



Finance
311 Vernon Street
Roseville, California 95678-2649

October 11, 2016

NAME
ADDRESS
CITY, STATE ZIP

RE: Changing Process for Paying Medical Insurance Contribution for Retirees

Dear Retiree:

This letter is to advise you that, effective January 1, 2017, there will be a change in how the City of Roseville's (City) contribution towards your medical insurance premium is paid, thereby affecting your pension payments from CalPERS. **Please note that your actual medical contribution benefit from the City will not change – the change will be in the method by which the contribution is paid.**

City's Contract with CalPERS is Changing:

The City contracts with CalPERS as an equal contribution provider, meaning that the amount paid for medical insurance must be the same for active employees as it is for retirees. In order to cap the City's future Other Post-Employment Benefits (OPEB) liability, the City created a third tier (Tier 3) of retirement benefits for new hires, and each Memorandum of Understanding (MOU) now provides for this new Tier 3. In order for the City to establish Tier 3, CalPERS is requiring that the City's contributions to retiree medical benefits be set at the Public Employees' Medical and Hospital Care Act (PEMHCA) Minimum. This CalPERS requirement will change the payment process of how City contributions for retiree medical insurance are paid.

How this Contract Change will Affect Retirees:

Previously, the premium cost of the health plan chosen (up to the maximum City contribution) was paid directly to CalPERS on the retiree's behalf. The new process, required by CalPERS, only allows the City to pay just the PEMHCA Minimum to CalPERS and, therefore, the remainder of the premium owed to CalPERS must be deducted from a retiree's monthly pension check (warrant). The City will pay the remaining premium amount up to the maximum City contribution, on the first day of each month, directly to its retirees. When the first of the month falls on a Saturday or Sunday, the City's direct deposit reimbursement will be processed on the immediately preceding Friday.

Specifically, beginning January 1, 2017, the City will pay CalPERS \$128 per month per retiree for the PEMHCA Minimum. This amount may change from year to year and is determined by CalPERS. The difference between the City's contribution towards your health insurance premium and the PEMHCA Minimum (\$128 per month in 2017) will be deducted from your monthly warrant. The City will reimburse you directly for the difference between the payment to CalPERS for the PEMHCA

Minimum and the medical insurance premium amount (as determined by the Retiree medical benefit described in the applicable MOU or the Retiree Medical Insurance Optional Benefit described in Chapter 3.09 of the Roseville Municipal Code, depending on the irrevocable election made by the retiree).

Please refer to the attachment to see examples of this change in process.

Informational Sessions Scheduled:

To ensure proper understanding of this change, City staff will offer informational sessions in the Council Chambers on the following dates:

October 20, 2016 from 4 – 5 p.m. PLEASE NOTE TIME CHANGE
November 15, 2016 from 11 – noon
December 8, 2016 from 5 – 6 p.m.

If you are unable to attend one of the sessions above, please visit the special page for retired employees which is on the City's website: www.roseville.ca.us/RetireeInformation. The blue button at the bottom of the page—titled, "Medical Insurance Reimbursement Process"—has information specific to this issue. The goal is to have the October 20th session recorded so that those unable to physically be present can view the meeting via the website. You can also download the Direct Deposit Authorization and Change of Address for Retiree Health form from this site.

Enclosed is the Direct Deposit Authorization and Change of Address for Retiree Health form that will need to be submitted **prior to December 15, 2016**. Send your completed form to:

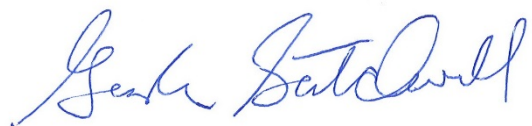
City of Roseville,
Finance Department/Retiree Medical
311 Vernon Street
Roseville, CA 95678

You can also email us at: RetireeMedical@roseville.ca.us.

Thank you for your attention to this matter.



Monty Hanks
Finance Director



Gayle Satchwell
Human Resources Director

Enclosures:

Monthly Premiums for Contracting Agencies Sacramento Area Region rate sheet
Retiree Medical – Schedule 1 for Tier 1 Eligible Employees
Retiree Medical – Schedule 2 for Tier 2 Eligible Employees
Direct Deposit Authorization and Change of Address for Retiree Health form

Examples:

The following examples reflect the 2017 City Contribution of up to \$1,296 less the PEMHCA Minimum of \$128 regardless of whether the retiree remained tied to the MOU or chose a Scheduled rate pursuant to Chapter 3.09 of the Roseville Municipal Code:

- 1) Retired Employee, who is not Medicare eligible, has Kaiser and covers their spouse. The monthly medical insurance premium is \$1,381.12. The City will pay CalPERS \$128.00 each month (PEMHCA Minimum). CalPERS will deduct \$1,253.12 from the retiree’s warrant.

Tier 1: The City will reimburse the retiree, preferably by automatic deposit, \$1,168.00 (the difference between the maximum amount of \$1,296.00 less the PEMHCA Minimum of \$128.00). The balance of \$85.12 will continue to be paid by the retiree.

Tier 2: The City will reimburse the retiree, preferably by automatic deposit, \$520.00 (the difference between the 50% of \$1,296.00 or \$648.00 less the PEMHCA Minimum of \$128.00). The balance of \$733.12 will continue to be paid by the retiree.

| | A | B | - C | = D | (A-C) | |
|--------------|---|-------------------------------------|---|---------------------------------------|------------------------------------|-------------------------------------|
| | City Contribution (up to \$1296) | Kaiser Plan Costⁱ | City Pays CalPERS the PEMHCA Minimum | Deducted from Retirees Warrant | Reimbursement from the City | Retiree's Out of Pocket Cost |
| TIER 1 | \$1,296.00 | \$1,381.12 | - \$128.00 | = \$1,253.12 | \$1,168.00 | \$ 85.12 * |
| TIER 2 (50%) | \$648.00 | \$1,381.12 | - \$128.00 | = \$1,253.12 | \$520.00 | \$733.12 * |

* If your warrant does not cover your out of pocket cost CalPERS will direct bill you.

- 2) Retired Employee, who is on Medicare, has United Healthcare and is single. The monthly medical insurance premium is \$324.21. The City will pay CalPERS \$128.00 each month (PEMHCA Minimum). CalPERS will deduct \$196.21 from the retiree’s warrant.

Tier 1 and Tier 2: The City will reimburse the retiree, preferably by automatic deposit, \$196.21 (the difference between the medical insurance premium \$324.21 less the PEMHCA Minimum of \$128.00).

| | A | B | - C | = D | (D-[A-C]) | |
|--------------|---|--|---|---------------------------------------|------------------------------------|-------------------------------------|
| | City Contribution (up to \$1296) | United Healthcare Plan Costⁱ | City Pays CalPERS the PEMHCA Minimum | Deducted from Retirees Warrant | Reimbursement from the City | Retiree's Out of Pocket Cost |
| TIER 1 | \$1,296.00 | \$324.21 | - \$128.00 | = \$196.21 | \$196.21 ** | \$ 0.00 |
| TIER 2 (50%) | \$648.00 | \$324.21 | - \$128.00 | = \$196.21 | \$196.21 ** | \$ 0.00 |

** Due to the insurance premium being less than the maximum City contribution, the reimbursement from the City equals the difference between the insurance Plan Cost less the PEMHCA Minimum.

3) Retired Employee, who is not on Medicare, and covers a family under PERSCare. The monthly insurance premium is \$2,112.24. The City will pay CalPERS \$128.00 each month (PEMHCA Minimum). CalPERS will deduct \$1,984.24 from the retiree's warrant.

Tier 1: The City will reimburse the retiree, preferably by automatic deposit, \$1,168.00 (the difference between the maximum amount of \$1,296.00 less the PEMHCA Minimum of \$128.00). The balance of \$816.24 will continue to be paid by the retiree.

Tier 2: The City will reimburse the retiree, preferably by automatic deposit, \$520.00 (the difference between the 50% amount of \$1,296.00 or \$648.00 less the PEMHCA Minimum of \$128.00). The balance of \$1,464.24 will continue to be paid by the retiree.

| | A | B | - C | = D | (A-C) | |
|--------------|---|---------------------------------------|---|---------------------------------------|------------------------------------|-------------------------------------|
| | City Contribution (up to \$1296) | PersCare Plan Costⁱ | City Pays CalPERS the PEMHCA Minimum | Deducted from Retirees Warrant | Reimbursement from the City | Retiree's Out of Pocket Cost |
| TIER 1 | \$1,296.00 | \$2,112.24 | - \$128.00 | = \$1,984.24 | \$1,168.00 | \$816.24 * |
| TIER 2 (50%) | \$648.00 | \$2,112.24 | - \$128.00 | = \$1,984.24 | \$520.00 | \$1,464.24 * |

* If your warrant does not cover your out of pocket cost CalPERS will direct bill you.

ⁱ 2017 Sacramento Area Region rates used in examples

Monthly Premiums for Contracting Agencies

Sacramento Area Region

El Dorado, Placer, Sacramento, Yolo

Actives and Annuitants

Effective Date: 1/1/2017 - 12/31/2017

Basic Monthly Rate (B)

| PLAN | Employee Only | Plan Code | Party Rate | Employee & 1 Dependent | Plan Code | Party Rate | Employee & 2+ Dependents | Plan Code | Party Rate |
|------------------------|---------------|-----------|------------|------------------------|-----------|------------|--------------------------|-----------|------------|
| Anthem HMO Select | \$907.08 | 446 1 | 1 | \$1,814.16 | 446 2 | 2 | \$2,358.41 | 446 3 | 3 |
| Anthem HMO Traditional | 1,286.41 | 442 1 | 1 | 2,572.82 | 442 2 | 2 | 3,344.67 | 442 3 | 3 |
| BSC Access+ | 859.42 | 101 1 | 1 | 1,718.84 | 101 2 | 2 | 2,234.49 | 101 3 | 3 |
| HealthNet SmartCare | 672.66 | 376 1 | 1 | 1,345.32 | 376 2 | 2 | 1,748.92 | 376 3 | 3 |
| Kaiser Permanente | 690.56 | 103 1 | 1 | 1,381.12 | 103 2 | 2 | 1,795.46 | 103 3 | 3 |
| PERS Choice | 723.47 | 105 1 | 1 | 1,446.94 | 105 2 | 2 | 1,881.02 | 105 3 | 3 |
| PERS Select | 641.47 | 125 1 | 1 | 1,282.94 | 125 2 | 2 | 1,667.82 | 125 3 | 3 |
| PERSCare | 812.40 | 121 1 | 1 | 1,624.80 | 121 2 | 2 | 2,112.24 | 121 3 | 3 |
| PORAC | 699.00 | 207 1 | 1 | 1,467.00 | 207 2 | 2 | 1,876.00 | 207 3 | 3 |
| UnitedHealthcare | 756.78 | 424 1 | 1 | 1,513.56 | 424 2 | 2 | 1,967.63 | 424 3 | 3 |

Supplement/Managed Medicare Monthly Rate (M)

| PLAN | Employee Only | Plan Code | Party Rate | Employee & 1 Dependent | Plan Code | Party Rate | Employee & 2+ Dependents | Plan Code | Party Rate |
|---|---------------|-----------|------------|------------------------|-----------|------------|--------------------------|-----------|------------|
| Kaiser Senior Adv | \$300.48 | 113 1 | 4 | \$600.96 | 113 2 | 5 | \$901.44 | 113 3 | 6 |
| Kaiser Senior Adv/Dental ¹ | 300.48 | 489 1 | 4 | 600.96 | 489 2 | 5 | 901.44 | 489 3 | 6 |
| PERS Choice Med Supp | 353.63 | 115 1 | 4 | 707.26 | 115 2 | 5 | 1,060.89 | 115 3 | 6 |
| PERS Select Med Supp | 353.63 | 135 1 | 4 | 707.26 | 135 2 | 5 | 1,060.89 | 135 3 | 6 |
| PERSCare Med Supp | 389.76 | 131 1 | 4 | 779.52 | 131 2 | 5 | 1,169.28 | 131 3 | 6 |
| PORAC Med Supp | 464.00 | 208 1 | 4 | 924.00 | 208 2 | 5 | 1,477.00 | 208 3 | 6 |
| UnitedHealthcare Group Med Adv/PPO Health Only | 324.21 | 378 1 | 4 | 648.42 | 378 2 | 5 | 972.63 | 378 3 | 6 |
| UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision | 324.21 | 379 1 | 4 | 648.42 | 379 2 | 5 | 972.63 | 379 3 | 6 |

Combination Monthly Rate

| PLAN | Employee in M 1 Dependent in B | Plan Code | Party Rate | Employee in M 2+ Dependents in B | Plan Code | Party Rate | Employee in M & 1 Dependent in M 1+ Dependents in B | Plan Code | Party Rate |
|---|-----------------------------------|-----------|------------|-------------------------------------|-----------|------------|---|-----------|------------|
| Kaiser/Senior Adv | \$991.04 | 341 4 | 7 | \$1,405.38 | 341 5 | 8 | \$1,015.30 | 341 6 | 9 |
| Kaiser Senior Adv/Dental ¹ | 991.04 | 499 4 | 7 | 1,405.38 | 499 5 | 8 | 1,015.30 | 499 6 | 9 |
| PERS Choice/Med Supp | 1,077.10 | 346 4 | 7 | 1,511.18 | 346 5 | 8 | 1,141.34 | 346 6 | 9 |
| PERS Select/Med Supp | 995.10 | 352 4 | 7 | 1,379.98 | 352 5 | 8 | 1,092.14 | 352 6 | 9 |
| PERSCare/Med Supp | 1,202.16 | 357 4 | 7 | 1,689.60 | 357 5 | 8 | 1,266.96 | 357 6 | 9 |
| PORAC/Med Supp | 1,232.00 | 158 4 | 7 | 1,641.00 | 158 5 | 8 | 1,333.00 | 158 6 | 9 |
| UnitedHealthcare Group Med Adv/PPO Health Only | 1,080.99 | 365 4 | 7 | 1,535.06 | 365 5 | 8 | 1,102.49 | 365 6 | 9 |
| UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision | 1,080.99 | 366 4 | 7 | 1,535.06 | 366 5 | 8 | 1,102.49 | 366 6 | 9 |

¹Dental benefit is an additional \$14.33 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$27.47 per member per month premium. You will be billed directly for this amount.

Monthly Premiums for Contracting Agencies

Sacramento Area Region

El Dorado, Placer, Sacramento, Yolo

Actives and Annuitants

Effective Date: 1/1/2017 - 12/31/2017

Combination Monthly Rate

| PLAN | Employee in B 1 Dependent in M | Plan Code | Party Rate | Employee in B 2+ Dependents in M | Plan Code | Party Rate | Employee in B & 1 Dependent in B 1+ Dependents in M | Plan Code | Party Rate |
|---|-----------------------------------|-----------|---------------|-------------------------------------|-----------|---------------|---|-----------|---------------|
| Kaiser/Senior Adv | \$991.04 | 341 7 | 10 | \$1,291.52 | 341 8 | 11 | \$1,405.38 | 341 9 | 12 |
| Kaiser Senior Adv/Dental ¹ | 991.04 | 499 7 | 10 | 1,291.52 | 499 8 | 11 | 1,405.38 | 499 9 | 12 |
| PERS Choice/Med Supp | 1,077.10 | 346 7 | 10 | 1,430.73 | 346 8 | 11 | 1,511.18 | 346 9 | 12 |
| PERS Select/Med Supp | 995.10 | 352 7 | 10 | 1,348.73 | 352 8 | 11 | 1,379.98 | 352 9 | 12 |
| PERSCare/Med Supp | 1,202.16 | 357 7 | 10 | 1,591.92 | 357 8 | 11 | 1,689.60 | 357 9 | 12 |
| PORAC/Med Supp | 1,159.00 | 158 7 | 10 | 1,712.00 | 158 8 | 11 | 1,568.00 | 158 9 | 12 |
| UnitedHealthcare Group Med Adv/PPO Health Only | 1,080.99 | 365 7 | 10 | 1,405.20 | 365 8 | 11 | 1,535.06 | 365 9 | 12 |
| UnitedHealthcare ² Group Med Adv/PPO Health/Dental/Vision | 1,080.99 | 366 7 | 10 | 1,405.20 | 366 8 | 11 | 1,535.06 | 366 9 | 12 |

¹Dental benefit is an additional \$14.33 per member per month premium. You will be billed directly for this amount.

²Dental and Vision coverage is an additional \$27.47 per member per month premium. You will be billed directly for this amount.

Retiree Medical - Schedule 1 for Tier 1 Eligible Employees

| Date | Escalator | City Medical Contribution Limit up to |
|-------------|------------------|--|
| 1/1/2017 | | \$1,296.00 |
| 1/1/2018 | 2% | \$1,322.00 |
| 1/1/2019 | 2% | \$1,348.00 |
| 1/1/2020 | 2% | \$1,375.00 |
| 1/1/2021 | 2% | \$1,403.00 |
| 1/1/2022 | 2% | \$1,431.00 |
| 1/1/2023 | 2% | \$1,460.00 |
| 1/1/2024 | 2% | \$1,489.00 |
| 1/1/2025 | 2% | \$1,519.00 |
| 1/1/2026 | 2% | \$1,549.00 |
| 1/1/2027 | 2% | \$1,580.00 |
| 1/1/2028 | 2% | \$1,612.00 |
| 1/1/2029 | 2% | \$1,644.00 |
| 1/1/2030 | 2% | \$1,677.00 |
| 1/1/2031 | 2% | \$1,711.00 |
| 1/1/2032 | 2% | \$1,745.00 |
| 1/1/2033 | 2% | \$1,780.00 |
| 1/1/2034 | 2% | \$1,816.00 |
| 1/1/2035 | 2% | \$1,852.00 |
| 1/1/2036 | 2% | \$1,889.00 |
| 1/1/2037 | 2% | \$1,927.00 |
| 1/1/2038 | 2% | \$1,966.00 |
| 1/1/2039 | 2% | \$2,005.00 |
| 1/1/2040 | 2% | \$2,045.00 |
| 1/1/2041 | 2% | \$2,086.00 |
| 1/1/2042 | 2% | \$2,128.00 |
| 1/1/2043 | 2% | \$2,171.00 |
| 1/1/2044 | 2% | \$2,214.00 |
| 1/1/2045 | 2% | \$2,258.00 |
| 1/1/2046 | 2% | \$2,303.00 |
| 1/1/2047 | 2% | \$2,349.00 |
| 1/1/2048 | 2% | \$2,396.00 |
| 1/1/2049 | 2% | \$2,444.00 |
| 1/1/2050 | 2% | \$2,493.00 |

Retiree Medical - Schedule 2 for Tier 2 Eligible Retirees

| Years of Service: | | 10 yrs | 11 yrs | 12 yrs | 13 yrs | 14 yrs | 15 yrs | 16 yrs | 17 yrs | 18 yrs | 19 yrs | 20 yrs |
|-------------------------|-----------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| % of City Contribution: | | 50% | 55% | 60% | 65% | 70% | 75% | 80% | 85% | 90% | 95% | 100% |
| Date | Escalator | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to | City Medical Contribution Limit up to |
| 1/1/2017 | | \$648.00 | \$713.00 | \$778.00 | \$842.00 | \$907.00 | \$972.00 | \$1,037.00 | \$1,102.00 | \$1,166.00 | \$1,231.00 | \$1,296.00 |
| 1/1/2018 | 2% | \$661.00 | \$727.00 | \$793.00 | \$859.00 | \$925.00 | \$992.00 | \$1,058.00 | \$1,124.00 | \$1,190.00 | \$1,256.00 | \$1,322.00 |
| 1/1/2019 | 2% | \$674.00 | \$741.00 | \$809.00 | \$876.00 | \$944.00 | \$1,011.00 | \$1,078.00 | \$1,146.00 | \$1,213.00 | \$1,281.00 | \$1,348.00 |
| 1/1/2020 | 2% | \$688.00 | \$756.00 | \$825.00 | \$894.00 | \$963.00 | \$1,031.00 | \$1,100.00 | \$1,169.00 | \$1,238.00 | \$1,306.00 | \$1,375.00 |
| 1/1/2021 | 2% | \$702.00 | \$772.00 | \$842.00 | \$912.00 | \$982.00 | \$1,052.00 | \$1,122.00 | \$1,193.00 | \$1,263.00 | \$1,333.00 | \$1,403.00 |
| 1/1/2022 | 2% | \$716.00 | \$787.00 | \$859.00 | \$930.00 | \$1,002.00 | \$1,073.00 | \$1,145.00 | \$1,216.00 | \$1,288.00 | \$1,359.00 | \$1,431.00 |
| 1/1/2023 | 2% | \$730.00 | \$803.00 | \$876.00 | \$949.00 | \$1,022.00 | \$1,095.00 | \$1,168.00 | \$1,241.00 | \$1,314.00 | \$1,387.00 | \$1,460.00 |
| 1/1/2024 | 2% | \$745.00 | \$819.00 | \$893.00 | \$968.00 | \$1,042.00 | \$1,117.00 | \$1,191.00 | \$1,266.00 | \$1,340.00 | \$1,415.00 | \$1,489.00 |
| 1/1/2025 | 2% | \$760.00 | \$835.00 | \$911.00 | \$987.00 | \$1,063.00 | \$1,139.00 | \$1,215.00 | \$1,291.00 | \$1,367.00 | \$1,443.00 | \$1,519.00 |
| 1/1/2026 | 2% | \$775.00 | \$852.00 | \$929.00 | \$1,007.00 | \$1,084.00 | \$1,162.00 | \$1,239.00 | \$1,317.00 | \$1,394.00 | \$1,472.00 | \$1,549.00 |
| 1/1/2027 | 2% | \$790.00 | \$869.00 | \$948.00 | \$1,027.00 | \$1,106.00 | \$1,185.00 | \$1,264.00 | \$1,343.00 | \$1,422.00 | \$1,501.00 | \$1,580.00 |
| 1/1/2028 | 2% | \$806.00 | \$887.00 | \$967.00 | \$1,048.00 | \$1,128.00 | \$1,209.00 | \$1,290.00 | \$1,370.00 | \$1,451.00 | \$1,531.00 | \$1,612.00 |
| 1/1/2029 | 2% | \$822.00 | \$904.00 | \$986.00 | \$1,069.00 | \$1,151.00 | \$1,233.00 | \$1,315.00 | \$1,397.00 | \$1,480.00 | \$1,562.00 | \$1,644.00 |
| 1/1/2030 | 2% | \$839.00 | \$922.00 | \$1,006.00 | \$1,090.00 | \$1,174.00 | \$1,258.00 | \$1,342.00 | \$1,425.00 | \$1,509.00 | \$1,593.00 | \$1,677.00 |
| 1/1/2031 | 2% | \$856.00 | \$941.00 | \$1,027.00 | \$1,112.00 | \$1,198.00 | \$1,283.00 | \$1,369.00 | \$1,454.00 | \$1,540.00 | \$1,625.00 | \$1,711.00 |
| 1/1/2032 | 2% | \$873.00 | \$960.00 | \$1,047.00 | \$1,134.00 | \$1,222.00 | \$1,309.00 | \$1,396.00 | \$1,483.00 | \$1,571.00 | \$1,658.00 | \$1,745.00 |
| 1/1/2033 | 2% | \$890.00 | \$979.00 | \$1,068.00 | \$1,157.00 | \$1,246.00 | \$1,335.00 | \$1,424.00 | \$1,513.00 | \$1,602.00 | \$1,691.00 | \$1,780.00 |
| 1/1/2034 | 2% | \$908.00 | \$999.00 | \$1,090.00 | \$1,180.00 | \$1,271.00 | \$1,362.00 | \$1,453.00 | \$1,544.00 | \$1,634.00 | \$1,725.00 | \$1,816.00 |
| 1/1/2035 | 2% | \$926.00 | \$1,019.00 | \$1,111.00 | \$1,204.00 | \$1,296.00 | \$1,389.00 | \$1,482.00 | \$1,574.00 | \$1,667.00 | \$1,759.00 | \$1,852.00 |
| 1/1/2036 | 2% | \$945.00 | \$1,039.00 | \$1,133.00 | \$1,228.00 | \$1,322.00 | \$1,417.00 | \$1,511.00 | \$1,606.00 | \$1,700.00 | \$1,795.00 | \$1,889.00 |
| 1/1/2037 | 2% | \$964.00 | \$1,060.00 | \$1,156.00 | \$1,253.00 | \$1,349.00 | \$1,445.00 | \$1,542.00 | \$1,638.00 | \$1,734.00 | \$1,831.00 | \$1,927.00 |
| 1/1/2038 | 2% | \$983.00 | \$1,081.00 | \$1,180.00 | \$1,278.00 | \$1,376.00 | \$1,475.00 | \$1,573.00 | \$1,671.00 | \$1,769.00 | \$1,868.00 | \$1,966.00 |
| 1/1/2039 | 2% | \$1,003.00 | \$1,103.00 | \$1,203.00 | \$1,303.00 | \$1,404.00 | \$1,504.00 | \$1,604.00 | \$1,704.00 | \$1,805.00 | \$1,905.00 | \$2,005.00 |
| 1/1/2040 | 2% | \$1,023.00 | \$1,125.00 | \$1,227.00 | \$1,329.00 | \$1,432.00 | \$1,534.00 | \$1,636.00 | \$1,738.00 | \$1,841.00 | \$1,943.00 | \$2,045.00 |
| 1/1/2041 | 2% | \$1,043.00 | \$1,147.00 | \$1,252.00 | \$1,356.00 | \$1,460.00 | \$1,565.00 | \$1,669.00 | \$1,773.00 | \$1,877.00 | \$1,982.00 | \$2,086.00 |
| 1/1/2042 | 2% | \$1,064.00 | \$1,170.00 | \$1,277.00 | \$1,383.00 | \$1,490.00 | \$1,596.00 | \$1,702.00 | \$1,809.00 | \$1,915.00 | \$2,022.00 | \$2,128.00 |
| 1/1/2043 | 2% | \$1,086.00 | \$1,194.00 | \$1,303.00 | \$1,411.00 | \$1,520.00 | \$1,628.00 | \$1,737.00 | \$1,845.00 | \$1,954.00 | \$2,062.00 | \$2,171.00 |
| 1/1/2044 | 2% | \$1,107.00 | \$1,218.00 | \$1,328.00 | \$1,439.00 | \$1,550.00 | \$1,661.00 | \$1,771.00 | \$1,882.00 | \$1,993.00 | \$2,103.00 | \$2,214.00 |
| 1/1/2045 | 2% | \$1,129.00 | \$1,242.00 | \$1,355.00 | \$1,468.00 | \$1,581.00 | \$1,694.00 | \$1,806.00 | \$1,919.00 | \$2,032.00 | \$2,145.00 | \$2,258.00 |
| 1/1/2046 | 2% | \$1,152.00 | \$1,267.00 | \$1,382.00 | \$1,497.00 | \$1,612.00 | \$1,727.00 | \$1,842.00 | \$1,958.00 | \$2,073.00 | \$2,188.00 | \$2,303.00 |
| 1/1/2047 | 2% | \$1,175.00 | \$1,292.00 | \$1,409.00 | \$1,527.00 | \$1,644.00 | \$1,762.00 | \$1,879.00 | \$1,997.00 | \$2,114.00 | \$2,232.00 | \$2,349.00 |
| 1/1/2048 | 2% | \$1,198.00 | \$1,318.00 | \$1,438.00 | \$1,557.00 | \$1,677.00 | \$1,797.00 | \$1,917.00 | \$2,037.00 | \$2,156.00 | \$2,276.00 | \$2,396.00 |
| 1/1/2049 | 2% | \$1,222.00 | \$1,344.00 | \$1,466.00 | \$1,589.00 | \$1,711.00 | \$1,833.00 | \$1,955.00 | \$2,077.00 | \$2,200.00 | \$2,322.00 | \$2,444.00 |
| 1/1/2050 | 2% | \$1,247.00 | \$1,371.00 | \$1,496.00 | \$1,620.00 | \$1,745.00 | \$1,870.00 | \$1,994.00 | \$2,119.00 | \$2,244.00 | \$2,368.00 | \$2,493.00 |

| <u>Previously Covered Unit</u> | <u>Tier 2 HIRE DATES</u> | <u>Tier 2</u> |
|--------------------------------|--------------------------|---|
| Management/Confidential | | Hired after 1/1/2004 but before 1/1/2014 |
| IBEW | | Hired after 1/1/2004 but before 1/1/2014 |
| Local 39 | | Hired after 1/1/2005 but before 1/1/2014 |
| RFF | | Hired after 1/1/2004 but before 1/1/2012 |
| RPA | | Hired after 1/1/2004 but before 10/1/2013 |
| RPOA | | Hired after 1/1/2005 but before 3/1/2014 |



Direct Deposit Authorization and Change of Address for Retiree Health

PLEASE COMPLETE THIS FORM AND RETURN TO: City of Roseville - Finance Department
311 Vernon Street
Roseville, CA 95678
or Email to: RetireeMedical@roseville.ca.us

PART 1: Retiree Identification **Address Change:** Yes No Please print legibly

| | | | | |
|--|--|------------|-----------------------------------|--------------------------|
| 1. Retiree / Account Holder Last Name | | First Name | 2. Phone # | |
| 3. Street Address | | | 4. Last 4 Digits of Retiree's SSN | |
| 5. City | | | 6. State | 7. Zip |
| 8. Name of Retiree if different than above in box 1 (e.g. Beneficiary, Power of Attorney, Trust, etc.) | | | | 9. Designee Relationship |
| 10. Email address | | | | |

PART 2: Direct Deposit

New Setup Change Information Cancellation

PART 3: Financial Institution

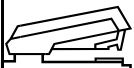
| | | | |
|--------------------|---------------------------------------|--|--|
| 11. Bank Name | 12. Routing Transit Number (9 digits) | | |
| 13. Account Number | | | 14. Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |

PART 4: Authorization for Setup, Changes, or Cancellation of Direct Deposit or Address Change

I hereby request and authorize the City of Roseville to deposit payments by electronic funds transfer into the account specified above and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 2 - 6 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information.

| | | |
|--------------------------------------|------------------|----------|
| 15. Authorized Signature X | 16. Printed Name | 17. Date |
|--------------------------------------|------------------|----------|



PART 5. Attach a VOIDED check here

Instructions:

1. Fill in all fields legibly and completely.
2. For Direct Deposits, attach a voided check to front of form and be sure to complete lines 11-14 with the same information on your check.
3. Send completed form to the *Finance Dept - Accounts Payable: 311 Vernon St. Roseville, CA 95678* or email: *RetireeMedical@roseville.ca.us*.
4. If a duly authorized representative is completing this form, attach a fully executed Power of Attorney herewith.
5. You must notify the City *immediately* of any changes: 916-746-1280 or RetireeMedical@roseville.ca.us.
6. Once Direct Deposit has been set-up, your payments will be transmitted via EFT permanently, unless you fill out a new form and indicate that you are canceling the service.