

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.

2026 Retiree Health Contribution

Effective January 1, 2026, the City's contributions toward retiree health insurance premiums for retirees eligible to receive the benefit are:

POLICE (Rep 02) and MISCELLANEOUS		RETIREE	RETIREE +1 on medical
20+ YRS / <i>IDR*</i>	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 or more on medical
20+ YRS / <i>IDR*</i>	100%	\$1,119.83
15 - < 20 YRS	75%	\$839.87
10 - < 15 YRS	50%	\$559.91
< 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 or more on medical
20+ YRS / <i>IDR*</i>	100%	\$1,067.86
15 - < 20 YRS	75%	\$800.90
10 - < 15 YRS	50%	\$533.93
< 10 YEARS	0%	\$0.00

**Employees hired prior to the cutoff date for the City's retiree health contribution and retire due to industrial disability retirement, are eligible for up to 100% of the City's retiree health contribution, in accordance with their applicable labor agreement.*

Any unused portion of the City's retiree health contribution is not available to be received as cash, cannot be used to pay a retiree's cost of Medicare Part A and/or Part B, and cannot be used to pay a Medicare late enrollment penalty.

The retiree health contribution is applied to the cost of enrollment in City-sponsored health plans in the following order: Vision, Dental, and Medical.

Sample #1



Annual Notice

Phone 1-866-562-0923

TTY 711

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



0001077

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.



0001077

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).

PHOTO COPY PROHIBITED

Sample #2

RCUD BN DEC 28 '18 AM 9:12



Health Net
Life Insurance Company

[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