

2015

Retiree Matters

Retirees

Special Issue
for City of San Antonio Retirees
Issue 26 | December 2015

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Lori Steward

Message from Human Resources Director

Dear City of San Antonio Retirees,



I hope this newsletter finds you enjoying all the wonderful things the holiday season brings.

Although our next full issue of *Retiree Matters* isn't scheduled to run until February of next year, we issued this special edition of the newsletter for a couple of reasons. First, to inform you about a new tax form that will be required to successfully complete your 2015 income tax return. We have provided an overview and a sample of the form for your reference on page 2. Second, for our post-65 retirees who will soon be covered under one of the new Aetna Medicare plans, if you received a letter from the Centers for Medicare and Medicaid Services stating that if you do not produce a Medicare claim number by January 2, 2016 your enrollment with Aetna will be denied, ***please disregard this notice and be assured that you will have coverage beginning January 1.*** We regret any confusion this may have caused.

Please note that our offices will be closed beginning December 24 and will re-open on Monday, January 4 to allow employees to spend time with their families during this special time of year.

On behalf of the Human Resources Department, I would like to once again wish you each a very safe and happy holiday. May you have the opportunity to also spend time with your loved ones and reflect on what this year has brought and what is to come.



Save the Dates!

Dates for the 2016 Brown Bag series have been scheduled. They will all take place at the Central Library Auditorium from 11:30 a.m.—1 p.m. Please mark your calendars for February 25, May 12, August 19, and November 10. See you next year!



Health Care I.D. Cards

Now that Open Enrollment is closed, some of you may be receiving new Health Care I.D. cards for 2016. Please reference the chart to the right to see if this applies to you.

Pre-65 Medical Insurance
(UnitedHealthcare)

If you're newly enrolled, dropped dependents, or changed your medical plan option for 2016, a new I.D. card will be mailed to your home before Jan. 1. For questions, contact UnitedHealthcare at 1-800-996-2078.

Post-65 Medical Insurance
(Aetna)

If you will be covered under one of the new Aetna Medicare plans in 2016, a new I.D. card will be mailed to your home before Jan. 1. For questions, contact 1-800-307-4830.

Dental Insurance
(Delta Dental)
&
Vision Insurance
(Davis Vision)

If you're newly enrolled in the dental or vision plan in 2016, a new I.D. card will be mailed to your home before Jan. 1.

If you are currently enrolled in the dental or vision plan and did not make any changes, you can continue to use your current I.D. card. For questions, contact Davis Vision at 1-800-448-9372 and contact Delta Dental at 1-800-422-4234.



CITY OF SAN ANTONIO

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New Tax Form Coming Soon!

It's almost tax time! Be on the lookout for a new form, 1095-C, that you'll need when filing your 2015 federal income tax return. You'll receive this form in the mail at the end of January.

The 1095-C form is a requirement of the federal government and you may not be able to accurately complete your 2015 tax return without it, so once you receive it, please keep it in a safe place until you're ready to file. This form will indicate if you and your dependents had medical coverage with the City in 2015, and will list any dependents.

For more information about this form, visit www.irs.gov/form1095c.



Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage		<input type="checkbox"/> VOID	600116										
		Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c		<input type="checkbox"/> CORRECTED	OMB No. 1545-2251 2015										
Part I Employee			Applicable Large Employer Member (Employer)												
1 Name of employee		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)										
3 Street address (including apartment no.)			9 Street address (including room or suite no.)		10 Contact telephone number										
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code										
Part II Employee Offer and Coverage			Plan Start Month (Enter 2-digit number)												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)															
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)															
Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each covered individual.			<input type="checkbox"/>												
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.			Cat. No. 60705M												
			Form 1095-C (2015)												