



Finance
311 Vernon Street
Roseville, California 95678-2649

December 1, 2016

Dear Retiree,

You are receiving this letter because you potentially have been sent a letter from CalPERS regarding enrolling in their Complementary Annuitant Premium Program (CAPP). A sample of this letter is enclosed for your reference. CAPP is a CalPERS program for retirees whose monthly warrants are not sufficient to cover their share of the monthly health premium. The City's recent change to how retiree medical is paid has prompted the notification to some retirees that meet this criteria. Please disregard this letter if your warrant is sufficient to cover your 2017 monthly health premium.

Initially, the City believed that this program was optional for retirees. After speaking directly to the CAPP Unit it has been determined that to continue your health benefits the CAPP program is mandatory. You will be responsible for paying the monthly health premium that your warrant does not cover. The City's reimbursement will begin January 1, 2017.

Please follow the instructions to participate in CAPP to ensure your medical remains intact. For further questions regarding CAPP please contact CalPERS at 888-225-7377.

Information can be found on the retiree website at www.roseville.ca.us/retireeinformation. Please contact me at janajones@roseville.ca.us or 774-5371 with any further questions or concerns regarding the reimbursement process.

Sincerely,

Jana Jones
Senior Payroll Technician



October 05, 2016



PERS

CalPERS ID:
Receivable ID:

Important information regarding your CalPERS Health Plan

Why am I receiving this letter?

Our records indicate that beginning January 01, 2017, your retirement warrant is not sufficient to cover your share of your monthly health premium. Subsequently, California Government Code 22802 provides you an opportunity to enroll in the Complementary Annuitant Premium Program (CAPP).

What is the CAPP?

The CAPP allows retirees who have a retirement warrant that is not sufficient to cover their share of the monthly health premium to continue their enrollment if they pay their share of the monthly health premium by the 1st of the month preceding the coverage month. (For example, the June premium would be due by May 1st; the July premium would be due by June 1st.)

How will I pay my monthly health premium?

CalPERS will deduct your current monthly retirement warrant to pay your share of the monthly health premium. You will be required to pay CalPERS the remaining portion of your share of the monthly health premium.

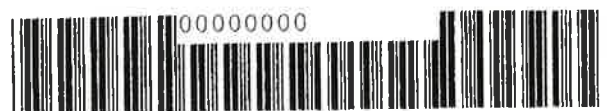
You will receive a monthly CAPP statement reflecting account details with the amount due to CalPERS. The amount due must be paid by the 1st of each month preceding the coverage month.

How is my share of the monthly health premium calculated?

Your share of the monthly health premium is the difference between the total amount of your health premium, your employer contribution, and your net retirement warrant amount.

This example illustrates the calculation.

Total amount of your monthly health premium	\$500
Your employer contribution	-\$100
Your monthly net retirement warrant amount	-\$200
Your share of the monthly health premium due to CalPERS	\$200



How do I elect to enroll in the CAPP?

You can elect to enroll in the CAPP by checking the "Continue Health Coverage" box on the enclosed CAPP Election Form. You will need to sign and return the CAPP Election Form to CalPERS. In addition, you must ensure you provide your share of the monthly health premium prior to the effective date of your CAPP enrollment.

What is the amount due?

The total amount due is reflected on the attached CAPP Election Form.

Why is the first amount due more than one month of my share of the monthly health premium?

The CAPP is a prepaid health program, which requires you to pay your monthly health premium preceding the coverage month (For example, the June premium would be due by May 1st; the July premium would be due June 1st.).

Depending on the date your prepaid account is processed you will be responsible for up to three months of payments for current and future coverage months, **plus** any retroactive coverage months, if applicable.

What about subsequent payments?

Beginning January, you will receive a monthly statement. This monthly statement will reflect the amount due for the following coverage month.

What if I do not pay my share of the monthly health premium by the 10th of each month?

California Government Code 22802 requires you to pay your monthly health premium by the 10th of the month preceding the coverage month. Failure to do so will result in the cancellation of your coverage. You will not be allowed to re-enroll until the next Open Enrollment period.



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What if I do not want to enroll in the CAPP?

You have several options if you do not wish to enroll in the CAPP.

Option 1 - Reduce Health Coverage Costs	You may be eligible to enroll in a health plan with lower premiums. You may also consider reducing the number of dependents enrolled in health coverage as this will reduce your share of the monthly health premium due.
Option 2 - Reduce non-Health Costs	You may be able to change the amount of taxes deducted from your retirement warrant, which may increase your monthly net retirement allowance. You may also consider reducing other retirement warrant deductions, which may also increase your monthly net retirement warrant. For changes to your deductions, contact CalSTRS at 1-800-228-5453.
Option 3 - Cancel your health coverage	You can elect to cancel your health coverage by checking the "Cancel Health Coverage" box on the enclosed CAPP Election Form. You will need to sign and return the CAPP Election Form to CalPERS.
Option 4 - Seek alternative health coverage and cancel your health coverage through CalPERS	You may be eligible to purchase health insurance at the Health Insurance Marketplace. For additional information visit www.healthcare.gov or call 1-800-318-2596. For additional information regarding the California Health Insurance Marketplace, visit Covered California at www.coveredca.com or 1-800-300-1506.

What if I have questions?

We are here to assist you. If you have any questions, please visit our website at www.calpers.ca.gov, or you may call us toll free at **888 CalPERS** (888-225-7377).

