

# Open Enrollment User Guide

## Overview

Open Enrollment period is being offered from September 18, 2023 – October 13, 2023 for employees to make changes to existing or new medical, dental, vision, FSA, dependent care and life insurance elections. **All employees must log in to their Employee Self Service during the Open Enrollment period and make an election for the 2024 plan year.**

## Navigation

### CRITICAL STEPS

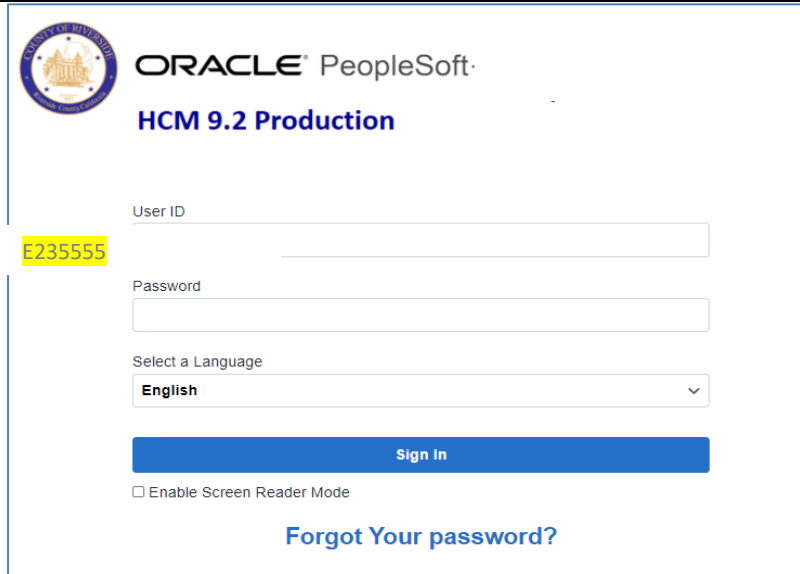
Steps shaded **yellow** are **critical** to the success of your enrollment. If you do not read and follow these steps you will not successfully complete your enrollment.

#### 1) Log into Oracle PeopleSoft 9.2 – Homepage

Here is the link you will need to copy & paste into an internet browser to access the database:

<https://hcm92.co.riverside.ca.us/>

You will log in using your six-digit employee ID with E in front and password. This is the same User ID and password you use to access your payroll information.

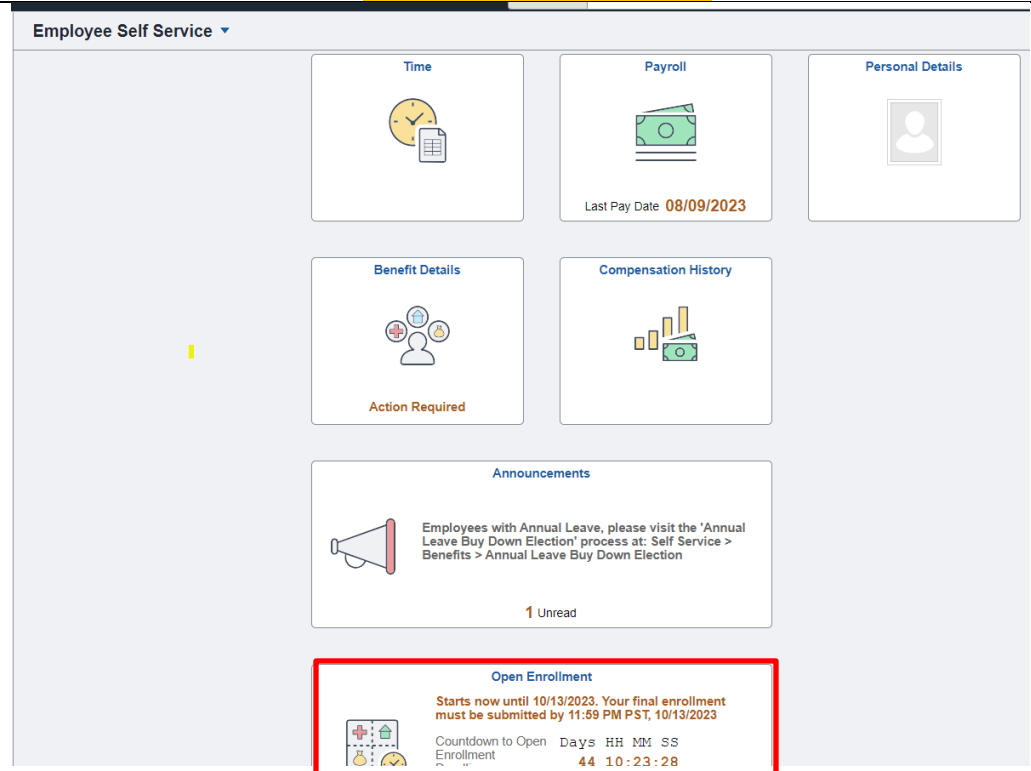


If you do not know your password, click on **Forgot Your Password** or call IT at **(951)955-9900 for assistance**

#### 2) Employee Self Service homepage

If you don't land on this homepage, click the **Employee Self Service** dropdown list at the top/left of the page and select 'Employee Self Service'.

**IMPORTANT:** The pages load best if you **maximize** your PeopleSoft window. This way, you are sure to see all the applications new features.



### 3) Find the 'Open Enrollment' tile

The Open enrollment tile provides a **countdown** to the Open Enrollment deadline.

After that time, the Open Enrollment tile will be closed. You must complete your online enrollment before the deadline, midnight on **October 13, 2023**.

**Note:** The tiles may be arranged in a different order on your Employee Self Service page.

Click the 'Open Enrollment' tile

The screenshot shows the Employee Self Service dashboard. At the top, there is a header 'Employee Self Service' with a dropdown arrow. Below the header, there are several tiles. The 'Open Enrollment' tile is highlighted with a red box and a red arrow pointing to it. The tile contains the following information:

- Open Enrollment**
- Starts now until 10/13/2023. Your final enrollment must be submitted by 11:59 PM PST, 10/13/2023
- Countdown to Open Enrollment Deadline: **44** Days **10:04:25** HH MM SS

### 4) Welcome

Note the steps to the left of your screen. Follow these steps by clicking on them to progress through your event.

You can also click the **Next >** button at the top right of the page to continue to the next step.

Steps with a red \* asterisk are required steps.

**Note:** the status of each step will change after you visit it.

The screenshot shows the 'Open Enrollment' page. At the top, there is a header 'Open Enrollment' with a dropdown arrow. Below the header, there is a sub-header 'Enrollment Period 8/23/2021 - 10/15/2021'. The main content area is divided into two columns. The left column contains a list of steps:

- Welcome (Visited)
- Personal Information (Not Started)
- \* Benefits Enrollment (Not Started)
- Benefits Statements (Not Started)
- Summary (Not Started)

The right column contains the 'Welcome' message and a list of required documents for Open Enrollment:

- Government Issued Marriage Certificate
- Domestic Partner Registration
- Birth Certificate
- Adoption Placement Documents
- Court Order
- Final Judgement
- Notice of Termination of Domestic Partnership

A red arrow points to the 'Next >' button at the top right of the page.

### 5) Click Personal Information

Open Enrollment is the perfect time to update your personal information:

- Home and Mailing Address
- Email address
- Contact Information
- Emergency Contact

**Note:** You can update this information in Employee Self Service 24/7 even if you do not have a Benefits Event.

Open Enrollment

Enrollment Period 8/23/2021 - 10/15/2021

Personal Information - Home and Mailing Address

Home Address

12 Lemon St Riverside, CA 92555 Current

Mailing Address

12 Lemon St. Riverside CA 92555 Current

### 6) Click Home or Mailing Addresses

To change your Home or Mailing address, click anywhere in the box containing the address.

The carat > symbol indicates you can change the information.

Open Enrollment

Enrollment Period 1/5/2021 - 2/19/2021

River Side

Personal Information - Home and Mailing Address

Home Address

123 RIVERSIDE DRIVE RIVERSIDE, CA 92880 Current

Mailing Address

123 RIVERSIDE DRIVE RIVERSIDE, CA 92880 Current

Make your changes.

Click **Save**

Or click **Cancel** to return without making changes

Open Enrollment

Enrollment Period 8/23/2021 - 10/15/2021

Address

Employee Instruction

To save United States addresses at least one of the following fields must get populated: Address 1, Address 2, Address 3

Change As Of 08/31/2021

Address Type Home

Country United States

Address 1 123 E ST

Address 2

Address 3


City RIALTO

State California

Postal 92377

County SAN BERNARDINO

**7) Update your Personal Information – Click Contact Information tab**

- Click the  to add a new phone number.
- Click [Add Email](#) to add a new email address.
- You cannot delete your Home number, you can only update it

We are not using **Instant Message**

**Personal Information: Phone Number and Email Screens**

**Phone Number Type Options:**

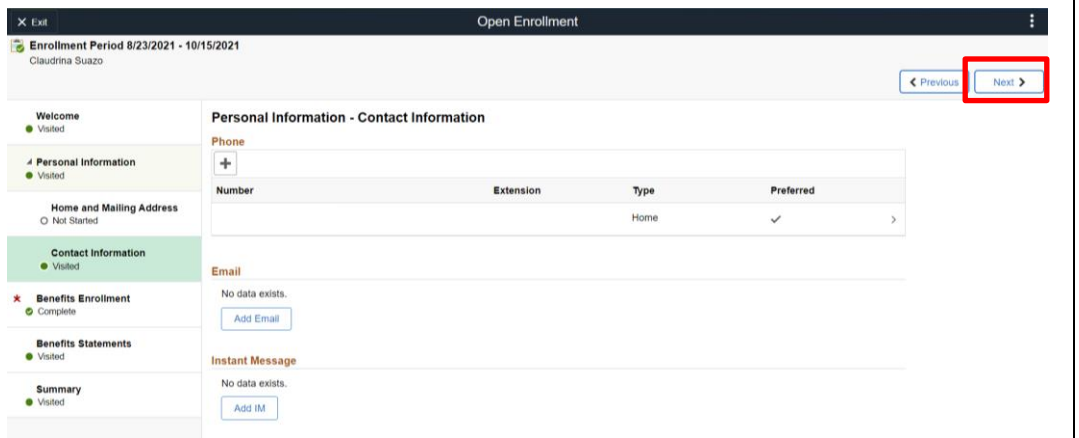
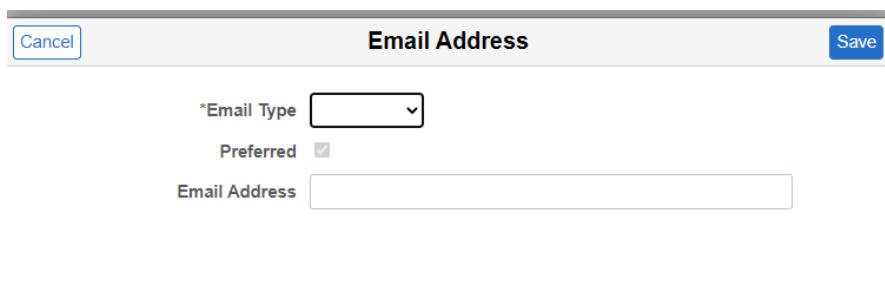
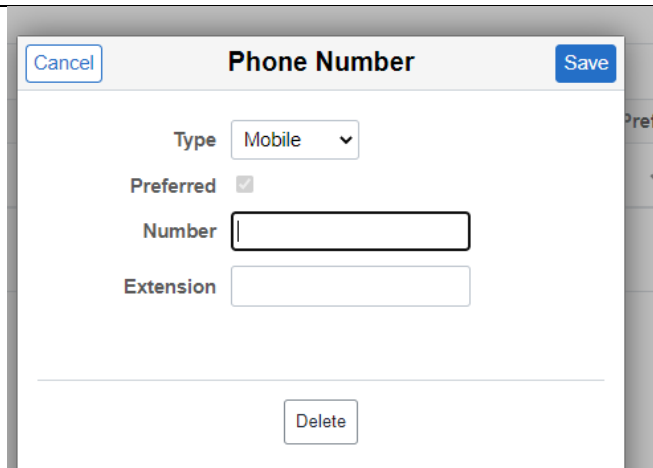
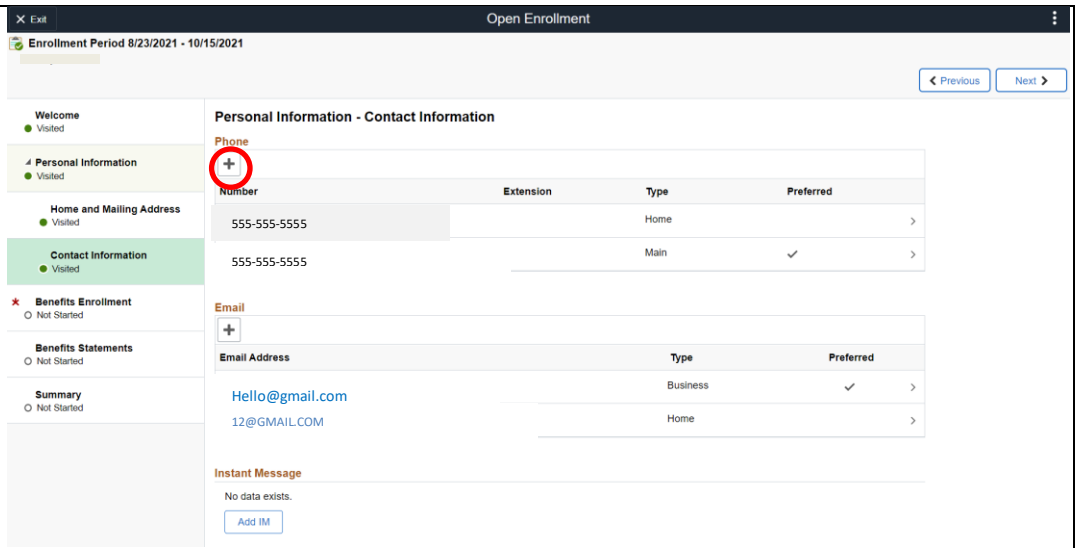
- Business
- Campus
- Dormitory
- FAX
- Home
- Main
- Mobile
- Other
- Pager 1
- Pager 2
- Telex
- Work

**Email Address Type:**

- Campus
- Dormitory
- Other

\*Click Save to store your choice or cancel to disregard

You will be redirected to this screen where you can click [Next](#) to continue



## 8) Reviewing/Changing your plans.

Scroll down to **Benefit Plans** and click the Benefit tile that you are changing. Each tile will have available plans to choose from.

For example, click on the medical square to see medical plan options:

The screenshot shows the 'Open Enrollment' page for the period 8/23/2021 - 10/15/2021. On the left, a navigation menu includes 'Welcome', 'Personal Information', 'Benefits Enrollment' (highlighted as 'In Progress'), 'Benefits Statements', and 'Summary'. The main area displays 'Benefit Plans' with several tiles: 'Medical' (Current: CP Kaiser Permanente RG3, New: CP Kaiser Permanente RG3, Status: Pending Review, 0 Dependents, Pay Period Cost: \$359.89), 'Dental' (Current: Delta Dental High 10A, New: Delta Dental High 10A, Status: Pending Review, 0 Dependents, Pay Period Cost: \$10.49), 'Vision' (Current: Waive, New: Waive, Status: Pending Review, 0 Dependents, Pay Period Cost: \$0.00), 'Life' (Current: Union Plan - Basic Life X Salary X 1, New: Union Plan - Basic Life \$50,000, Status: Pending Review, 0 Beneficiaries, Pay Period Cost: \$0.00), 'FSA Health Care' (Current: No Coverage, New: No Coverage, Status: Pending Review, Pay Period Cost: \$0.00), and 'FSA Dependent Care' (Current: No Coverage, New: No Coverage, Status: Pending Review, Pay Period Cost: \$0.00). Each tile has a 'Review' button.

## 9) Enrolling in a Medical Plan

This is the Medical plan enrollment page.

The page is broken down into 3 sections:

- Contact Information, Resources and provider (PCP) list **to the right** once you click the plan you are enrolling in
- Enroll Your Dependents **above**
- Enroll in Your Plan **below**

The screenshot shows the 'Medical' enrollment page. At the top, there are 'Cancel' and 'Done' buttons. Below is a message: 'All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.' There are three main sections: 'Enroll Your Dependents', 'Enroll in Your Plan', and 'Contact Information/Resources'.

**Enroll Your Dependents:** A table lists dependents with checkboxes and relationship types:

Dependents	Relationship
<input type="checkbox"/> Dock Side	Son
<input type="checkbox"/> Ocean Side	Spouse
<input type="checkbox"/> Sea Side	Daughter

**Enroll in Your Plan:** A table lists various medical plans with selection buttons, before/after tax costs, employer costs, and pay period costs:

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Exclusive Care	\$375.25			\$375.25
Select CP Anthem HMO Select RG3	\$319.55			\$319.55
Select CP Anthem HMO Traditional RG3	\$492.11			\$492.11
Select CP Blue Shield Access+ RG3	\$417.44			\$417.44
Select CP Health Net SmartCare RG3	\$345.74			\$345.74
Select CP Health Net Salud Y Mas RG3	\$206.44			\$206.44
Select CP Kaiser Permanente RG3	\$334.92			\$334.92
Select CP PERS Choice RG3	\$380.62			\$380.62
Select CP PERS Select RG3	\$229.97			\$229.97
Select CP PERSCare RG3	\$518.04			\$518.04
Select CP UnitedHealthcare RG3	\$360.45			\$360.45
Select Medical Waiver				\$0.00
Waive				\$0.00

**Contact Information/Resources:** A sidebar on the right contains 'Contact Information' (Phone: 951 9554981 x OPT 1, Email: benefits@rivco.org, Address: RivCo Benefits Contact, P O Box 1569, Riverside, CA 92502) and 'Resources' (Exclusive Care, PERS HealthNet SmartCare So Ca, PERS Select Oth So Ca, PERSCare Oth So Ca, PERS UnitedHealthCare So Ca, PERS Anthem Select HMO So Ca, PERS Kaiser, PERS Choice LA Region, PERS Blue Shield Access So Ca).

## 10) Adding Dependents

Add a new dependent by clicking **Add /Update Dependent**

**Please do not duplicate dependents. If you have a dependent on your file but they are not visible on your dependent list or their information needs to be updated, please contact 951-955-4981 opt. 1 so that your dependent's file can be updated.**

### ▼ Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input type="checkbox"/> Dock Side	Son
<input type="checkbox"/> Ocean Side	Spouse
<input type="checkbox"/> Sea Side	Daughter

**Add/Update Dependent**

Then click **Add Individual**

**Note:** Clicking 'X' in the upper right corner will close the Dependent Information box

### Dependent Information

**Add Individual**

Name	Relationship	Dependent
Ocean Side	Spouse	✓ >
Sea Side	Daughter	✓ >
Stream Side		>
Dock Side	Son	✓ >

This is the **Add Individual Dependent Information** page

Then click **Add Name** located at the top left of the screen

Enter your dependent/ legal name as it appears on their social security card

**Note:** Beneficiary information listed in PeopleSoft is historical, if you would like to update your life insurance beneficiary you will need to visit: <https://standard.benselect.com/COR>, after you have completed your Open Enrollment election.

**Cancel**

### Add Individual Dependent Information

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 19, 2021.

**Name**

**Add Name**

#### Personal Information

Date of Birth

\*Gender

\*Relationship to Employee

Dependent

\*Marital Status

As of

\*Student

As of

\*Disabled

As of

\*Smoker

As of

#### Address

Address	Address Type	Same as mine
123 Riverside Drive Riverside, CA 92880	Home	>

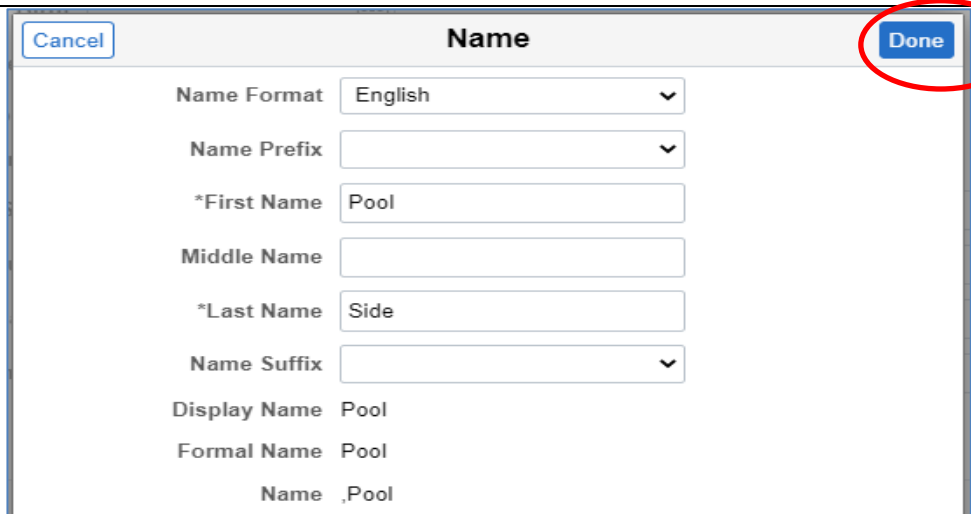
#### National ID

No data exists

**Add National ID**

Then click **Done** to save

If you are enrolling a spouse, domestic partner or other dependent for the first time, you will need to provide supporting documentation no later than October 13, 2023. Your online enrollment for the dependent will not be processed without the supporting documentation. Submit supporting documentation via email to [BeneAudit@rivco.org](mailto:BeneAudit@rivco.org).

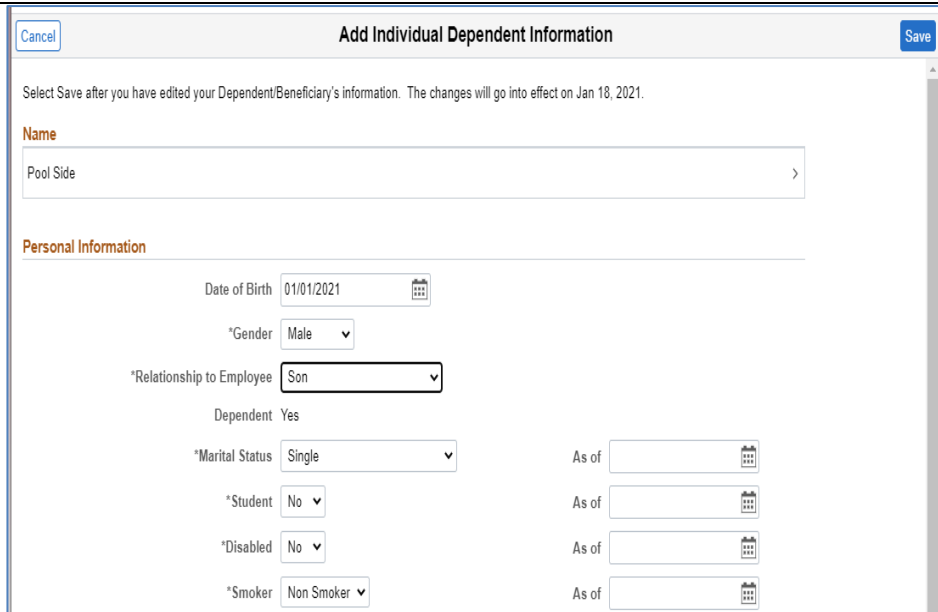


Fill in all their personal information.

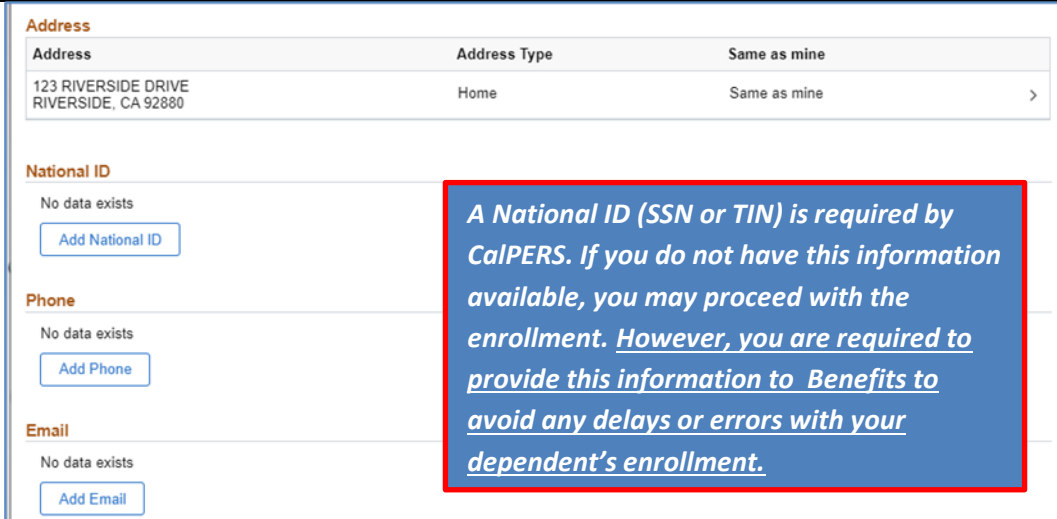
\*Date of Birth, \*Gender, \*Relationship is required fields (son, daughter)

**Note:** Based on the *Relationship* you select, the *system defaults* whether they are a Dependent, Beneficiary, or both. If dependent is Disabled, enter date the dependent became disabled and please contact HR regarding this dependent

Ignore Student and Smoker Boxes



Update the **Address, National ID (this is the dependent's Social Security Number), Phone, and Email** address for your dependent, and then click **Save** located at the top right of the screen



**A National ID (SSN or TIN) is required by CalPERS. If you do not have this information available, you may proceed with the enrollment. However, you are required to provide this information to Benefits to avoid any delays or errors with your dependent's enrollment.**

### National ID #

You may also enter a Tax Identification Number (TIN) if your dependent does not have a Social Security Number.




A modal window titled "National ID" with "Cancel" and "Done" buttons. It contains the following fields:

- \*Country: United States (dropdown)
- \*National ID Type: Social Security Number (dropdown)
- \*National ID: (text input)
- Primary: Yes (radio button)

### Update Dependent

To update an existing dependent's info, please call the Benefit Dept. at 951-955-4981.

**Note:** You cannot delete a dependent. They must remain in your history



Dependent Information

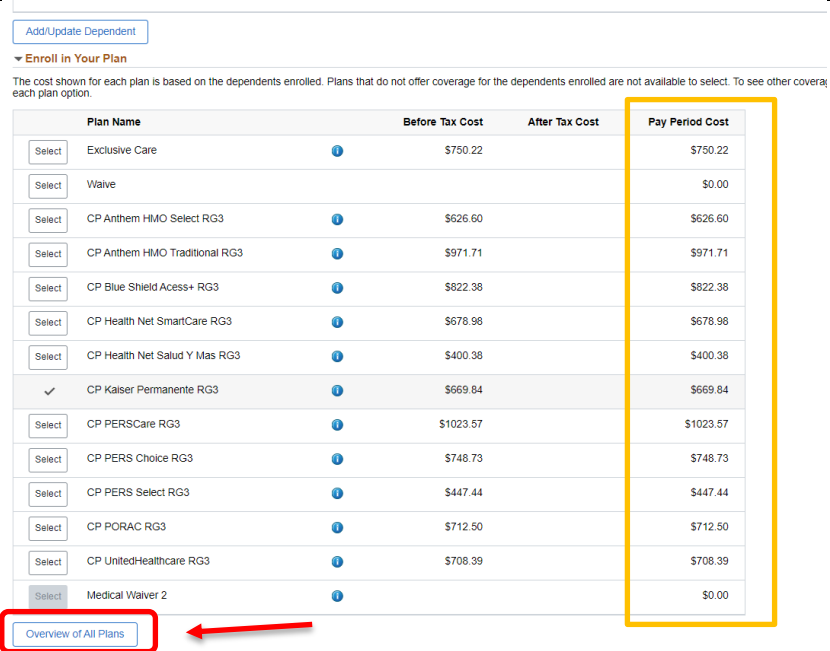
[Add Individual](#)

Name	Relationship	Dependent
Ocean Side	Spouse	✓
Sea Side	Daughter	✓
Stream Side		
Dock Side	Son	✓

### 11) Benefits Plans view

These are your medical plan choices and the cost per pay period.

Click [Overview of All plans](#) at the bottom left. A window will open with a list of the health plans. Select the plan you want to view the breakdown of the coverage level cost.



[Add/Update Dependent](#)

[Enroll in Your Plan](#)

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage, each plan option.

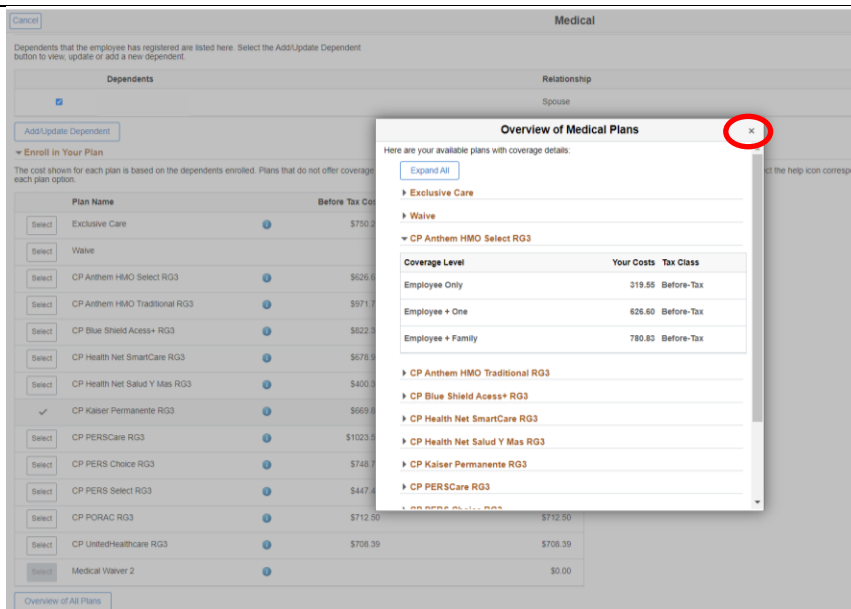
Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
<a href="#">Select</a> Exclusive Care	\$750.22		\$750.22
<a href="#">Select</a> Waive			\$0.00
<a href="#">Select</a> CP Anthem HMO Select RG3	\$626.60		\$626.60
<a href="#">Select</a> CP Anthem HMO Traditional RG3	\$971.71		\$971.71
<a href="#">Select</a> CP Blue Shield Access+ RG3	\$822.38		\$822.38
<a href="#">Select</a> CP Health Net SmartCare RG3	\$678.98		\$678.98
<a href="#">Select</a> CP Health Net Salud Y Mas RG3	\$400.38		\$400.38
<input checked="" type="checkbox"/> CP Kaiser Permanente RG3	\$669.84		\$669.84
<a href="#">Select</a> CP PERSCare RG3	\$1023.57		\$1023.57
<a href="#">Select</a> CP PERS Choice RG3	\$748.73		\$748.73
<a href="#">Select</a> CP PERS Select RG3	\$447.44		\$447.44
<a href="#">Select</a> CP PORAC RG3	\$712.50		\$712.50
<a href="#">Select</a> CP UnitedHealthcare RG3	\$708.39		\$708.39
<a href="#">Select</a> Medical Waiver 2			\$0.00

[Overview of All Plans](#)



After viewing click on the **X** at the upper right corner.

**Note: You will need to minus your Flex Credit from the Pay Period Cost to calculate your cost.**



## 12) Enroll in Your Plan

Click **Select** next to the plan you want to enroll in. If you elect a CP plan a CalPERS Enrollment & privacy Statement will open, see below for more details in page 11.

If you have other group medical coverage click, **Select** next to **Medical Waiver** to receive taxable cash in lieu of Flexible Benefit Credits.

Or click **Select** next to **Waive** if you do not wish to enroll in a medical plan and do not have other group coverage. **This election results in forfeiture of Flexible Benefit Credits.**

Costs for your current coverage level (if any) show next to each plan with any applicable subsidies already applied.

Click the info dot **i** to see the premium amount for the corresponding medical plan.

	Plan Name		Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select	Exclusive Care	<b>i</b>	\$375.25			\$375.25
Select	CP Anthem HMO Select RG3	<b>i</b>	\$319.55			\$319.55
Select	CP Anthem HMO Traditional RG3	<b>i</b>	\$492.11			\$492.11
Select	CP Blue Shield Access+ RG3	<b>i</b>	\$417.44			\$417.44
Select	CP Health Net SmartCare RG3	<b>i</b>	\$345.74			\$345.74
Select	CP Health Net Salud Y Mas RG3	<b>i</b>	\$206.44			\$206.44
Select	CP Kaiser Permanente RG3	<b>i</b>	\$334.92			\$334.92
Select	CP PERS Choice RG3	<b>i</b>	\$380.62			\$380.62
Select	CP PERS Select RG3	<b>i</b>	\$229.97			\$229.97
Select	CP PERSCare RG3	<b>i</b>	\$518.04			\$518.04
Select	CP UnitedHealthcare RG3	<b>i</b>	\$360.45			\$360.45
Select	Medical Waiver		<b>*If you have other group medical coverage</b>			\$0.00
✓	Waive		<b>*No other coverage and no flex credits will be given</b>			\$0.00

Note: You will only see plans that are available in your home/work zip code. If a plan listed in the guide is not visible on your screen it is not available in your area.

RG3 and RG2 correspond to the region you are electing.

**RG3 covers Los Angeles, Riverside, and San Bernardino.**

**RG2 covers San Diego, Orange County, Fresno, Imperial, Inyo, Kern, Kings, Madera, San Luis Obispo, Santa Barbara, Tulare, and Ventura.**

If you select any HMO besides Kaiser, the region you select will dictate your service area.

## Medical Waiver

If you elect Medical Waiver, you will receive a pop up of the 2024 Medical Waiver Program Attestation.

You will need to read and approve the 2024 Medical Waiver Program Attestation.

---2024 Medical Waiver Program Attestation---

You have the option to waive coverage under the County health plan. In deciding to waive coverage you should be aware of the following information:

Unless you sign a waiver stating that you are covered under another group health plan, such as a spouse's plan, Medicaid, or Medicare, you cannot enroll in the County's health plan until the next open enrollment period. However, if you are covered under another group health plan, and that coverage is lost, you can enroll in the County's health plan immediately. There's a time limit for enrolling after the other coverage is lost; you must request to enroll in a County plan within 60 days of losing the other group coverage.

If you gain a new dependent through birth, adoption, or marriage, you may enroll yourself, the new dependent, and all other eligible dependents at that time, but you must do so within 60 days of gaining the new dependent. If you miss the 60-day enrollment deadline, you must wait until the next open enrollment period.

I agree that:

The County of Riverside 'County' has offered a Health Insurance Benefit consisting of minimum essential coverage to myself and my dependents for the 2024 plan year, and I am choosing to decline coverage. I understand that if I enroll in the County's Health Insurance Benefit, the County will contribute (Employer Contribution) a Flexible Benefit Credit to be applied toward the cost of that coverage if I am a Regular status employee. This amount cannot be applied toward other benefits or taken in cash.

I elect to decline coverage through the County of Riverside's health benefit program for the plan year beginning on January 1, 2024 and ending on December 31, 2024. I understand that, by declining health coverage through the County of Riverside that I cannot revoke or change this election during the plan year, unless I have a qualifying change in status as defined by the IRS and the requested change is on account of and consistent with my change of election. I may then revoke my prior election and sign a new Agreement if a qualifying change in election event occurs.

I have reviewed the Medical Waiver rules for my employment group and confirm that I meet all eligibility requirements. I hereby provide evidence of my enrollment in other qualifying group medical coverage outside of the County of Riverside and elect to receive taxable cash contribution-in-lieu of enrolling in the County's health insurance benefit. I understand that I will not receive a taxable cash contribution until I have furnished satisfactory evidence of my enrollment in other qualifying group medical coverage. I understand that the taxable cash contribution is not subject to PERS retirement credit and that I am responsible for any tax consequences. I understand this contribution from my cafeteria plan is ordinary taxable income.

I hereby attest that all individuals for whom I expect to claim a personal exemption deduction for 2024 (Tax Family) and myself have alternative minimum essential coverage (other than coverage in the individual market and other than individual coverage through Covered California), for the 2024 plan year.

I understand the County must not and will not pay cash-in-lieu if the County knows or has reason to know that myself or an individual in my Tax Family

Yes

No

## Medical Waiver – Proof of Insurance

Once you approve the Medical Waiver Attestation, you will be asked for your other group medical coverage information and will need to upload a copy of your proof of coverage.

### Medical Waiver – Proof of Health Insurance

Please provide information about your other Medical Insurance below.

Update and Submit your health Insurance information.  
All health Insurance information is required.

#### Subscriber/Policy Insurance Information

\*Policy Holder Name

\*Social Security #

\*Date of Birth

#### Insurance Card Information

\*Insurance Company's Name

\*Group Number

\*Telephone

\*Is this a Group Plan

\*Is this Medicare coverage

Attachment

Please upload your Proof of Insurance Coverage / Letter of Coverage document.

Add Attachment

Submit

Cancel

**Waive**

If you elect to waive medical coverage you will get a pop up for the 2024 Decline Medical Coverage.

**\*\*This election results in forfeiture of Flexible Benefit Credits. \*\***

\*If you would also like to waive dental or vision, you must waive the coverage in the dental or vision enrollment tiles.

---2024 Decline Medical Coverage without Taxable Cash---

You may decline coverage in the County of Riverside health benefit program if you are not eligible for the Medical Waiver Program. If you decline coverage outside of the Medical Waiver Program you will receive no medical plan enrollment and no Flexible Benefit credit.

If you are enrolled in other group coverage you may be eligible for the Medical Waiver Program which provides a taxable cash contribution in lieu of enrollment in a medical plan. By electing to decline medical coverage I agree that:

The County of Riverside 'County' has offered a Health Insurance Benefit consisting of minimum essential coverage to myself and my dependents for the 2024 plan year, and I am choosing to decline coverage. I understand that if I enroll in the County's Health Insurance Benefit, the County will contribute (Employer Contribution) a Flexible Benefit Credit to be applied toward the cost of that coverage if I am a Regular status employee. This amount cannot be applied toward other benefits or taken in cash.

I will not receive a taxable cash contribution with this election to decline medical coverage.

I cannot revoke or change this election during the plan year, unless I have a qualifying change in status as defined by the IRS and the requested change is on account of and consistent with my change of election. I may then revoke my prior election and sign a new Agreement if a qualifying change in election event occurs.

If you gain a new dependent through birth, adoption, or marriage, you may enroll yourself, the new dependent, and all other eligible dependents at that time, but you must do so within 60 days of gaining the new dependent. If you miss the 60-day enrollment deadline, you must wait until the next open enrollment period. I elect to decline coverage through the County of Riverside's health benefit program for the 2024 plan year beginning on January 1, 2024 and ending on December 31, 2024. I understand that I am required to inform the County immediately should I or another member of my Tax Family experience a loss in qualifying coverage.

By selecting Yes, you agree to Waive Medical Coverage and not receive a Flexible Contribution from the County of Riverside.

As mentioned previously If you elect a CP Medical plan, you will see this box.

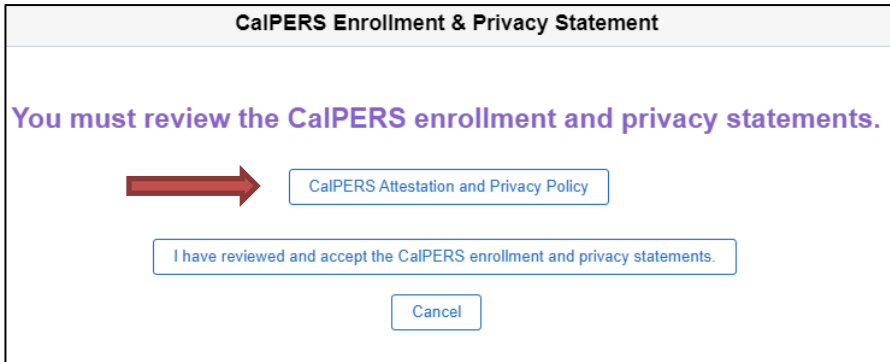
You will need to click the [CalPERS Attestation and Privacy Policy](#) box to comply with the policy

Once you have clicked the [CalPERS Attestation and Privacy Policy](#) box a new tab will appear with the attestation.

**Note: Ensure you are allowing Pop-ups for this site on your internet browser. If the pop-up is blocked, you will not be able to move onto the next step.**

**CalPERS Enrollment & Privacy Statement**

**You must review the CalPERS enrollment and privacy statements.**



Please read the attestation document thoroughly and close the tab once you have finished reviewing it.

**Be careful not to close the open enrollment tab**

Once you have read the CalPERS Attestation document, click **I have reviewed and accept the CalPERS enrollment and privacy statement** to confirm and proceed.

Once you have confirmed the CalPERS privacy statement you will automatically be sent back to the medical page. You must click the Blue **Done** button at the top right-hand corner to get back to the Benefits Enrollment page.

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Exclusive Care	\$404.05			\$404.05
✓ CP Anthem HMO Select RG3	\$338.24			\$338.24
Select CP Anthem HMO Traditional RG3	\$467.79			\$467.79
Select CP Blue Shield Access+ RG3	\$389.94			\$389.94
Select CP Health Net SmartCare RG3	\$382.48			\$382.48
Select CP Health Net Salud Y Mas RG3	\$231.94			\$231.94

### 13) Enroll Your Dependents

After selecting your plan, you need to enroll your dependents.

To enroll dependents, click the checkbox next to their name.

**CRITICALLY IMPORTANT:**  
Anyone unchecked will not be enrolled in the plan and will not be covered on your insurance.

Cancel Medical

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> Dock Side	Son
<input checked="" type="checkbox"/> Ocean Side	Spouse
<input checked="" type="checkbox"/> Sea Side	Daughter

Add/Update Dependent

### 14) Dental Enrollment

You will follow the same enrollment steps for dental as you did for medical enrollment.

Open Enrollment

Enrollment Period 8/23/2021 - 10/15/2021

Review Enrollment  
Submit Enrollment

Personal Information  
Benefits Enrollment (In Progress)  
Benefits Statements  
Summary

Contact Information  
Phone: 951 9554981  
Email: benefits@rivco.org  
Address: RivCO Benefits Main Contact, P.O. Box 1569, Riverside, CA 92502

Benefit Plans		
<b>Medical</b> Current: CP UnitedHealthcare RG3 New: Medical Waiver Program 2 Status: Changed 3 Dependents Pay Period Cost: \$0.00 Review	<b>Dental</b> Current: Delta PPO New: Delta PPO Status: Visited 3 Dependents Pay Period Cost: \$57.50 Review	<b>Vision</b> Current: Vision Services Plan New: Vision Services Plan Status: Pending Review 3 Dependents Pay Period Cost: \$0.00 Review
<b>FSA Health Care</b> Current: Waive New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	<b>FSA Dependent Care</b> Current: Waive New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	

### 15) Vision Enrollment

You will follow the same enrollment steps for vision as you did for medical enrollment.

Open Enrollment

Enrollment Period 8/23/2021 - 10/15/2021  
Claudrina Suazo

Review Enrollment  
Submit Enrollment

Personal Information  
Benefits Enrollment (In Progress)  
Benefits Statements  
Summary

Benefit Plans		
<b>Medical</b> Current: CP UnitedHealthcare RG3 New: Medical Waiver Program 2 Status: Changed 3 Dependents Pay Period Cost: \$0.00 Review	<b>Dental</b> Current: Delta PPO New: Delta PPO Status: Visited 3 Dependents Pay Period Cost: \$57.50 Review	<b>Vision</b> Current: Vision Services Plan New: Vision Services Plan Status: Pending Review 3 Dependents Pay Period Cost: \$0.00 Review
<b>FSA Health Care</b> Current: Waive New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	<b>FSA Dependent Care</b> Current: Waive New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	

**If you are in the following groups, your vision coverage will automatically reflect VSP enrollment:**

- Elected Officials
- Management
- Confidential
- Unrepresented
- DDAA
- LEMU
- Resident Physicians
- Pharmacy Residents

**If you are a member of the following you will have the option to elect EyeMed plan 1 or 2:**

- SEIU
- LIUNA
- RSA Public Safety

**Vision**

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eye care needs.

**Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> Ocean Side	Spouse
<input type="checkbox"/> Beach Side	Daughter
<input checked="" type="checkbox"/> North Side	Son
<input checked="" type="checkbox"/> South Side	Son

**Enroll in Your Plan**

The Employee +1 (no dep. listed) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/> Vision Services Plan			\$8.84	\$0.00

**16) Flexible Spending Accounts**

(FSAs) help you save money by setting aside pretax dollars to pay for certain health care and dependent care expenses. The County offers a Health Care FSA and a Dependent Care (Day Care) FSA.

**Select** FSA Health Care

**Open Enrollment**

Enrollment Period 8/23/2021 - 10/15/2021  
Claudrina Suazo

**Benefit Plans**

<p><b>Medical</b></p> <p>Current CP UnitedHealthcare RG3 New Medical Waiver Program 2 Status <b>Changed</b> 0 Dependents</p> <p>Pay Period Cost <b>\$0.00</b></p> <p><a href="#">Review</a></p>	<p><b>Dental</b></p> <p>Current Delta PPO New Delta PPO Status <b>Visited</b> 3 Dependents</p> <p>Pay Period Cost <b>\$57.50</b></p> <p><a href="#">Review</a></p>	<p><b>Vision</b></p> <p>Current Vision Services Plan New Vision Services Plan Status <b>Visited</b> 3 Dependents</p> <p>Pay Period Cost <b>\$0.00</b></p> <p><a href="#">Review</a></p>
<p><b>FSA Health Care</b></p> <p>Current Waive New No Coverage Status <b>Pending Review</b></p> <p>Pay Period Cost <b>\$0.00</b></p> <p><a href="#">Review</a></p>	<p><b>FSA Dependent Care</b></p> <p>Current Waive New No Coverage Status <b>Pending Review</b></p> <p>Pay Period Cost <b>\$0.00</b></p> <p><a href="#">Review</a></p>	

**FSA Health Care**

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through a health care plan.

**Enroll in Your Plan**

Plan Name
<input type="button" value="Select"/> FSA Health Care
<input type="button" value="Select"/> Waive

**Contact Information**

**Phone**  
951-955-4981 x OPT 1

**Email**  
benefits@rivco.org

**Address**  
RivCo Benefits Contact  
P.O. Box 1569  
Riverside, CA 92502

FSA Health Minimum Annual pledge is \$240. Maximum annual pledge is \$3,050.

Your annual election is taken pretax in equal amounts over the plan year.

Once you enter your annual pledge, click on **Flexible Spending Account Worksheet**

Then click **Calculate** You will see the estimated per pay period cost. If the amount is ok, click **Done**

You will be directed back to the benefit tiles where you can elect FSA Dependent Care

FSA Dependent Care minimum is \$240, maximum annual pledge is \$5000.

Your annual election is taken pretax in equal amounts over the plan year.

**FSA Health Care**

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through a health care plan.

**Enroll in Your Plan**

Plan Name  
✓ FSA Health Care  
Select Waive

**Contribution Amount**

Annual Pledge

Minimum \$240.00 Maximum \$2,750.00.  
Annual pledge amounts for Flexible Spending Accounts including both Healthcare and Dependent Care must not exceed \$7,750.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

**Flexible Spending Account Worksheet**

Estimate Contribution from Annual Pledge

Your New Annual Pledge 2,500.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 24

Estimated Per Pay Period Contribution 104.17

[Calculate](#)

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

**Open Enrollment**

Enrollment Period 8/23/2021 - 10/15/2021  
Claudrina Suazo

Benefit	Status	Current	New	Pay Period Cost	Action
FSA Health Care	Changed	No Coverage	FSA Health Care \$2,500	\$104.17	Review
FSA Dependent Care	Visited	No Coverage	No Coverage	\$0.00	Review
FSA Health Care (Other)	Changed	No Coverage	No Coverage	\$25.18	Review

**FSA Dependent Care**

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

**Enroll in Your Plan**

Plan Name  
✓ FSA Dependent Care  
Select Waive

**Contribution Amount**

Annual Pledge

Minimum \$240.00 Maximum \$5,000.00.  
Annual pledge amounts for Flexible Spending Accounts including both Healthcare and Dependent Care must not exceed \$7,750.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Enter your annual pledge amount, then click on the **Flexible Spending Account Worksheet** and click **Calculate**

You will see the estimated per pay period cost. If the amount is ok, click **Done**, then click **Done** again to accept the annual amount

Scroll up to the **Submit Enrollment** button

### 17) Submit Your Enrollment

Click **Submit Enrollment** to send your **final** enrollments to HR for review and finalization.

Once submitted, this election will take effect 1-1-2024. Deductions for this election will begin on Pay Period 25 (pay warrant dated December 13, 2023).

### Benefits Enrollment

This page presents all the benefit plans that are open for you to change at this time. Click the plan tiles below to explore your enrollment options, update dependents, and make enrollment changes.

IMPORTANT: Whether you have made changes or not, when you are finished, you must click the blue [SUBMIT ENROLLMENT] button below in the center of the page, in order to proceed.

After you have submitted your enrollment, if you would like to view/print an Election Preview statement, click [REVIEW ENROLLMENT].

All of your benefit changes will be effective dated based upon your event date.

#### Enrollment Summary

After submitting you will receive this message

**Note: If you do not receive the BENEFIT ALERTS Pop-up, your election did not get submitted correctly.**

Click **Done** to return.



You can click on the **Review Enrollment** button to see your elections.

Open Enrollment

Enrollment Period 8/23/2021 - 10/15/2021  
Claudrina Suazo

Welcome Visited

Personal Information Not Started

Benefits Enrollment Complete

Benefits Statements Not Started

Summary Not Started

Benefits Enrollment

This page presents all the benefit plans that are open for you to change at this time. Click the plan tiles below to explore your enrollment options, and enrollment changes.

IMPORTANT: Whether you have made changes or not, when you are finished, you must click the blue [SUBMIT ENROLLMENT] button below in order to proceed.

After you have submitted your enrollment, if you would like to view/print an Election Preview statement, click [REVIEW ENROLLMENT].

All of your benefit changes will be effective dated based upon your event date.

NOTE: For updating your Life Insurance or Supplemental Life, please select the link at the bottom of this page.

Enrollment Summary

Status Submitted

Review Enrollment

Submit Enrollment

Contact Information

Phone 951 9554981

Email benefits@rivco.org

Address RivCO Benefits Main Contact  
P.O. Box 1569  
Riverside, CA 92502

Click **Expand All** to review all sections of your enrollment online

Or you can click to expand just one section at a time

Click **Print View** at the top right of the page to launch the PDF Election Preview form shown below

Click **X** to close the window

Review Enrollment

Statement Type Enrollment Preview Description CaPERS 2022 OE

Enrollment Effective Date 12/16/2021 Run Date 09/15/2021

This statement records your CaPERS 2022 OE benefit selections and pay period costs, dependent information, and beneficiary information at the time your enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the event is closed. For further question, contact your benefits administrator. Please keep the statement for your records until you receive a confirmation statement.

Statement Sections

Expand All

Personal Information

Election Summary

Dependents

Dependent Enrollments

Beneficiary Designations

Investment Allocations

Print View

After clicking **Print View** mentioned above you will be able to print or save this pdf for your records.

Close out the pdf once you are done reviewing.

Election Preview

**BENEFITS STATEMENT TAB**

You can click on the Submitted Enrollment to also view, print or save your elections.

Open Enrollment

Enrollment Period 8/23/2021 - 10/15/2021  
Claudrina Suazo

Welcome Visited

Personal Information Not Started

Benefits Enrollment Complete

Benefits Statements Visited

Summary Not Started


Benefits Statements

Statement Type

2 rows

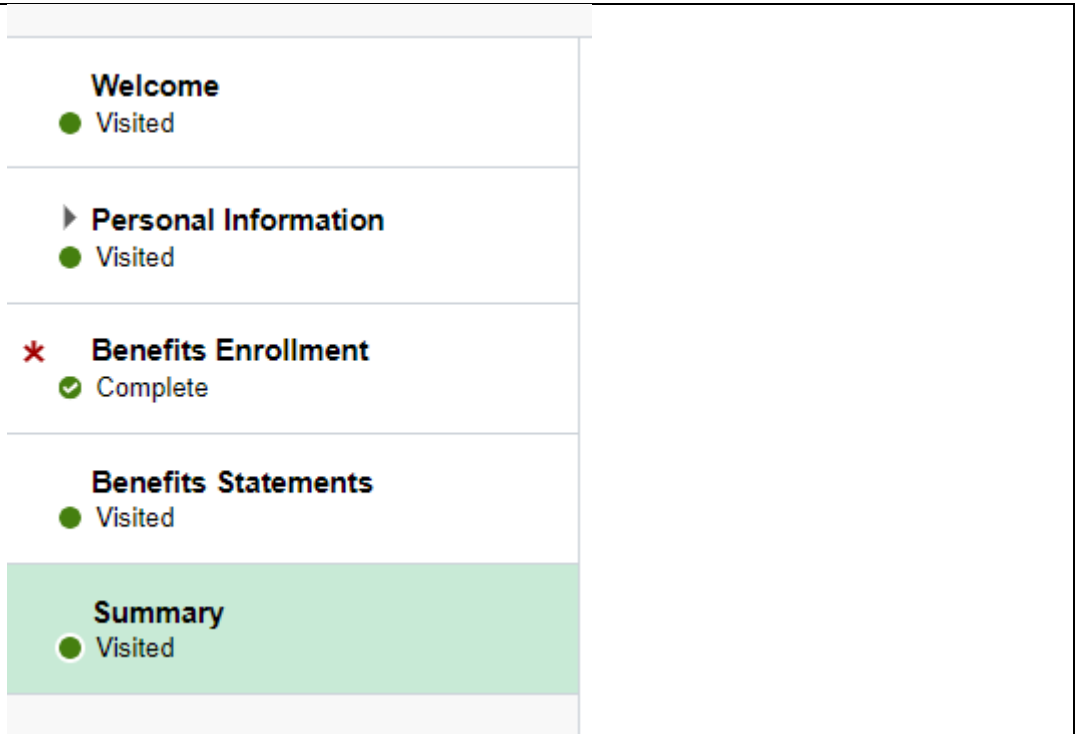
Event Date	Issue Date	Enrollment Event	Statement Type
12/16/2021	09/15/2021 4:53:09PM	CaPERS 2022 OE	Enrollment Preview
12/16/2021	09/15/2021 4:51:32PM	CaPERS 2022 OE	Submitted Enrollment

## 18) Visit the Summary tab






To ensure your benefits are processed correctly please click on the **Summary** tab and ensure it is marked  Visited

Your enrollment is complete once each tab is labeled Visited/Complete

**IMPORTANT:** If you decide to make a change to your benefit plans after you have already submitted your election; be sure to click **Submit Enrollment** Otherwise your previous election will be processed since you have not submitted your new election.



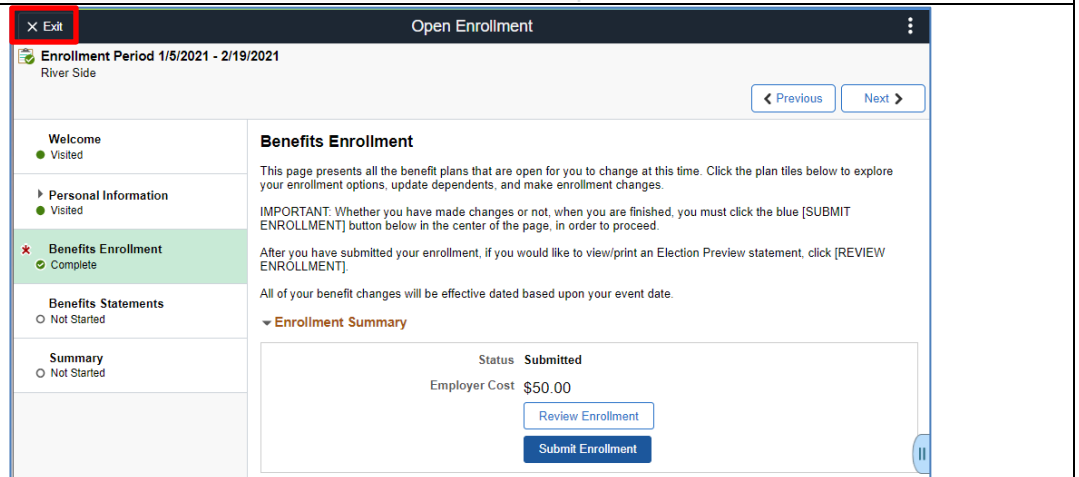
The screenshot shows a vertical navigation menu with the following items:

- Welcome  Visited
- Personal Information  Visited
- Benefits Enrollment**  Complete
- Benefits Statements  Visited
- Summary**  Visited

Click **X Exit** to return to your Employee Self Service home page.

Your Open Enrollment elections have now been submitted to HR.

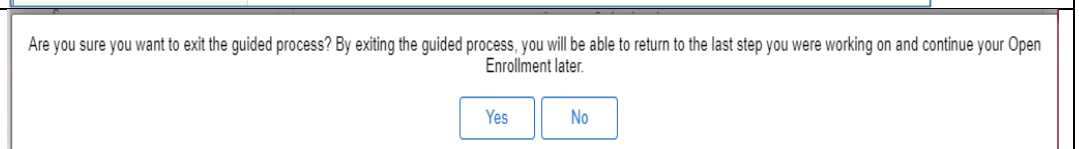
Thank you for using the online benefits Open Enrollment process.



The screenshot shows the 'Open Enrollment' page for 'River Side'. It includes a navigation menu on the left with 'Benefits Enrollment' selected. The main content area displays:

- Benefits Enrollment**: This page presents all the benefit plans that are open for you to change at this time. Click the plan tiles below to explore your enrollment options, update dependents, and make enrollment changes.
- IMPORTANT:** Whether you have made changes or not, when you are finished, you must click the blue [SUBMIT ENROLLMENT] button below in the center of the page, in order to proceed.
- After you have submitted your enrollment, if you would like to view/print an Election Preview statement, click [REVIEW ENROLLMENT].
- All of your benefit changes will be effective dated based upon your event date.
- Enrollment Summary**: Status **Submitted**, Employer Cost **\$50.00**. Buttons for 'Review Enrollment' and 'Submit Enrollment' are visible.

Click **Yes** to return to your Employee Self Service home page.

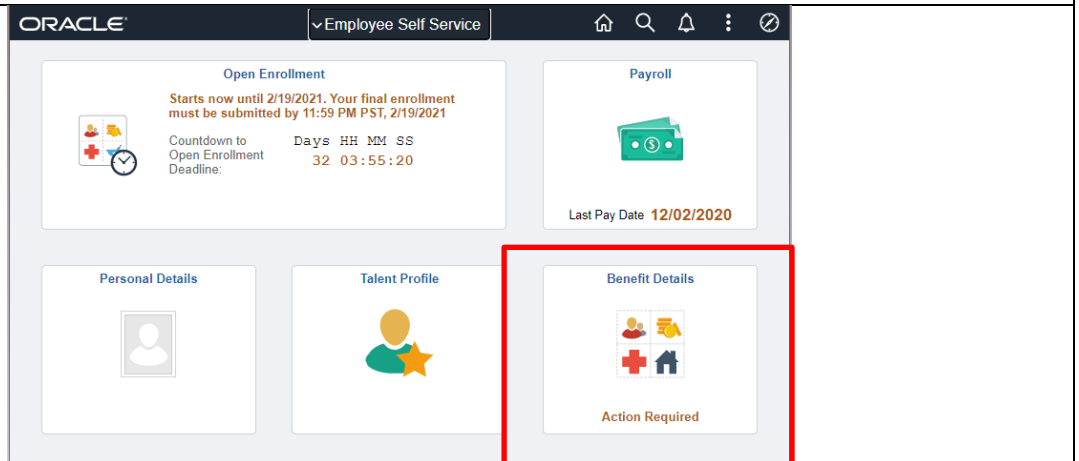


The screenshot shows a confirmation dialog box with the text: "Are you sure you want to exit the guided process? By exiting the guided process, you will be able to return to the last step you were working on and continue your Open Enrollment later." There are 'Yes' and 'No' buttons at the bottom.

## 19) Confirmation Statements

A Confirmation Statement will be sent electronically shortly after Open Enrollment is closed.:

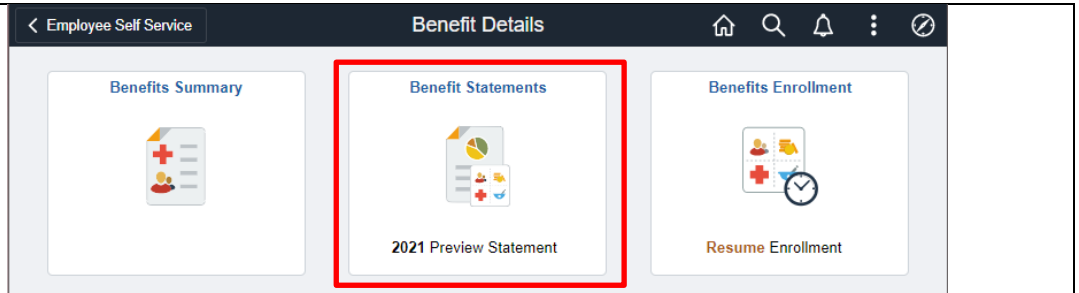
It will be located under your Benefit Details tile



The screenshot shows the 'Employee Self Service' dashboard with several tiles:

- Open Enrollment**: Starts now until 2/19/2021. Your final enrollment must be submitted by 11:59 PM PST, 2/19/2021. Countdown to Open Enrollment Deadline: 32 Days 03:55:20.
- Payroll**: Last Pay Date 12/02/2020.
- Personal Details**: Represented by a person icon.
- Talent Profile**: Represented by a person icon with a star.
- Benefit Details**: Represented by a person icon with a plus sign and a house icon. This tile is highlighted with a red box and labeled 'Action Required'.

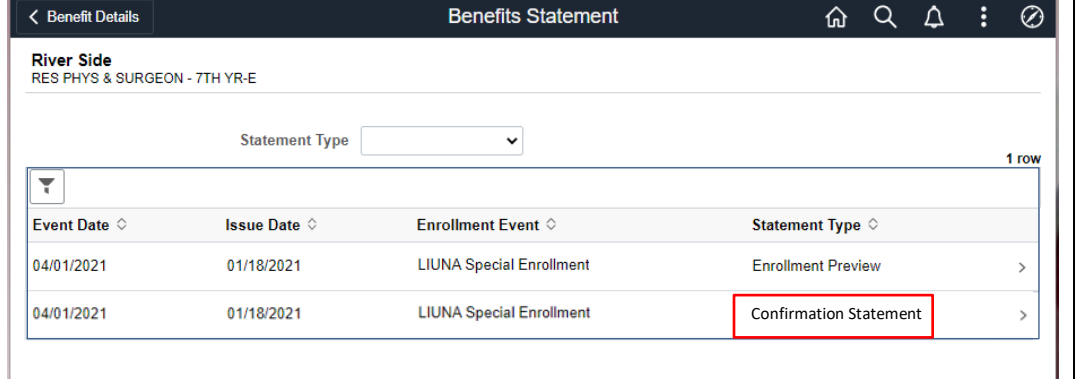
Under the Benefits Statements tile



You may see 2 types of Benefit Statements here:

A Statement Type of Enrollment Preview is generated when you click the [Review Enrollment](#) during enrollment

The Confirmation Statement is generated by HR when they have closed and finalized this Open Enrollment



Please visit <https://standard.benselect.com/COR>, to complete your life insurance Open Enrollment

## Life Insurance provided by



The Standard Ready enroll screen

Logging in to Ready Enroll

1. Username is your six-digit employee ID.
2. PIN is the last four digits of your Social Security number and the last two digits of your birth year.

<https://standard.benselect.com/COR>

For more instructions for Life Insurance, please see Ready Enroll Employee Guide on our 2024 OE website.

