

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

As a City of Sacramento retiree, eligible for retiree medical benefits, I am requesting a monthly reimbursement from the City of Sacramento for my individual medical premiums.

Name: _____		
Social Security #: _____		
Address: _____		Phone #: _____
<input type="checkbox"/> Check if new _____		
Retirement System: <input type="checkbox"/> CalPERS or <input type="checkbox"/> SCERS		
Insurance Carrier(s): _____		
Premiums:	\$ _____	+ \$ _____ = \$ _____
	Medical Premiums	Prescription Plan Premiums (if separate) Total Monthly Premiums
Effective Date: _____	Coverage is for: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse	

I understand and agree to the following:

- My medical premiums are for individual medical coverage. If eligible for Medicare, this can include premiums for a stand-alone prescription drug plan under Medicare Part D.
 - Group medical premiums are NOT eligible for reimbursement, such as coverage through another employer as an employee or retiree, or as a spouse of an employee or retiree.
- Individual medical premiums for myself and my spouse/domestic partner, if applicable, are eligible for reimbursement. I understand that a copy of my marriage certificate or registration of domestic partnership is required if not already on file with the City of Sacramento.
- I must maintain this coverage to remain eligible for the monthly reimbursement.
- If my coverage or premium changes, I will resubmit proof of coverage, or contact the City of Sacramento Benefits Division, no later than the first of the month the new coverage or premium takes effect.
- If I cancel my coverage or change to a group plan, I understand I must immediately notify the Benefits Division and my reimbursement will stop. In the event I was overpaid, I will reimburse the City of Sacramento the excess funds.
- I remain eligible for the City of Sacramento dental and vision plans (if living in the United States) and if enrolled in either of those plans, the premiums for dental and vision will be deducted from my City contribution and the remaining funds are eligible for this reimbursement program.
- If I am living outside of the United States and my premium is in a foreign currency, I understand that a currency conversion will be done monthly prior to reimbursement as those conversion rates fluctuate.

Return this completed form with proof of coverage and premiums to the address below.

 Retiree signature

 Date

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In the event a retiree moves outside the service areas of the City of Sacramento sponsored medical plans, the retiree may enroll in an individual medical insurance plan or a state or federal exchange plan, and the City will reimburse the retiree up to the available City contribution. Some labor agreements also allow retirees, regardless of location, to receive cash-in-lieu of City retiree medical plan for reimbursement of individual medical premiums. In either case, the premiums must be for individual medical premiums and cannot be group premiums such as coverage through another employer as an employee or a dependent spouse. Medicare premiums are not eligible for reimbursement, but Medicare Supplemental and Advantage plan premiums are.

2020 Retiree City Contribution

POLICE (Rep 02) and MISCELLANEOUS		RETIREE	RETIREE + 1 on medical
20+ YRS / * IDR	100%	\$300.00	\$365.00
15 - < 20 YRS	75%	\$225.00	\$273.75
10 - < 15 YRS	50%	\$150.00	\$182.50
< 10 YEARS	0%	\$0.00	\$0.00

FIRE - REP 05		RETIREE	RETIREE + 1 on medical
20+ YRS / * IDR	100%	\$897.55	
15 - < 20 YRS	75%	\$673.16	
10 - < 15 YRS	50%	\$448.77	
< 10 YEARS	0%	\$0.00	

* **Industrial Disability Retirement / SCERS Retirement Type 2:** Retirees on an IDR are eligible for 100% city contribution regardless of years of service or pension start date.

To request retiree city contribution in lieu of City medical insurance, please do the following:

Notify the City in Writing and include the Following Information

- Name, Address, Phone Number
- Retirement program name: PERS or SCERS
- Employee ID number or SSN
- Effective date of cancellation of City medical insurance

AND Provide Proof of Health Insurance Showing the Following:

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

Please refer to the attached samples.

Mail to:

City of Sacramento
Human Resources, Benefits
Division Attn: Donna Azar
915 I St, HCH—Plaza Level
Sacramento, CA 95814

The effective date of change will be the month after completed documents are received. Please contact Benefit Services at (916) 808-5665 with any questions or concerns.

Sample #1



Annual Notice

Phone 1-866-562-0923
TTY 711

0001077**000004*****AUTO**MIXED AADC 07099



SACRAMENTO CA 95831-1845

Membership Number [REDACTED]
Date September 7, 2019

IMPORTANT HEALTH INSURANCE RATE INFORMATION

Dear [REDACTED]

Thank you for allowing UnitedHealthcare Insurance Company to bring you quality health insurance.

2020 Plan and Payment Information

The information below states the total monthly payments for all plan holders in the household for the upcoming year. The new rates for your AARP® Medicare Supplement Plans will take effect on January 1, 2020.

Monthly Household Payment (including your discounts and adjustments ¹)						
Due Date	January	February	March	April	May	June
Amount Due	\$231.28	\$231.28	\$231.28	\$231.28	\$231.28	\$231.28
Due Date	July	August	September	October	November	December
Amount Due	\$231.28	\$231.28	\$231.28	\$231.28	\$238.50	\$238.50

¹ The monthly payment amount may have been adjusted for one or more of the following reasons: (1) Changes in the discounts you may be receiving including electronic funds transfer (EFT), enrollment discounts and/or multi-insured discounts where applicable. Please note that not all discounts are available in all states. (2) Contributions made on your behalf by your former employer if the employer is paying any portion of your payment amount, or funds applied from your pension. Any changes in discounts, employer contribution amounts, or pension deductions may result in changes to your overall monthly household payment.

The amounts above will be deducted automatically each month from your bank account by electronic funds transfer. If there has been any change to your banking information, please tell us right away so you won't miss any payments. The amount due is the total household payment including all of your discounts and adjustments.



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UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York certificate holders).

10/11/19 11:00 AM

Sample #2

RCVD BN DEC 28 '18 AM 9:12



[REDACTED]

12/17/2018

[REDACTED]

SACRAMENTO, CA 95820

Dear [REDACTED]

Subscriber ID# [REDACTED]

This letter is in response to your request for information about your current Health Net Life Insurance Company ("Health Net") Individual Medicare Supplement Plan. According to our records, you are currently enrolled in plan (MEDICARE SUPPLEMENT PLAN (F) GI NONSMOKING) with an effective date of 1/1/2018. **Your monthly plan premium is \$250.00**

The current total monthly premium for your plan is \$250.00 effective from 1/1/2019 to 6/30/2019. For this plan year, you have paid a total of \$2749.00 premiums from 1/1/2018 to 12/31/2018.

If you have an optional buy-up package: the total monthly premium above includes premiums paid for your buy-up package.

If you have any questions, please call our Member Services Department at 1-800-926-4178 (TTY/TDD 711), Monday through Friday from 8:00 a.m. - 6:00 p.m., except holidays.

Thank you,

Health Net Medicare Membership Accounting Department