City of SACRAMENTO
Department of Human Resources

To request Retiree City Contribution in-Lieu-of City Medical Insurance, please do all of the following:

1. **Contact the City Benefits Dept. (in advance of event date) 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

2. **Complete the Cash in Lieu Form provided to you (or from Benefits website): https://www.cityofsacramento.gov/HR/employee-retiree-benefits/retiree-benefits.**

3. **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/Email to:
City of Sacramento
Human Resources, Benefits Division
Attn: Karen Gillham
915 I St, HCH-Plaza Level
Sacramento, CA 95814
benefitservices@cityofsacramento.org

The effective date of change will be the effective date of the medical insurance provider policy, or if completed paperwork is received after the month of coverage, the month the completed paperwork is received.

Please contact Benefit Services at (916) 808-5665 with any questions or concerns.

Benefit Services Division
Main: (916) 808-5665; Fax: (916) 808-7326
915 I Street, Plaza Level Sacramento,
CA 95814-2604

City of SACRAMENTO
Department of Human Resources

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 #:

☐ *Check if new* _____ _____

Retirement System: ☐ CalPERS or ☐ SCERS

Insurance Carrier(s): _____

Premiums: $ _____ + $ _____ = $ _____

Medical Premiums | Prescription Plan Premiums (if separate) | Total Monthly Premiums

Effective Date: _____ Coverage is for: ☐ Retiree only ☐ 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

Benefit Services Division
915 I Street, Plaza Level
Sacramento, CA 95814-2604
Main: (916) 808-5665; Fax: (916) 808-7326

City of SACRAMENTO
Department of Human Resources

2024
Retiree City Contribution

Effective January 1, 2024, the City's contributions toward retiree health insurance premiums for those qualified to receive the benefit are:

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) – Retired before 1/1/2020		RETIREE or RETIREE +1 on medical
20+ YRS / ***IDR****	100%	$987.02
15 - < 20 YRS	75%	$740.26
10 - < 15 YRS	50%	$493.51
< 10 YEARS	0%	$0.00

FIRE (Rep 05) – Hired on or before 12/31/2019 & Retired on/after 1/1/2020		RETIREE or RETIREE +1 on medical
20+ YRS / ***IDR****	100%	$941.82
15 - < 20 YRS	75%	$706.37
10 - < 15 YRS	50%	$470.91
< 10 YEARS	0%	$0.00

* Industrial Disability Retirement (IDR) / SCERS Retirement Type 2:

Retirees approved for an IDR are eligible for 100% city contribution regardless of years of service, unless labor agreement does not provide any City retiree health contribution for employees hired on or after a specific date and retiree does not meet the date eligibility.

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Sacramento, CA 95814-2604

Sample #1

AARP® | Supplemental and Personal Health Plans insured by UnitedHealthcare Insurance Company

Annual Notice

Phone 1-866-562-0923

TTY 711

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

[redacted]

0001077

[redacted]
SACRAMENTO CA 95831-1845

Membership Number [redacted]1

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.

Sample #2

Health Net
Life Insurance Company

[redacted]

SACRAMENTO, CA 95820

12/17/2018

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