

**MONTHLY RETIREE CITY CONTRIBUTION  
IN LIEU OF CITY HEALTH INSURANCE**

In the event a retiree moves outside of the HMO service area or the Medicare service area, the retiree may enroll in an out of area individual plan, or a state or federal exchange plan and the city will reimburse you up to the allowed city contribution. Retirees will continue to receive city contribution so long as you are not covered by another group plan as an employee or a dependent spouse.

2017 Retiree City Contribution are as follows:

	20+ YRS / *IDR (100%)	15-20 YRS (75%)	10-15 YRS (50%)	UNDER 10 YRS
MISCELLANEOUS RETIREE	\$300.00	\$225.00	\$150.00	\$0.00
SPOA RETIREE- REP 02	\$300.00	\$225.00	\$150.00	\$0.00
MISC OR SPOA (RETIREE+1)	\$365.00	\$273.75	\$182.50	\$0.00
FIRE RETIREE- REP 05	\$794.69	\$596.02	\$397.35	\$0.00

\* Industrial Disability Retirement (IDR) eligible for 100% city contribution regardless of years of service or pension start date.

Retirees eligible for Medicare A+B through Social Security can enroll in a Medicare supplement plan. You can find more information regarding Medicare eligibility at [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE.

To request retiree city contribution in lieu of city health (medical) insurance; please do the following:

**NOTIFY THE CITY IN WRITING WITH THE FOLLOWING INFORMATION**

- Name
- PERS or SCERS retiree
- Employee ID number
- Phone number
- Effective date of cancellation of city health insurance
- Request for city contribution in lieu of city insurance

**AND**

**PROVIDE PROOF OF HEALTH INSURANCE (OUT OF AREA INDIVIDUAL PLAN) SHOWING THE FOLLOWING: (Please refer to sample 1 and sample 2)**

- Name of insurance carrier
- Name(s) of insured
- Effective date of new insurance
- Monthly premium

**MAIL TO:**

City of Sacramento Human Resources  
915 I St, HCH- 1<sup>st</sup> Floor  
Sacramento, CA 95814  
Attn: Maria Chato

**EFFECTIVE DATE OF CHANGE IS THE 1<sup>ST</sup> OF A FOLLOWING MONTH UPON RECEIPT OF COMPLETED DOCUMENTS IN THIS OFFICE.**

Please contact Maria (916) 808-2287 with any questions or concerns.

Revised 9-28-16



November 2014

Retiree Name  
Address  
City, State Zip

Subscriber ID:

Dear Blue Cross of Idaho Member,

Thank you for choosing Blue Cross of Idaho for your health insurance needs. We know you are busy so we've tried to keep this brief.

#### About the Plan You Have

If you want to keep your current plan, you don't have to do a thing. Your monthly premium amount for 2015 is \$254.71. We will automatically renew your coverage on January 1, 2015, when we receive your first 2015 payment.

*Please note:* If you currently pay your premiums by automatic bank withdrawal, we will withdraw your January premium payment in the amount listed above.

#### More Important Details

This packet also includes key information about your insurance renewal. Please take some time to review these materials.

- A required healthcare reform notice listing your 2015 monthly premium.
- A Policy Update outlining changes to your medical contract. Please read this information carefully and let us know if you have any questions.
- A copy of the Women's Health and Cancer Rights Act of 1998 notice.

We will mail you a new medical contract (also called a policy) and an updated copy of our member handbook in January.

#### Questions about Your Plan?

We are here for you—we've been serving Idahoans for nearly 70 years. If you have questions about your coverage, please call Blue Cross of Idaho customer service at 855-230-6862.

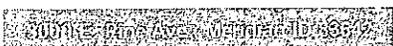
#### Considering a Change?

If you want to explore a new plan, Blue Cross of Idaho has many options for you to choose from. To learn more, contact your insurance agent or give us a call at 800-365-2345.



#### Enclosures

(1-15) Jan QHP Ind Off Exchange Renew





MUTUAL of OMAHA INSURANCE COMPANY  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 402.342.7600  
 mutualofomaha.com

# SAMPLE 2

SEPTEMBER 2015

For office use only:

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

SGIS-



Retiree Name  
 Address  
 City, State Zip

Dear [REDACTED]

This letter is to notify you that your Medicare supplement insurance premium is changing due to the rising cost of healthcare and because your coverage calls for periodic adjustments based on age. Please be assured that you are not being singled out for this increase; the premiums for all customers with coverage like yours are being adjusted.

COVERAGE IDENTIFICATION	CURRENT MONTHLY PREMIUM	NEW MONTHLY PREMIUM	INCREASE AMOUNT	INCREASE PERCENT	EFFECTIVE DATE
[REDACTED]	\$143.87	\$152.52	\$8.65	6.0%	01/01/16

If you need assistance we recommend contacting one of the following phone numbers:

HEALTH INSURANCE  
 COUNSELING & ADVOCACY  
 PROGRAM (HICAP)  
 1-800-434-0222

CALIFORNIA CONSUMER HELP LINE  
 1-800-927-4357

Customer Contact Center  
 1-800-646-7466



Please keep this notification of the change in premium for coverage ID XXXXXX-XX with your other important insurance documents. Send no money now as new premium notices will be sent to you prior to the effective date shown above.

While your premium is changing, the benefits of your Medicare supplement coverage continue, including low out-of-pocket costs, prompt claims service and guaranteed renewable coverage. We know you have choices for your Medicare supplement insurance, and we appreciate your trust in us.

Form RATEINCR-CA

(over please)

### QUESTIONS?

Call toll free 1-800-646-7466. We will be glad to help you.

Monday - Friday, 8:00 a.m. - 4:30 p.m. Central Time

