



NEW EMPLOYEE ENROLLMENT DEADLINE

- 60 days

MISS THE DEADLINE?
EMPLOYEE WILL NEED TO
WAIT UNTIL THE NEXT
OPEN ENROLLMENT TO
ENROLL

Coverage Options



**Health
Insurance**



**Prescription
Drug Coverage**



**Vision Care
Insurance**



**Dental
Insurance**



**Disability
Insurance**



**Flexible
Spending
Accounts**

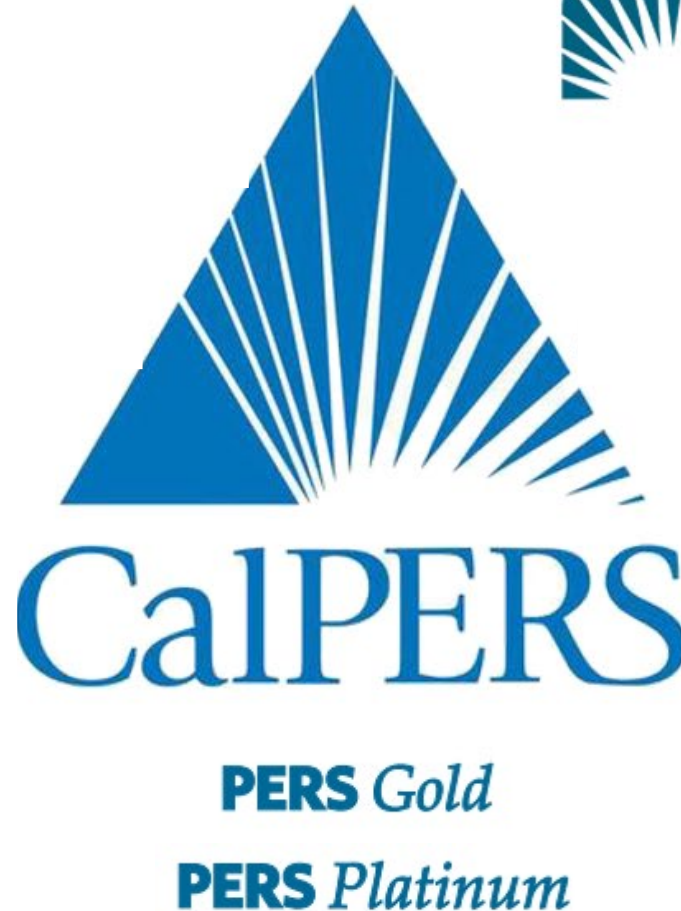


**Accidental Death
& Dismemberment**



Life Insurance

Examples Of Health Insurance Options



Medical



- Elect within 60 days of hire
- Employees can elect coverage by:
 - Using the Self-Service Life Event in Peoplesoft. If you utilize the Self-Service Life Event enrollment in Peoplesoft, the coverage begin date is the first of the following month of your hire date.
 - Or
 - Completing a Benefit Election Form (BEF). A BEF can be obtained by your Department HR Representative. Elections are effective the first of the month following receipt of forms or by the “Elected Coverage Begin Date” on the form.
- **IMPORTANT NOTE:**

My|CalPERS should only be used for retirement purposes. The County is not notified of health transactions completed in My|CalPERS and enrollments will be denied. Please submit all enrollment requests as indicated above.

CalPERS Medical Plans

Below are the HMO and PPO Health Plans offered by CalPERS

| HMO Plans | |
|-----------------------------------|---|
| Anthem Blue Cross Select HMO | Blue Shield Access+ HMO |
| Anthem Blue Cross Traditional HMO | Blue Shield Trio HMO |
| Health Net Salud y Más | UnitedHealthcare Signature Value Alliance |
| Kaiser Permanente | UnitedHealthcare Signature Value Harmony |
| | |
| PPO Plans | |
| PERS Gold | PERS Platinum |

Differences Between an HMO and a PPO

HMOs

- Monthly premiums are usually lower, but the provider network will be more restrictive, and you must coordinate medical care through a primary care physician (PCP).
 - Specialist referrals must be coordinated through your PCP.
- CalPERS HMOs use your work or home ZIP code for a 30-mile service area
 - To be eligible for a CalPERS HMO your work or home ZIP code must be within the plans network, otherwise the plan will not be displayed on your self service as an option
- HMOs don't offer coverage for care from out-of-network healthcare providers. The only exception is for true medical emergencies.
- HMOs do not have Annual calendar year deductibles

PPOs

- PPOs tend to have higher monthly premiums in exchange for the flexibility to use providers both in and out of network without a referral.
 - However, visiting an out-of-network provider will result in higher costs
- CalPERS PPO plans are available in all California ZIP codes
 - PERS Platinum is the only plan available Worldwide
- PPOs have Annual calendar year deductibles
 - Copay for office visits
 - After deductible is met, you pay percentage of co-insurance, up to an out-of-pocket maximum

Choosing a Health Plan

- CalPERS has standardized their copay structure for all their HMO plans. If you have detailed questions on what the plans cover, please review the Evidence of Coverage (EOC) booklet available at www.calpers.ca.gov or contact the individual health carrier.

| CalPERS Health Benefit | Copay |
|-------------------------------|-------|
| Office visit | \$15 |
| Specialist | \$15 |
| Urgent Care | \$15 |
| Emergency Room | \$50 |
| Generic Prescription (retail) | \$5 |

Flexible Benefit Credits

| FLEXIBLE BENEFIT CREDITS | | |
|---|---|---|
| Employee/Bargaining Unit | Monthly Flex Credit | Semimonthly Flex Credit |
| | Enrolled in County Health Plan | |
| <i>Employees Covered by the SEIU & LIUNA MOU, RSA Public Safety, Management Resolution, and Resident Physicians & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications</i> | Emp Only \$969.06 Emp + 1 \$1,671.06 Emp + 2 \$2,087.00 | Emp Only \$484.53 Emp + 1 \$835.53 Emp + 2 \$1,043.50 |
| LEMU | Emp Only \$959.28 Emp + 1 \$1,711.00 Emp + 2 \$2,187.00 | Emp Only \$479.64 Emp + 1 \$855.50 Emp + 2 \$1,093.50 |
| DDAA | \$873.00 | \$436.50 |

Premium Subsidy

| Premium Subsidy Family & Two-Party Coverage | | | | |
|--|----------------------------|--------------------------------|---|--|
| | Monthly Premium Subsidy | Semimonthly Premium Subsidy | Total Monthly Contribution (Flex Benefit + Subsidy) | Semi-Monthly Contribution (Flex Benefit + Subsidy) |
| DDAA | \$688.00 | \$344.00 | \$1,561 | \$780.50 |

Medical Waiver Program

- The County's Medical Waiver Program allows you to decline County sponsored medical coverage and receive reduced flexible benefit credits in the form of cash. To be eligible for the Medical Waiver Program, you must be covered by a Memorandum of Understanding or Resolution that makes you eligible for the waiver
 - Employees in the RSA Public Safety (RSP) and Law Enforcement Management (LEMU) Units are not eligible for the Medical Waiver option.
 - Employees covered by the Deputy District Attorney's Association (DDAA) who were hired on or after November 4, 2010 are not eligible for the Medical Waiver 2 option.

Medical Waiver Program

To participate in the County's Medical Waiver option and receive a reduced flexible benefit credit, you **must** complete your election within 60 days of your new hire date.

You must provide the following information during at enrollment about your other group coverage:

- The name of the plan providing coverage (i.e.: Kaiser, Blue Shield)
- The Plan Group Number
- The Subscriber's name – If you are covered as a dependent on another person's plan, they are the subscriber.
- The Subscriber's Social Security Number
- Proof that you are covered by other **group** medical coverage (for example, your spouse's medical plan). **Note: Coverage under the Covered California exchange is not group coverage and therefore does not meet the requirement for the Medical Waiver option.**

If you elect to **Waive (decline) medical coverage, you will not receive Flexible Benefit Credits.**

Flexible Benefit Credits – Medical Waiver Program

| FLEXIBLE BENEFIT CREDITS | | |
|--|---|-------------------------|
| Employee/Bargaining Unit | Monthly Flex Credit | Semimonthly Flex Credit |
| | Not Enrolled in County Health Plan (MEDWAV) | |
| <i>Newly hired or rehired Employees Covered by the Management Unit, LIUNA & SEIU</i> | \$200.00 | \$100.00 |
| <i>Employees Covered by the Management Unit – Last date of hire before 11/13/2003</i> | \$534.00 | \$267.00 |
| <i>SEIU - Employees hired before 11/11/2004</i> | \$465.00 | \$232.50 |
| <i>LIUNA – Employees hired before 11/13/2003</i> | \$425.40 | \$212.70 |
| <i>DDAA – Employees hired before 11/4/2010</i> | \$575.40 | \$287.70 |
| <i>LEMU – Not Eligible</i> | 0.00 | 0.00 |
| <i>RSA Public Safety</i> | \$456.72 | \$228.36 |
| <i>Resident Physicians/Pharmacy Residents</i> | \$312.50 | \$156.25 |

Paying for Coverage

Important Information

- Rates are deducted semimonthly (twice a month)
- Premiums are paid a month in advance
 - Example: January premiums will be deducted from your December checks
- Arrears may be accumulated if benefit elections are not processed in a timely manner following your hire date.

What does this mean?

- If hire date is December 5th and benefits are not entered until December 30th with coverage begin date of January 1st, Payroll will go back retroactively to take those premiums that should have been collected in the employee's December checks (premiums are paid a month in advance).

Paying for Coverage

Important Information (Continued)

- Deductions are taken from your paycheck for 24 pay periods each calendar year
- Third check in a month is a “free” pay period
 - Free pay period will not include a flexible credit or a deduction, unless you owe uncollected premiums (arrears)
- Premiums are automatically deducted before taxes are calculated on your earnings

Paying for Coverage (Cont.)

How to Calculate Your Out-of-Pocket Cost

Subtract your flex credit from the premiums

Example:

Two-Party Coverage

| | |
|--------------------------|-------------------|
| Blue Shield Access + R3: | \$1,656.96 |
| Delta PPO: | \$78.00 |
| EyeMed Plan 1: | \$12.92 |
| <u>Total Premiums:</u> | <u>\$1,747.88</u> |

***LIUNA is the Bargaining Unit**



| | |
|--------------------------------------|--------------------|
| Total Premium: | \$1,747.88 |
| <u>Subtract Flex Benefit Credit:</u> | <u>-\$1,586.00</u> |
| Total Monthly Premiums Owed: | \$161.88 |



Divide Total Monthly Premiums owed by two (2) pay periods
 $\$161.88 / 2 = \80.94

\$80.94 will be the out-of-pocket cost deducted from each check

Example of a Pay Warrant

FLX – Flexible Benefit Credit – Listed under Hours and Earnings

| HOURS AND EARNINGS | | | | | | TAXES | | | | |
|--------------------|-------------------------------|--------|--------------|-----------------|------------------|----------------|---------------|----------|-----------------|-----------|
| Code | Description | Rate | Current | Current | YTD | Description | Current | Current | YTD | YTD |
| | | | Hours | Earnings | Earnings | | Tax | Tx Erns | Tax | Tx Erns |
| REG | Regular | 27.807 | 40.00 | 1,112.28 | 42,910.93 | Fed Withholdng | 67.66 | 1,861.30 | 2,436.21 | 52,573.86 |
| XOT | System Def -Straight Overtime | 27.807 | 0.20 | 5.56 | 842.91 | Fed MED/EE | 30.25 | 2,085.95 | 843.25 | 58,155.25 |
| VAC | Vacation | 27.807 | 16.00 | 444.92 | 5,352.62 | Fed OASDI/EE | 129.33 | 2,085.95 | 3,605.63 | 58,155.25 |
| NWT | Non Worked Time | 27.807 | 24.00 | 667.37 | 1,387.71 | CA Withholdng | 14.42 | 1,861.30 | 775.14 | 52,573.86 |
| FLX | Flexible Benefit | | | 793.00 | 5,472.40 | CA SDI/EE | 20.47 | 1,861.30 | 578.31 | 52,573.86 |
| HST | Health, Safety, Training Fund | | | 0.80 | 0.00 | | | | | |
| BC1 | Bilingual Certified Level 1 | | | 20.10 | 803.30 | | | | | |
| OVT | Overtime | | | 0.00 | 212.21 | | | | | |
| HOL | Holiday | | | 0.00 | 2,394.06 | | | | | |
| SCK | Sick | | | 0.00 | 2,832.36 | | | | | |
| SOT | Straight Overtime | | | 0.00 | 194.64 | | | | | |
| TOTAL: | | | 80.20 | 3,043.23 | 62,403.14 | TOTAL: | 262.13 | | 8,238.54 | |

Medical, Dental & Vision – Listed under Before-Tax Deductions

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS/MISCELLANEOUS | | |
|---------------------------|-----------------|-----------------|------------------------------|--------------|---------------|--------------------------------------|---------|-------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Blue Shield | 828.48 | 828.48 | Supplemental Life - Child | 1.08 | 24.84 | Basic Life | 2.73 | 62.79 |
| Delta PPO | 39.00 | 1,304.00 | Supplemental Life - Employee | 17.44 | 401.12 | FSA Health Care | 2.00 | 46.00 |
| Eyemed | 6.46 | 198.74 | LIUNA Union Dues | 17.00 | 391.00 | LIUNA Training Fund | 0.80 | 20.00 |
| COREBG 457 Deferred Comp. | 50.00 | 1,250.00 | | | | | | |
| FSA Health Care | 83.34 | 1,916.67 | | | | | | |
| Miscellaneous Retirement | 174.65 | 4,331.39 | | | | | | |
| TOTAL: | 1,181.93 | 9,829.28 | TOTAL: | 35.52 | 816.96 | *TAXABLE | | |

This is an example of how the flexible benefit credit, medical, dental and vision deductions are displayed on your pay warrant

Paying for Coverage (Cont.)

How to Calculate Your Out-of-Pocket Cost

Subtract your flex credit from the premiums

Example:

Two-Party Coverage

| | |
|---------------------------------|-------------------|
| <i>Blue Shield Access + R3:</i> | <i>\$1,656.96</i> |
| <i>Delta PPO:</i> | <i>\$78.00</i> |
| <i>EyeMed Plan 1:</i> | <i>\$12.92</i> |
| <i>Total Premiums:</i> | <i>\$1,747.88</i> |

****DDAA is the Bargaining Unit***

| | |
|----------------------------|------------------|
| Total Premium: | \$1,747.88 |
| Subtract Flex Credit: | -\$940.00 |
| → <u>Subtract Subsidy:</u> | <u>-\$571.00</u> |
| Total Monthly Premiums | \$236.88 |
| Owed: | |

→ Divide Total Monthly Premiums owed by two (2) pay periods
 $\$236.88 / 2 = \118.44

\$118.44 will be the out-of-pocket cost deducted from each check

Example of a Pay Warrant

| HOURS AND EARNINGS | | | | | | TAXES | | | | |
|--------------------|--------------------------------|--------|---------------|------------------|-------------------|-----------------|-----------------|-----------------|------------------|-------------|
| Code | Description | Rate | Current Hours | Current Earnings | YTD Earnings | Description | Current Tax | Current Tx Erns | YTD Tax | YTD Tx Erns |
| REG | Regular | 55.872 | 77.50 | 4,330.06 | 96,217.06 | Fed Withholding | 666.57 | 4,115.37 | 16,840.39 | 103,273.49 |
| ADT | Armed Duty Assignment | 2.000 | 77.50 | 155.00 | 3,510.00 | Fed MED/EE | 65.51 | 4,517.65 | 1,640.56 | 113,141.84 |
| SCK | Sick | 55.872 | 2.00 | 111.74 | 495.17 | CA Withholding | 308.29 | 4,115.37 | 7,771.52 | 103,273.49 |
| VAC | Vacation | 55.872 | 0.50 | 27.94 | 10,298.48 | | | | | |
| FLX | Flexible Benefit | | | 470.00 | 10,810.00 | | | | | |
| COT | County Overtime | | | 0.00 | 82.16 | | | | | |
| HOL | Holiday | | | 0.00 | 2,629.26 | | | | | |
| Z01 | \$0.60/HR Shift Differential | | | 0.00 | 8.10 | | | | | |
| HLX | Holiday Worked (No Retirement) | | | 0.00 | 1,752.84 | | | | | |
| TOTAL: | | | 157.50 | 5,094.74 | 125,803.07 | TOTAL: | 1,040.37 | | 26,252.47 | |

FLX – Flexible Benefit Credit – Listed under Hours and Earnings

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS/MISCELLANEOUS | | |
|-----------------------|---------|-----------|----------------------|------------------|---------------|--------------------------------------|-----------------|-----------------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Blue Shield | 542.98 | 11,816.28 | Survivor's Benefits | 1.37 | 32.85 | Blue Shield | 285.50 | 6,566.50 |
| Delta PPO | 39.00 | 971.00 | Sheriff Assn. | 66.99 | 1,540.77 | Basic Life | 0.78 | 17.94 |
| Eyemed | 6.46 | 157.70 | | | | Short-Term Disability* | 11.35 | 283.75 |
| Safety Retirement | 402.28 | 9,868.35 | | | | Safety OPEB | 12.60 | 317.81 |
| | | | | | | Safety Pre-Pay CalPERS | 845.14 | 17,259.82 |
| TOTAL: | | | 990.72 | 22,813.33 | TOTAL: | 68.36 | 1,573.62 | *TAXABLE |

Medical, Dental & Vision – Listed under Before-Tax Deductions (after Subsidy is applied)

County Subsidy – Listed under Employer Paid Benefits

This is an example of how the flexible benefit credit, County Subsidy, medical, dental and vision deductions are displayed on your pay warrant

Dental

- Elect within 60 days or have no coverage until Annual Enrollment
- Choice of:
 - 1 HMO – Delta Dental HMO
 - 1 EPO – Local Advantage
 - 1 PPO – Delta Dental PPO



Vision

Vision Service Plan (VSP)

- DDAA, LEMU, Resident Physicians, Pharmacy Residents and Employees covered by the Management Resolution
- No election required for employee, dependents added at no cost
- Employer paid benefit

▶ VSP covers:

- You
- Your Spouse/Domestic Partner
- Your Eligible Dependents

(All dependents must be enrolled in the plan. They will not be enrolled automatically)

▶ Exam – every 12 Mo.

▶ Frames/Lenses – every 12 Mo.



Vision (Cont.)

EyeMed Vision Care

- SEIU, LIUNA and RSA Public Safety (Probation)

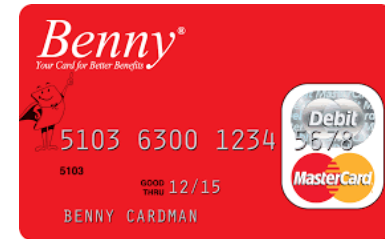
► For EyeMed, you may choose between:

- Plan 1 – Eye Exam and Eyewear, or
- Plan 2 – Eyewear Only



Flexible Spending Accounts (FSA) Administered by: ASI Flex

- ▶ Allocate pre-tax dollars to these accounts and use them to pay for eligible expenses.
- ▶ Health Care FSA
 - ▶ Elect \$240.00 - \$3,400 per year
- ▶ Dependent Care FSA
 - ▶ Elect \$240.00 - \$5,000 per year



For questions call: 1 (800) 659-3035
Or visit the website: www.asiflex.com



Flexible Spending Accounts (FSA) (Cont.)



Eligible types of expenses:

- **Health Care**

- Medical, dental or vision plan deductibles and co-pays
- Certain expenses not covered by a plan, including over-the-counter medications (must have a letter of medical necessity or prescription for over-the-counter medications)

- **Dependent Care**

- Care for children under age 13, who qualify as dependents on your federal income tax return
- Your spouse or parents (or other eligible dependent) who is physically or mentally incapable of self-care



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Or visit the website: www.asiflex.com

Flexible Spending Accounts (FSA) (Cont.)

Rules to remember



- You cannot deduct expenses reimbursed by the FSA on your taxes
- You cannot use reimbursed expenses toward the Earned Income Credit or the Child Care Tax Credit
- You Must provide a Social Security number or Tax ID for any dependent care provider
- You and your spouse can not contribute more than \$5,000 to the Dependent Care FSA, combined
- **YOU MUST RE-ELECT THIS COVERAGE EVERY YEAR TO CONTINUE PARTICIPATION!**



For questions call:
1 (800) 659-3035
Or visit the
website:
www.asiflex.com

The Standard - Basic Life Policy

- No election required, Employer paid benefit
- SEIU and LIUNA Coverage is 1x Annual Salary (up to \$50,000)
- All other Bargaining Groups - Employee Coverage is \$50,000 + \$1,500 dependent life

Supplemental Life Insurance

Supplemental Life Insurance

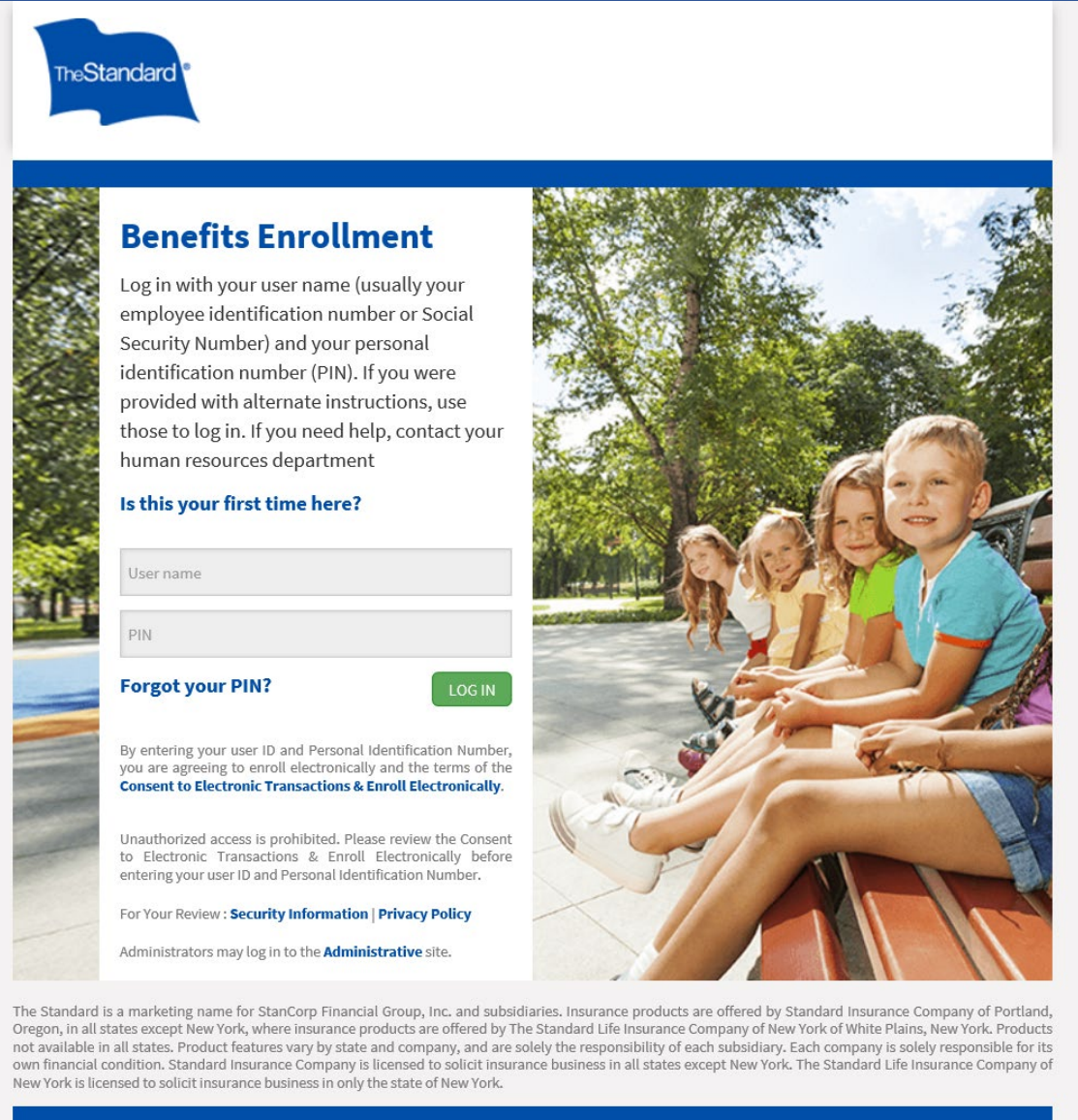
- Elect at time of hire for highest level of coverage without evidence of insurability within specified coverage amounts
- Guaranteed issue amount \$250,000
- \$10,000 to \$600,000* for Employee
 - *LIUNA & SEIU → Not to exceed 7 times your annual salary
 - EOI required over \$250,000
- \$5,000 to \$100,000 for Spouse/Domestic Partner
 - EOI required over \$20,000
- \$5,000 increments up to \$20,000 for Dependent Children
 - **No EOI required**



Life Insurance Basic (Cont.)

- All **Supplemental Life** insurance elections must be completed online through The Standard's **Ready Enroll** portal at: <https://standard.benselect.com/COR>.
- You can also update your Basic Life and Supplemental Life insurance beneficiaries on this portal.

“Don't forget to select a beneficiary and keep your beneficiary designation current!”



The Standard

Benefits Enrollment

Log in with your user name (usually your employee identification number or Social Security Number) and your personal identification number (PIN). If you were provided with alternate instructions, use those to log in. If you need help, contact your human resources department

Is this your first time here?

User name

PIN

Forgot your PIN? [LOG IN](#)

By entering your user ID and Personal Identification Number, you are agreeing to enroll electronically and the terms of the [Consent to Electronic Transactions & Enroll Electronically](#).

Unauthorized access is prohibited. Please review the [Consent to Electronic Transactions & Enroll Electronically](#) before entering your user ID and Personal Identification Number.

For Your Review : [Security Information](#) | [Privacy Policy](#)

Administrators may log in to the [Administrative](#) site.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Products not available in all states. Product features vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

Disability Insurance

| SHORT-TERM DISABILITY | LONG-TERM DISABILITY |
|---|--|
| <ul style="list-style-type: none"> RSA Public Safety | <ul style="list-style-type: none"> Law Enforcement Executive Management (60 day waiting period) |
| <p>*Administered by Sedgwick</p> | <ul style="list-style-type: none"> SEIU (365 day waiting period) |
| | <p>The following Bargaining Units have a 30-day waiting period:</p> |
| <p>CA State Disability Insurance (SDI)</p> | <ul style="list-style-type: none"> Deputy Coroner |
| <ul style="list-style-type: none"> LIUNA | <ul style="list-style-type: none"> Coroner Corporals |
| <ul style="list-style-type: none"> SEIU | <ul style="list-style-type: none"> Correctional Counselors |
| | <ul style="list-style-type: none"> Supervising Correctional Counselors |
| | <ul style="list-style-type: none"> Management |
| | <ul style="list-style-type: none"> Confidential |
| | <ul style="list-style-type: none"> Unrepresented |
| | <ul style="list-style-type: none"> DDAA |
| | <ul style="list-style-type: none"> Elected Officials |
| | <ul style="list-style-type: none"> Pharmacy Resident |
| | <p>*Administered by The Standard</p> |

When Can You Make Changes To Your Elections?

- ▶ During Annual Enrollment – usually in September for following January effective date
- Within 60 days of a Mid-year Qualifying Event, such as:
 - Marriage/New Domestic Partner
 - Divorce, Terminated Domestic Partnership
 - Birth, Adoption, or Placement for Adoption
 - Change in Spouse or Dependent status that results in gaining or losing eligibility

See “General Eligibility” in the Enrollment Guide for details.

Where Can You Get More Information?

- ▶ Benefits Enrollment Guide
 - “General Eligibility”
- ▶ Benefits Website <https://rc-hr.com/benefits>
- ▶ Benefits Information Line
 - ▶ (951) 955-4981
 - Option 1 – Benefits
 - Email: benefits@rivco.org
 - Option 2 – Retirement
 - Email: retirement@rivco.org