

1. MEDICAL			
Changes:	Non-Medicare Plans:	Medicare Plans:	Coverage Level:
<input type="checkbox"/> Remove Coverage <input type="checkbox"/> Enroll/Edit Coverage <input type="checkbox"/> Enroll in Cash In-Lieu <i>(Please see Cash In-Lieu box below)</i>	<input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Western Health Advantage <input type="checkbox"/> Sutter Health Plus <u>Co-Pay Options:</u> <input type="checkbox"/> \$25 <input type="checkbox"/> \$40	<input type="checkbox"/> Kaiser Senior Advantage \$20 <input type="checkbox"/> UnitedHealthcare \$15 <p>Note: If selecting a Medicare plan please attach a copy of your Medicare card (and spouse's if applicable).</p> 	<input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree & 1 Dependent * <input type="checkbox"/> Retiree & 2+ Dependents *

2. DENTAL		
Changes:	Dental Plans:	Coverage Level:
<input type="checkbox"/> Remove Coverage <input type="checkbox"/> Enroll/Edit Coverage	<input type="checkbox"/> Delta Care DMO <input type="checkbox"/> Delta Dental PPO	<input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree & 1 Dependent* <input type="checkbox"/> Retiree & 2+ Dependents*

3. VISION		
Changes:	Vision Plans:	Coverage Level:
<input type="checkbox"/> Remove Coverage <input type="checkbox"/> Enroll/Edit Coverage	<input type="checkbox"/> VSP Basic <input type="checkbox"/> VSP Enhanced	<input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree & 1 Dependent* <input type="checkbox"/> Retiree & 2+ Dependents*

***if you have selected coverage level of Retiree & 1 Dependent or Retiree & 2+ Dependents, please make sure dependent information is listed on page 1**

<p style="text-align: center;">Cash In-Lieu</p> <p>If you receive a retiree health contribution from the City, you may request a monthly reimbursement from the City of Sacramento for individual medical premiums.</p> <p>If you select dental and/or vision coverage with the City of Sacramento the monthly premium(s) will be subtracted prior to calculating your cash in-lieu reimbursement amount.</p> <p>If electing cash in-lieu for 2021, additional information and forms will be mailed to you for completion.</p>	<p style="text-align: center;">Important Reminders</p> <p>Proof documentation for dependent eligibility is due by November 13, 2020.</p> <p>If you need to complete a carrier enrollment form, the form will be mailed to you after we have reviewed your OE form. Carrier enrollment forms must be completed and mailed back to Benefit Services as soon as possible, but no later than November 30, 2020.</p>	<p style="text-align: center;">Return Completed Forms by October 30, 2020</p> <p>Mail: City of Sacramento Benefit Services 915 I Street, Plaza Level Sacramento, CA 95814</p> <p>Questions? Call 916-808-5665 Email retireeOE@cityofsacramento.org</p> <p>Visit us online at www.cityofsacramento.org/HR/Divisions/Benefits-Retirement</p>
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