.80

Rate Information

VSP is a nationwide vision plan that does not require rating regions. The following are nationwide and international rates.

Monthly Rates

Enrollment Type	High Option	Standard Option
Self Only	\$14.43	\$7.63
Self Plus One	\$28.90	\$15.23
Self and Family	\$43.38	\$22.88

Bi-weekly Rates

Enrollment Type	High Option	Standard Option
Self Only	\$6.66	\$3.52
Self Plus One	\$13.34	\$7.03
Self and Family	\$20.02	\$10.56

U.S. OFFICE OF PERSONNEL MANAGEMENT

FREQUENTLY ASKED QUESTIONS INSURANCE
RETIREMENT

- **Will my deduction continue to be pre-tax after I retire?**

No. retiree pay premiums on a post tax basis.

- **I am not enrolled in FEHB. If I stay enrolled in a FEDVIP plan for the next five years, can I then get FEHB coverage in retirement?**

No, your FEDVIP enrollment will not count towards the 5-year enrollment requirement for carrying FEHB coverage into retirement.

- **I'm eligible for Medicare. What do I do?**

You should examine your Medicare coverage in order to determine if the Federal Employees Dental and Vision Insurance Program (FEDVIP) will benefit you or your family. Your FEDVIP premiums will not change if you enroll in Medicare.

- **Are retirees receiving a deferred annuity eligible?**

No.

- **If I accept a deferred retirement annuity at age 62, would I then be eligible for FEDVIP? What about MRA+10 retirees?**

If you are on a deferred retirement annuity, you are not eligible for FEDVIP.

If you are retiring with title to an MRA+10 annuity and you postpone receiving your annuity, you are eligible for FEDVIP only when you begin to receive that annuity. You would not be eligible for FEDVIP during the time between your separation from duty and before actual receipt of your annuity.

- **Will employees be responsible for contacting BENEFEDS and letting them know they have retired and FEDVIP premiums need to come out of their annuity payment instead of billing the agency they just retired from?**

No, you are not required to contact BENEFEDS. However, you can speed up the process by contacting BENEFEDS.

- **Does my coverage change if I go back to work as a reemployed annuitant?**

No. The Federal Employees Dental and Vision Insurance Program (FEDVIP) coverage is the same for all enrollees.

However, if you go back to work and you are in a position that conveys FEDVIP eligibility, you must contact BENEFEDS (1-877-888-3337), if you want your premiums to be deducted from your paychecks. Most reemployed annuitants want to make that change because retirees pay FEDVIP premiums with post-tax dollars and employees pay FEDVIP premiums with pre-tax dollars. If your new position does not convey FEDVIP eligibility you may retain the coverage as