



California Public Employees' Retirement System  
Health Policy & Benefits Branch  
400 Q Street, Sacramento, CA 95811  
888 CalPERS (or 888-225-7377) | TTY: (877) 249-7442 | [www.calpers.ca.gov](http://www.calpers.ca.gov)

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## STATE ACTIVE

Addressee Name  
Address  
City, State ZIP Code

Date

CalPERS ID: Participant CID

Dear *Participant Name*,

In advance of the 2021 Health Open Enrollment period, we want to inform you of key changes to your current health plan. Effective January 1, 2022, the total monthly premium for *Health Plan Name* will increase by *Percent Increase*.

Please note your share may increase by a different percentage due to the state's contribution amount. Use the resources below to determine your share of your 2022 total monthly premium.

**If you would like to remain enrolled in *Health Plan Name*, no action is required on your part.**

Open Enrollment is September 20 – October 15, 2021. You can discover the health plan options available to you by visiting the **Plans & Rates** page on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Beginning September 13, 2021, you can access your Open Enrollment information, tools, and resources online. To compare 2022 health plans and premiums available to you based on your eligibility ZIP code:

1. Log in to your myCalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov) and use the **Search Health Plans** tool.
2. Use the **Health Plan Search by ZIP Code** tool on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

If you have questions regarding your 2022 health plan options, contact your employer's personnel specialist or health benefits officer for more information about the health plans available to you.

If you decide to change health plans, consider factors such as the available doctors and hospitals in your area and the location of care facilities. We want you to be well-informed so you can make the best decision for yourself and your family. If you would like to remain enrolled in *Health Plan Name*, no action is required on your part.

Sincerely,

Health Policy & Benefits Branch

SAMPLE