

This guide is a companion to your interactive **County of Riverside Benefits Guide**.

It contains information about additional benefits available to you and important rules that govern the operation of our County benefit plans, along with required benefits notices.



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2026 County
of Riverside
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EMPLOYEE ELIGIBILITY

You are eligible to participate in the benefits program if you are a regular County employee scheduled to work at least 20 hours per week. Your bargaining unit or employee group determines which plan options are available to you and your dependents.

Temporary and Per Diem Employees: Refer to the temporary employee benefits available at <https://rc-hr.com/benefits/benefits-forms-resources> for details about your medical coverage.

DEPENDENT ELIGIBILITY

You may enroll your eligible dependents in your medical, dental and vision coverage. Eligible dependents include your:

- **Legal spouse** to whom you are legally married, in accordance with applicable state law.
- **Registered domestic partner.** You and your registered domestic partner must be registered through the California Secretary of State's Office or an equivalent office from another state.
- **Children.** Your child must be less than age 26 unless he or she is disabled. Eligible children include your or your spouse's/registered domestic partner's:
 - Natural child
 - Stepchild
 - Child who is adopted by you or placed in your physical custody for adoption prior to age 18. "Placed for adoption" means that you have assumed a legal obligation for total or partial support of the child in anticipation of adopting the child. The child must be available for adoption, and the legal process must have begun.
 - Child for whom you have legal custody or guardianship
 - Child for whom you are required to provide coverage due to a **qualified medical child support order (QMCSO)**. A QMCSO includes a judgment, decree or other order issued by a court of competent jurisdiction or through an administrative process established under state law. Coverage cannot be discontinued for any child who is enrolled to comply with a QMCSO unless you submit written evidence that the order is no longer in effect.

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DEPENDENT ELIGIBILITY CONTINUED

- For medical enrollment only, CalPERS allows employees to assume a “parent-child relationship” with a child in lieu of the child’s adoptive, step or natural parent, up to age 26.

A parent-child relationship occurs when the employee or annuitant assumes a parental role and is considered the primary care “parent.” Evidence of this relationship may include assuming responsibilities such as providing shelter, clothing, food, child care or education for the child, as well as assuming parental duties, such as providing permission for school activities, health care services, extracurricular and recreational activities.

A parent-child relationship must be certified at the time of enrollment for each child and annually thereafter up to age 26. The spouse of your recognized natural, adopted or stepchild is not eligible for enrollment.

An **Affidavit of Parent-Child Relationship form** must be submitted with a copy of the employee’s tax return from the previous tax year listing the child as a tax dependent.

- Disabled child over age 26 (who, except for age, meets the above eligibility requirements), if he or she is incapable of self-support because of a mental or physical disability that existed before age 26 (and continuously on a County-sponsored plan since age 26). The child must be dependent on you or your spouse/registered domestic partner for support and claimed as your dependent for federal income tax purposes. Coverage for a disabled child may be established only when you are first eligible for benefits or as a continuation of coverage beyond age 26.

Here are examples of individuals who **are not** considered eligible dependents:

- Your spouse following final decree of dissolution, divorce or legal separation, even if your divorce decree requires you to provide health coverage
- Foster children
- Dependent children whose disability occurred after age 26
- Dependents for whom you initially continued coverage as disabled dependents beyond age 26 and who were later deleted from enrollment
- Dependent children over age 26 who are capable of self-support
- Parents or grandparents, regardless of their IRS dependent status

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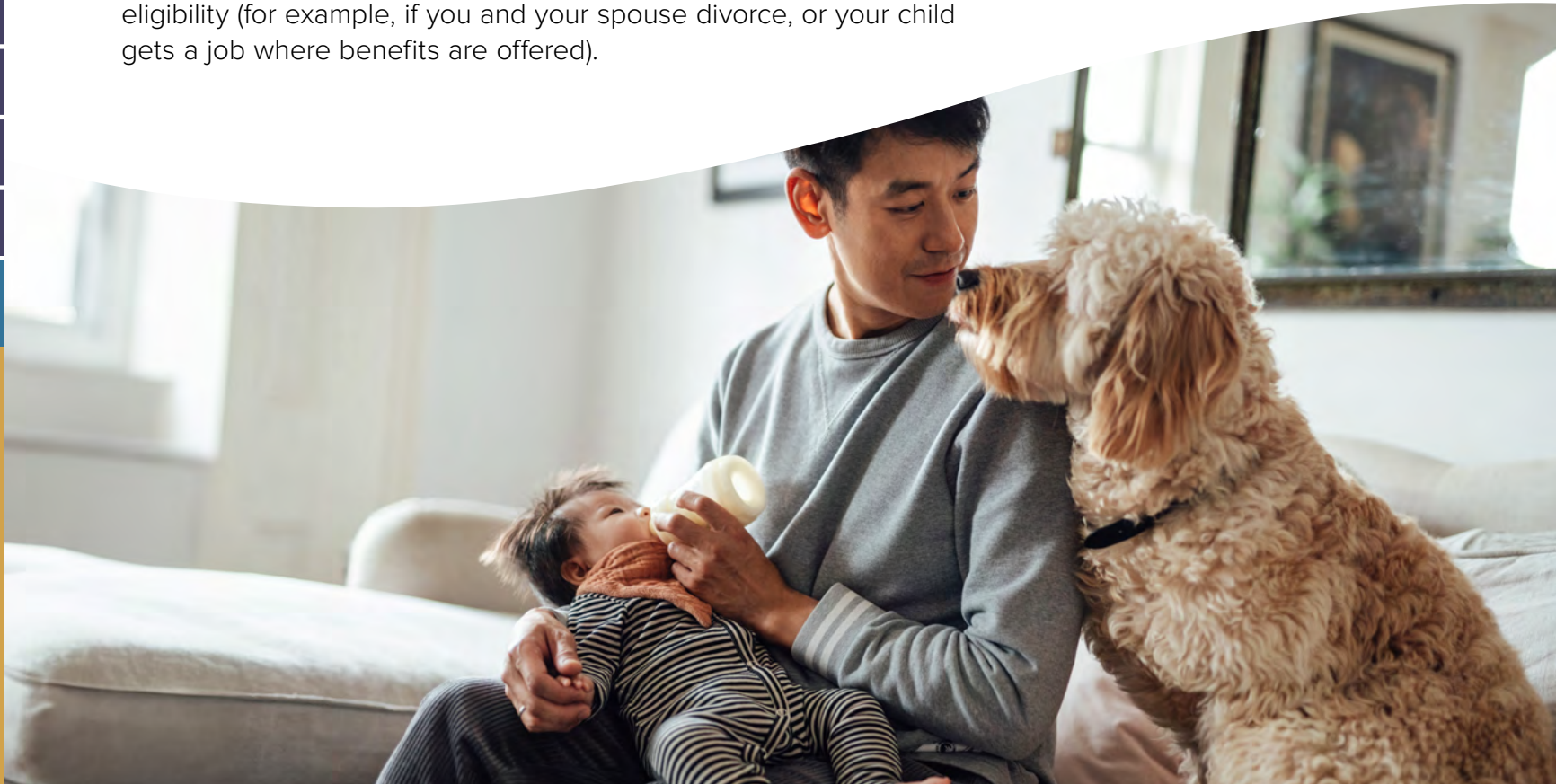
Check out our [employee benefits website](#) for more detailed benefits information.

Important information about dependent eligibility

If you're enrolling a dependent for the first time, you will be required to provide proof of dependent eligibility before the deadline to complete your enrollment.

Please keep the following rules in mind:

1. It is against the law to enroll ineligible people. If you do, you may have to pay for all costs incurred by the ineligible person from the date the coverage began.
2. If you do not add newly eligible family members to your health plan within the 60-day period of eligibility, you will have to wait until the next annual enrollment period or undergo a waiting period before you can enroll them.
3. Your former spouse/registered domestic partner, parents, parents-in-law, other relatives, and non-disabled children age 26 and over are not eligible for coverage under your health care plans.
4. You must drop coverage for your enrolled dependent when he or she loses eligibility (for example, if you and your spouse divorce, or your child gets a job where benefits are offered).



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Required proof of eligibility

You will need to provide proof of eligibility and your dependent’s Social Security number the first time you request that a dependent be added to your medical, dental or vision plan, and periodically during routine audits. Once you have completed your *Active Benefit Election Form*, submit all necessary documentation when you submit your form to your Department Representative. **Please remember to keep a copy of all documentation for your records.**

- **Legal spouse**—A **certified** copy of your marriage certificate must be submitted at the time your spouse is enrolled. If a certified copy of your marriage certificate is not available to meet the 60-day enrollment period or Annual Enrollment deadline, you are required to provide a copy of the marriage certificate (certified with state seal) as soon as it is available (but no later than 30 days from the date your request was received by Human Resources and when requested during a routine audit).
- **Registered domestic partner**—You must provide a copy of the *Declaration of Domestic Partnership* registered with the Secretary of State and your partner’s Social Security number.
- **Children**—For a natural child, provide a copy of the child’s birth certificate. For a stepchild, provide a copy of the child’s birth certificate and a certified copy of your marriage certificate. For a child of a registered domestic partner, provide a copy of the child’s birth certificate and a copy of the *Declaration of Domestic Partnership* registered with the Secretary of State. For an adopted child or a child for whom you have legal custody or guardianship, you must provide a copy of the child’s birth certificate **and** a copy of the judgment, decree or order issued by a court. You must also provide the child’s Social Security number.
- **Disabled children (age 26 or over)**—Dependents over age 26 who are incapable of self-support because of a mental or physical condition may be eligible for enrollment. The disability must have existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician.

IMPORTANT NOTE

If the rules described here differ from the CalPERS rules, the CalPERS rules will govern for the CalPERS medical plans.

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Required proof of eligibility for disabled dependents

Employees are required to complete and submit the Member Questionnaire for the [CalPERS Disabled Dependent Health Benefit \(HBD\) form](#) to CalPERS.

The treating physician must complete and submit a [Medical Report for the Disabled Dependent Benefit \(HBD-34\)](#) directly to CalPERS for approval. The initial certification of the disabled dependent must occur during one of the following eligibility periods:

- Within 90 days before and ending 60 days after the child's 26th birthday (employee and dependent currently enrolled); or
- Within 60 days of newly eligible employee's initial enrollment in the CalPERS health program.

Coverage of disabled dependents is contingent upon approval by CalPERS.

Upon certification of eligibility by CalPERS, the dependent's CalPERS health coverage must be continuous and without lapse. Upon expiration of the certification, you will be required to submit an updated questionnaire and medical report for re-certification. These documents must be received no earlier than 60 days prior to the expiration date, and no later than the 60-day expiration date.

The following disabled children are not eligible for coverage:

- Dependent children whose disability occurred after age 26
- Dependents who initially continued coverage as disabled dependents beyond age 26 under the Public Employees' Medical & Hospital Care Act (PEMHCA) program and who were later deleted from the enrollment
- Dependents who are capable of self-support
- Disabled dependents whose coverage (extension) was not requested in a timely manner

For life insurance coverage

You must complete and submit The Standard's forms to document that your child is disabled. These forms must be submitted within 31 days after:

- The date on which coverage would otherwise end because of your child's age; or
- The effective date of your initial coverage, if your child is disabled on that date.

At reasonable intervals thereafter, The Standard may require proof of your child's continued disability and may have your child examined at The Standard's expense.

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CalPERS medical plan eligibility

DUAL COVERAGE FOR CalPERS MEDICAL PLANS

CalPERS does not allow dual coverage between two CalPERS members or their dependents. Dual CalPERS coverage occurs when a person is enrolled in a CalPERS health plan as both a member and a dependent or as a dependent on two enrollments. This duplication of coverage is not permitted by CalPERS.

When dual CalPERS coverage is discovered, **CalPERS will retroactively cancel the enrollment that caused the dual coverage.** You may be responsible for costs incurred from the date the dual coverage began.

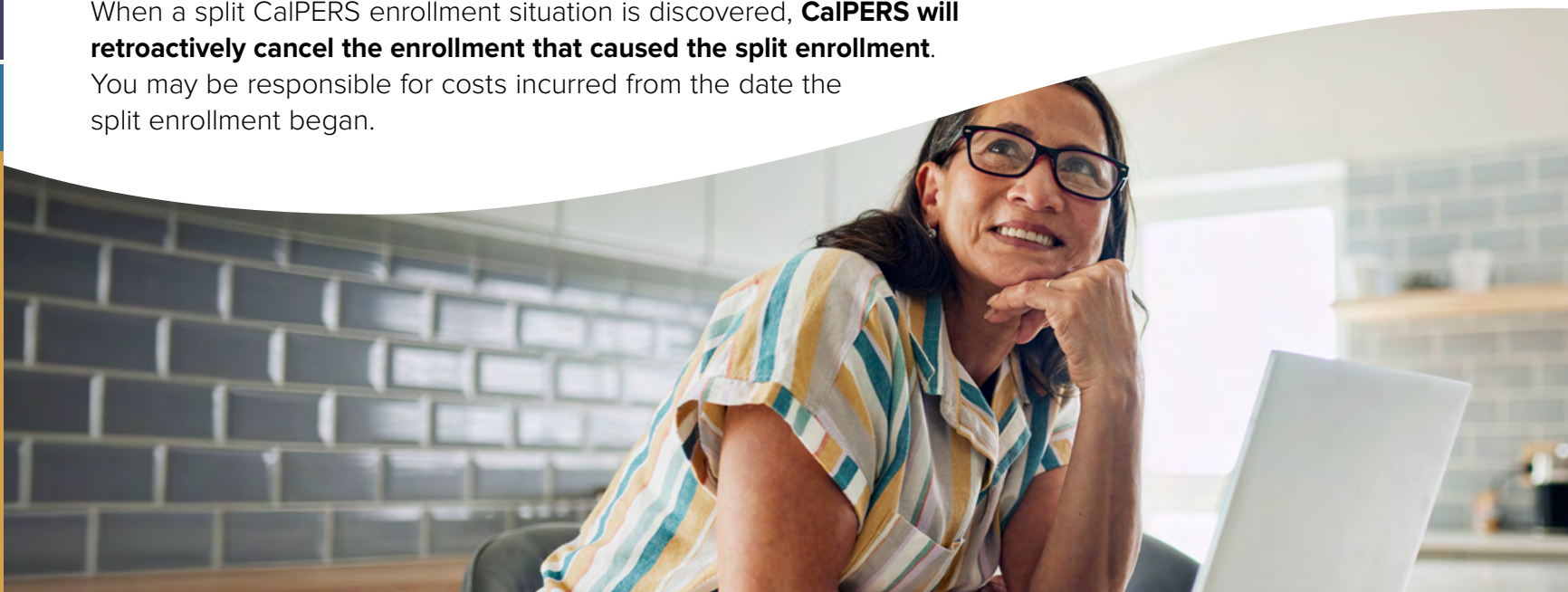
Members may enroll in both a CalPERS health plan and a health plan provided through a non-CalPERS employer. For example, a spouse may be enrolled in a CalPERS plan as a dependent and also in a plan through his or her private employer. In this case, the two plans may coordinate benefits.

SPLIT ENROLLMENT FOR CalPERS MEDICAL PLANS

CalPERS does not permit split enrollment of dependents. When two CalPERS members are married to each other or in a domestic partnership, each member can enroll separately. However, when these individuals enroll in a CalPERS health plan individually and include dependents, one person must cover all dependents on one health plan.

When a split CalPERS enrollment situation is discovered, **CalPERS will retroactively cancel the enrollment that caused the split enrollment.**

You may be responsible for costs incurred from the date the split enrollment began.



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WHEN NEW EMPLOYEE COVERAGE BEGINS

You are eligible to commence coverage beginning the first of the month immediately following your date of hire.

You will also receive flexible benefit credits for the elected coverage period to offset the cost of premiums. The effective date and coverage choices you make could result in a significant premium deduction from your pay warrant(s), up to and including your full pay. Please keep this in mind when electing coverage, and plan accordingly for additional deductions.

If you do not elect a medical plan within your initial 60-day eligibility period, you will not be permitted to make an election during the plan year, except when the change is requested as a result of and is consistent with a qualified change of status as defined by the Internal Revenue Code, section 125.

WHEN COVERAGE ENDS

If your employment ends, coverage ends for you and your enrolled dependents at the end of the next month following the month of employee termination for medical, dental and employee-paid vision coverage, and on your last day of work for the Flexible Spending Accounts. Additional life insurance coverage and employer-paid vision coverage end the last day of the month your employment ends.

In the case of a mid-year qualified change of status, coverage will end at the end of the month in which the qualifying event occurs. In all events, coverage may terminate earlier if premiums are not received on time. See the [COBRA section](#) for details about how you and/or your enrolled dependents may continue coverage when eligibility is lost due to a qualified change of status.

IMPORTANT!

The County of Riverside collects premiums one month ahead of the coverage effective date. Missed premiums (arrear) and the current required premium will be deducted in full from your first available pay warrant(s). This could result in a significant deduction from your paycheck. Please be sure to prepare for this additional expense.

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Mid-year election changes

The benefit elections you make as a new hire or during Annual Enrollment will stay in effect for the entire plan year, if you remain eligible for benefits. Each year during the annual enrollment period, you have an opportunity to change your coverage elections for the following year. However, after Annual Enrollment ends, you can make changes to your health care and FSA coverage ONLY if they are as a result of and **consistent with a qualified change in status** as defined by the Internal Revenue Service (IRS) and submitted within 60 days of the event.

Most changes are made prospectively from the date that Human Resources receives a properly completed and signed *Active Benefit Election Form* with supporting documentation. **Exceptions are made for birth or adoption to comply with special enrollment rights defined under the Health Insurance Portability and Accountability Act (HIPAA).**

Qualified changes of status include:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment or death of a spouse.
- **Change in number of dependents**, including birth, adoption, placement for adoption or death of a dependent child.
- **Change in employment status**, including the start or termination of employment by you, your spouse or your dependent child.
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in place of residence or worksite**, including a change that affects the accessibility of network providers.
- **Change in your health coverage or your spouse's coverage** attributable to your spouse's employment.
- **Change in your or your spouse's eligibility for Medicare or Medicaid (Medi-Cal).**
- **A court order** resulting from a divorce, legal separation, annulment or change in legal custody (including a qualified medical child support order) requiring coverage for your child or dependent foster child.
- **Registration or dissolution of domestic partnership.**

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Requesting a mid-year election change

Complete an election online using PeopleSoft Self-Service or complete an *Active Benefit Election Form*, which is available at <http://benefits.rc-hr.com>. You'll need to provide documentation of the event, such as a marriage license, birth certificate, etc.

Return your completed *Active Benefit Election Form* and supporting documentation to your Department Representative within 60 days of the qualifying event.

If you get divorced or dissolve a domestic partnership

Be sure to terminate dependent coverage if you get divorced or end your registered domestic partnership. Your ex-spouse/registered domestic partner and their dependents will no longer be eligible for additional life insurance coverage or other coverage under the County plans. However, he or she can convert the additional life insurance coverage to an individual policy or continue it on a portable basis.

Also, you may want to change your beneficiary designation if your marriage or registered domestic partnership ends. See your Department Representative for details and forms.

IMPORTANT!

You must complete enrollment changes within 60 days of a qualified change of status, or the County will not be able to change your benefit elections and/or refund your premium deductions. Any mid-year benefit change must be consistent with the qualified change of status. The *Active Benefit Election Form* is available on the County's benefits website at <http://benefits.rc-hr.com>, from your Department Representative or by calling the Benefits Information Line at **(951) 955-4981, Option 1.**

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Patient Protection Notice

The HMO and EPO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the plan’s network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization to obtain access to obstetrical or gynecological care from a health care professional in the plan’s network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or following procedures for making referrals.

For information about how to select a primary care provider, and for a list of the participating primary care providers—including a list of participating health care professionals who specialize in obstetrics or gynecology—contact your health plan. Contact information is listed on your ID card.

Medicaid and the Children’s Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer but are unable to afford the premiums, you can inquire about the premium assistance programs that some states have to help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your Medicaid or CHIP office, or you can contact **(877) KIDS NOW** or visit www.insurekidsnow.gov to find out how to apply.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

For more information, contact Medicaid at **(916) 636-1980** or visit <http://www.dhcs.ca.gov>.

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Taxation of benefits

According to the IRS, the amount the County pays toward covering dependents who do not meet the definition of a “tax-qualified” dependent, as defined by Internal Revenue Code Section 152, must be reported as ordinary or imputed income to you. This means the value of your non-tax-qualified dependent’s coverage is subject to income taxes. Additionally, you cannot pay the premiums for these dependents on a pretax basis, nor can you use the funds in your Flexible Spending Accounts to pay for their health care or dependent care expenses. Please read the following information carefully to determine if you are eligible to make pretax premium contributions for your dependents.

TAX-QUALIFIED DEPENDENTS

To qualify as a tax-qualified dependent during a given tax year, your dependent must:

1. Share your principal residence for more than one-half of such taxable year, except for temporary absences, such as vacation, military service or education; and
2. Receive more than half of his or her support from you.

Your spouse automatically qualifies as a tax-qualified dependent. Your non-spouse dependents, including your registered domestic partner and his or her dependent children, will be tax-qualified if the above criteria are met for a full tax year.

DESIGNATING DEPENDENTS AS TAX-QUALIFIED

Your dependents, except your registered domestic partner and his or her children, are designated by the County as tax-qualified by default. To change your dependent’s default tax-qualified designation, you must submit a completed *Dependent Tax Certification Form* to your Department Representative.

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DESIGNATING DOMESTIC PARTNERS AND THEIR DEPENDENTS AS TAX-QUALIFIED

Your registered domestic partner and his or her children are designated as non-tax-qualified by default. If your registered domestic partner and his or her children meet the definition of tax-qualified, you can receive the tax benefit by completing and returning the *Dependent Tax Certification Form* to your Department Representative.

The *Dependent Tax Certification Form* is available from your Department Representative or online at the Benefits website. To access the form online, go to <http://benefits.rc-hr.com> or, from a County computer without Internet access, <http://intranet.co.riverside.ca.us>. Click on Home, then select *Benefit Forms & Resources* and look for the Affidavit/Declaration section, and select the *Declaration of Dependent Status Form*.

Whenever you have a change in tax qualification for a dependent, you are responsible for submitting this form within 30 days of the tax-status change. Submission of the *Non-Qualified Dependent Certification Form* will NOT remove your dependent from your medical, dental and/or vision plan.

The IRS does not permit partial-year tax-qualified designations. If your dependent is not tax-qualified for any portion of the year, then the County is required to consider that dependent as non-qualified for the full year. Upon receiving your *Non-Qualified Dependent Certification Form*, the County will recalculate your imputed taxes for the entire calendar year and make the appropriate adjustment on your pay warrant.

CALCULATING AND REPORTING IMPUTED INCOME

In general, your imputed income is the sum of:

1. The amount the County contributes toward coverage of your non-tax-qualified dependent;
2. The amount you contribute toward coverage for your non-tax-qualified dependent for the medical, dental and/or vision plans.

Refer to the Plan Rates available at <https://rc-hr.com/flexible-benefits-credits> for the most current imputed income amounts.

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Coordinating your County plan with other coverage

Note: CalPERS does not allow dual medical coverage between two CalPERS members or their dependents.

Cost is an important factor when choosing a health plan—but it shouldn't be the only thing you consider. If you have other health plan coverage, you should think about how your plans will coordinate your benefits before selecting a County plan. Careful research before enrollment will ensure that you make the best decision for your specific situation.

HOW COORDINATION OF BENEFITS PROVISIONS AFFECTS YOUR COVERAGE

Most health plans include **coordination of benefits (COB)** provisions. These provisions are designed to prevent duplication of payments when you or your dependents are covered by more than one insurance plan. COB rules generally result in 100% health plan coverage; however, if the plans' COB provisions don't work well together, COB rules can result in YOU paying up to 100% of your health care expenses.

Your "primary plan" will pay your claim first. Your claim, along with the details of what was paid by your primary plan, will then be submitted to your "secondary plan," which will pay benefits according to the COB provisions.

You should review the provisions of your other coverage. Before making a selection, call the plan's Member Services to get a thorough understanding of how your plan will coordinate.

WHICH PLAN PAYS FIRST?

The following rules are a standard in the health care industry and generally establish the order in which benefits will be determined:

- Any plan that has no coordination of benefits provision will pay first.
- When all plans have a coordination of benefits provision, the plan that covers the person as an employee will pay first.
- When two plans (one covering each parent) cover the same child as a dependent, the plans will pay in this order:
 - The plan that covers the parent whose birthday falls earlier in the year pays first.
 - If both parents have the same birthday, the plan that has covered one parent the longest pays first.

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When you become eligible for Medicare

Medicare is a federal health insurance program for people age 65 or older and some people under age 65 with certain disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has several parts:

- **Medicare Part A** is hospital insurance that helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care. You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working.
- **Medicare Part B** is medical insurance that helps pay for doctors' services, outpatient hospital care, and many other medical services and supplies that are not covered by Part A. You are responsible for paying the monthly Medicare Part B premium to Social Security.
- **Medicare Part D** provides prescription drug coverage. You pay a premium for Part D coverage when you elect it.

If you or your spouse becomes eligible for Medicare while you are still working and covered under one of the County's medical plans for active employees, **you do not need to sign up for Medicare Part B or Part D until you separate from County employment.** You will have an opportunity after your employment ends to sign up for Part B and Part D coverage without paying late-enrollment penalties.

If you are eligible for the County's medical waiver program, you may elect to have Medicare as your only medical plan and waive County coverage by enrolling in the medical waiver program. In this case, you would need to sign up for Parts A, B and D. Please review the Medicare benefit limitations carefully; they can be substantial.

For more information about Medicare enrollment dates and benefits, contact:

Centers for Medicare & Medicaid Services (CMS)
(800) 633-4227

TTY: **(877) 486-2048**

www.medicare.gov—see the publication *Medicare & You*

Social Security Administration
(800) 772-1213

TTY: **(800) 325-0778**

www.ssa.gov

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Important notice about your prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County-sponsored medical plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The County of Riverside has determined that the prescription drug coverage offered by the County-sponsored health plans is, on average for all plan participants, expected to pay out as much as or more than standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a 60-day Special Enrollment Period (SEP) to join a Part D plan.

In addition, if you lose or decide to leave employer- or union-sponsored coverage, you will be eligible to join a Part D plan at that time using an employer group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

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If you decide to join a Medicare drug plan, your County of Riverside plan coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your health and prescription drug benefits.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the County-sponsored health plans during an open enrollment period under the County's benefit plans.

You should also know that if you drop or lose your coverage with a County-sponsored plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join a Medicare prescription drug plan.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:

Contact the County of Riverside at **(951) 955-4981** for further information. **Note:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the County-sponsored health plans changes. You also may request a copy.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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Check out our ***employee benefits website*** for more detailed benefits information.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the *Medicare & You* handbook for the telephone number) for personalized help. In California, call **(800) 510-2020**.
- Call **(800) MEDICARE** or **(800) 633-4227**. TTY users should call **(877) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this assistance, visit Social Security on the Web at www.socialsecurity.gov, or call **(800) 772-1213**. TTY users should call **(800) 325-0778**.

Name of Entity/Sender: The County of Riverside
Contact-Position/Office: Human Resources, Benefits Division
Address: 4080 Lemon Street, Riverside CA 92501
Phone Number: **(951) 955-4981**

REMEMBER

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and whether or not you are required to pay a higher premium (a penalty).



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Health Insurance Portability and Accountability Act (HIPAA)

Keeping your personal health information private is your right. That’s why the U.S. government passed the “Privacy Rule”—part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule protects your health information and makes it illegal for health care providers to reveal information about your health without your permission, unless needed to treat your condition. It also prevents the improper use of health information by health care benefit insurers and administrators. Doctors’ offices and health care facilities are required by law to obtain your written permission to appropriately reveal information about your health.

If you would like to get a copy of the notice describing how the County of Riverside may use and disclose your personal health information, contact the Human Resources Benefits Information Line at **(951) 955-4981, Option 1**.

Women’s health and cancer rights

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgical reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications for all stages of mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes)

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services is subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

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Initial COBRA notification of rights and obligations

Federal law requires the County of Riverside to offer all covered active employees and their covered spouses and dependents (“Qualified Beneficiaries”) the opportunity to elect a temporary extension of their health and welfare plan coverage (called “Continuation Coverage,” “COBRA Continuation Coverage” or “COBRA Coverage”) in certain instances where coverage under a group plan would otherwise end. A group health plan includes any major medical plan, dental plan, vision plan, health Flexible Spending Account (FSA) or other plan sponsored by the County that provides medical care.

COVERAGE

“Qualified Beneficiaries” are generally the employee, the employee’s spouse/domestic partner or the employee’s dependent children, and/or the domestic partner’s dependent children who are covered by the plan on the day before a “Qualifying Event.” This notice is to provide you, your covered spouse and covered dependents (all of whom may be Qualified Beneficiaries if plan coverage is lost) with a brief summary of your rights and obligations under current COBRA law.

Both you and your spouse/domestic partner should read this notice carefully and keep it with your records.

You must notify the Plan Administrator in writing with the current addresses of covered dependents who do not reside with you and with any change of address for yourself so that the Plan Administrator can send this and other notifications to you and your dependents.



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Leaves of absence

County of Riverside employees may be entitled to time off from work for specific reasons in accordance with a variety of different family and medical leave laws. These laws are designed to provide you with an opportunity to balance your work and family life by taking reasonable leave time without the fear of having to choose between your job and your family.

- **Family Medical Leave Act (FMLA):** FMLA is a federal law that allows you to balance your work and personal lives by taking unpaid, job-protected leave of up to 12 weeks (or 480 hours) in a 12-month period for certain family and medical reasons.
- **California Family Rights Act (CFRA):** CFRA is a California state law that provides California workers with unpaid, job-protected leave time to bond with a newborn, adopted or foster child; to care for certain family members with a serious health condition; or to care for the employee’s own serious health condition. CFRA permits up to 12 weeks (or 480 hours) of leave in a 12-month period for certain family and medical reasons and typically runs concurrently with FMLA.
- **Pregnancy Disability Leave (PDL):** PDL provides California workers with unpaid time off and job protection for prenatal care as well as pregnancy-related and childbirth-related disabling conditions for up to four months for each pregnancy.
- **Military Leave:** The County offers Military Leave.

For details, refer to the policy available at <https://rc-hr.com/family-medical-leave-and-other-information>.

Whether you’re thinking about taking a leave now or in the future, it’s important to understand the types of leave available, determine whether you are eligible and the process for requesting a leave. This will ensure that your leave is approved and you have a plan for returning to work.

To learn more, visit <http://www.rc-hr.com>, select “HR Services” from the top menu, and click “Disability Access Office” in the drop-down menu. You’ll find a link at the bottom of the page for “Employee Leave Forms and Other Information.” You can also contact your Department Representative.

WHAT IS A “LEAVE OF ABSENCE”?

A leave of absence is an approved absence from work for a specific period due to things like:

- A serious health condition or injury you or a family member experiences
- A personal emergency leave (including providing care to a family member)
- Military Leave

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Disability benefits

Disability plans replace a portion of your income when you are unable to work due to illness or injury. Learn more about your disability benefits so you'll be prepared when you need them.

Your employee unit determines which disability plan you are eligible for:

DISABILITY PLANS			
Shorth-Term Disability	Long-Term Disability		California State Disability
<ul style="list-style-type: none"> • RSA Public Safety 	<ul style="list-style-type: none"> • Law Enforcement Executive Management • SEIU • Deputy Coroner • Coroner Corporals • Correctional Counselors • Supervising Correctional Counselors 	<ul style="list-style-type: none"> • Management • Confidential • Unrepresented • DDAA • Elected Officials • Pharmacy Residents 	<ul style="list-style-type: none"> • SEIU • LIUNA

WHAT'S COVERED

Your coverage depends on your employee group or bargaining unit. Visit <https://rc-hr.com/benefits/disability-insurance> to learn more about the disability insurance the County offers.

If you are a Resident Physician, your disability coverage is provided through a contract with the American Medical Association as follows:

- A \$2,500 monthly benefit once you complete the 90-day elimination period.
- Your benefit continues until you reach the Social Security Normal Retirement Age (SSNRA).
- Your monthly benefit doubles after 12 months of total disability.

To file a disability claim, call the American Medical Association at **(888) 627-6618**.

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EMPLOYEES COVERED BY SEIU AND LIUNA MEMORANDUMS OF UNDERSTANDING PARTICIPATE IN THE STATE DISABILITY INSURANCE (SDI) PROGRAM

Note: This information is limited to employees in the Service Employees International Union (SEIU) and Laborers' International Union (LIUNA) Memorandums of Understanding, and does not apply to employees covered by the Management Resolution, Ordinance 440 or other Memorandums of Understanding.

- Each pay period, a percentage of your taxable wages is reported to the SDI Program. SDI taxes are paid on taxable income up to the limit set by the Employment Development Department (EDD) for the year.
- Employee SDI tax contributions go into a state fund used to pay Disability (SDI) and Paid Family Leave (PFL) benefits to eligible individuals.
- Eligible employees can receive up to 70–90% (depending on income) of wages earned 5–18 months before their claims start date.
- To qualify, you must have earned at least \$300 in wages subject to SDI contributions during the base period determined by your disability start date.
- California law requires that wages you receive during a period of disability or family leave, plus DI or PFL benefits, cannot exceed 100% of your normal weekly salary (excluding overtime pay). **You're responsible for providing information to your department payroll coordinator about any DI or PFL benefit you receive and ensuring that wages you receive during disability or family leave do not exceed 100% of your normal salary.**
- **The County of Riverside does not administer the SDI program.** The program is administered by the California Employment Development Department (EDD). Eligible employees are responsible for properly filing a claim with the EDD. Claim concerns and issues should be addressed directly with the EDD.

To file a claim for a state disability benefit, visit:

https://edd.ca.gov/Benefit_Programs_Online.html



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CaIPERS pension plan

The County of Riverside offers a retirement pension plan through CaIPERS—one of the largest pension funds in the nation—offering benefits to two million public employees, retirees and their families. The pension plan is designed to provide you with the security of a lifetime pension benefit, based on a retirement formula using your:

- Total service credit;
- Age at retirement; and
- Highest average annual compensation during any consecutive 12- or 36-month period throughout your CaIPERS career.

You become fully vested in the pension plan after five years of CaIPERS-credited service.

Not all County employees are eligible to participate in the CaIPERS pension plan. If you're employed in a classification that has been excluded from CaIPERS participation, the County has an alternate retirement plan designed for you, known as the County of Riverside Part-Time and Temporary Employees' Retirement Plan.



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Check out our [employee benefits website](#) for more detailed benefits information.

HOW YOUR RETIREMENT IS FUNDED

CalPERS is a defined benefit plan funded by employee contributions, employer contributions and earnings made on CalPERS investments:

- **Your contributions.** Member contribution amounts are set by law and vary by job classification, employer and Social Security participation.
- **Earnings.** The investment of assets in stocks, bonds and other investment vehicles. The amount contributed from this source fluctuates from year to year.
- **Employer contributions.** The amount your employer contributes is adjusted yearly based on specific economic and investment performance factors.

HOW YOUR RETIREMENT BENEFIT IS CALCULATED

Three factors are multiplied to calculate your retirement benefit:

- **Service credit**—As an eligible County employee, you earn service credit for each year or partial year you work for the County. Service credit accumulates on a fiscal year basis, July 1 through June 30. One year of service credit is equal to 1,720 hours worked in a fiscal year.
- **Benefit factor**—Your benefit factor is the percentage of final compensation for each year of service credit, based on your age at retirement.
- **Final compensation**—Your final compensation is the highest average pay rate and special compensation during any consecutive one-year or three-year period. The compensation period used depends on your contracted benefit. Visit <https://www.calpers.ca.gov/forms-publications> for information about your retirement formula.

To learn more about the CalPERS pension plan, visit <https://rc-hr.com/HR-Services/Employee-Services/Retirement-Benefits> or www.calpers.ca.gov.



RESOURCES TO GUIDE YOU

CalPERS offers a Retirement Estimate Calculator which allows you to use a variety of retirement dates to see how much each would impact your benefit.

myCalPERS is a personalized, secure website that allows you to view your account, create retirement estimates, register for educational workshops and conduct your business with CalPERS. Access myCalPERS at <http://my.calpers.ca.gov>.

If you do not want to use the online Retirement Estimate Calculator, you can request that CalPERS calculate an estimate for you. To do this, complete a *Retirement Allowance Estimate Request Form*, which is available through the Human Resources Retirement Division or online at www.calpers.ca.gov.

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INCREASE YOUR RETIREMENT BENEFIT

CalPERS offers various types of service credits you may be eligible to purchase. The purchase of service credits can help increase your service credit balance, which in turn increases your retirement pension. For information regarding the different types of service credit purchase options, visit the CalPERS website at www.calpers.ca.gov.

CaIPERS EDUCATIONAL TRAININGS

Whether you're a CalPERS member at the beginning, middle or end of your career, attend the CalPERS Benefits Education Events. The earlier you learn about your retirement benefits, the better prepared you'll be when making decisions in the future. There are different training sources available to fit any calendar.

- **On-Demand Virtual County Retirement Workshops:** Watch prerecorded, bargaining-specific, post-employment program information at <https://rc-hr.com/retirement-benefits>.
- **CalPERS Benefits Education Events:** Register online or at a CalPERS Regional Office. To register, contact CalPERS at www.calpers.ca.gov or at **(888) 225-7377**.
- **Online Webinars:** Watch live web events requiring prior registration or prerecorded videos available at any time. Visit CalPERS at www.calpers.ca.gov.

READY FOR RETIREMENT

The County of Riverside offers Retirement Planning Workshops to all employees who meet the retirement eligibility guidelines and who plan to retire within one year. Individual appointments are available for employees who are ready for retirement and have attended a Retirement Planning Workshop.

- **Enroll Now**—To enroll, log in to [myCalPERS](#) and select the Education tab to view class offerings and register for your employer-sponsored class listed above. You can also access your myCalPERS account by logging on to www.calpers.ca.gov.
- **Contact Us**—Retirement Specialists are available to speak to you regarding all retirement benefits and services.
 - **Online:** Visit <https://rc-hr.com/retirement-benefits> for information on all retirement benefits and services.
 - **By phone:** Call **(951) 955-4981, Option 2**, Monday through Friday from 8:00 a.m. to 4:30 p.m.
 - **By email:** retirement@rivco.org

You can also schedule an individual appointment with a County of Riverside Retirement Specialist by visiting <https://rchr.checkappointments.com>.

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THE 457 AND ROTH DEFERRED COMPENSATION CONTRIBUTION PLANS

In addition to the CalPERS pension plan, we offer a voluntary 457 Deferred Compensation Plan to help you meet your financial goals in retirement. You may contribute to the Deferred Compensation Plans through Nationwide Retirement Solutions and/or Corebridge Financial.

There are two types of Deferred Compensation Plans:

- **Traditional**—Contributions are deposited into your account on a tax-deferred basis.
- **Roth**—Contributions are deposited on an after-tax basis.

While your funds are held in your accounts, you do not pay taxes on any tax-deferred contributions or gains. When you end your employment with the County, you're eligible to withdraw your funds or roll them over into another qualified plan, after 30 days of separation. Participation in the 457 Deferred Compensation Plan is separate from participation in the CalPERS plan or the County of Riverside Part-Time and Temporary Employees' Retirement Plan.

401(a) MONEY PURCHASE PLAN

The Money Purchase Plan was developed by the County to supplement employees' retirement plans. This program is funded by the County at no cost to eligible employees, but to participate, employees must enroll and select investment elections. These are qualified funds which can be rolled into another qualified plan upon the employee's retirement or departure from the County. Eligible employees who may participate in this plan are represented by LEMU, RCDDAA, RSA, RSC, Management, Confidential and Unrepresented employee groups.

401(a) PART-TIME AND TEMPORARY EMPLOYEES' RETIREMENT PLAN

The Part-time and Temporary Employees' Retirement Plan is a defined benefit retirement plan. This plan was designed to provide eligible employees not paying into Social Security with a benefit equivalent to Social Security.

You are required to participate in the plan if you are designated as a temporary or part-time employee who is not covered under any other retirement system, and for whom the County is not paying Social Security taxes. The plan is funded by employee and employer contributions. To learn more, visit our website at **<https://rc-hr.com/retirement-benefits>**.

To view your account summary, click the following link:

<https://ypr.aon.com/ypr/rivco/login>.

FOR MORE INFORMATION

For more information about the 457 and 401(a) plans, visit **<https://rc-hr.com/retirement-benefits>** or contact the Retirement Division at **(951) 955-4981, Option 2.**

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Check out our [employee benefits website](#) for more detailed benefits information.

Need more help?

Find the answers you need by contacting our benefit plan providers.

CONTACT INFORMATION		
Plan	Telephone	Website
CalPERS Medical Plans		
Blue Shield	(800) 334-5847	www.blueshieldca.com/calpers
Kaiser Permanente (HMO)	(800) 464-4000	www.kp.org/calpers
PERS Platinum and PERS Gold (PPO) Included Health is your point of contact	(855) 633-4436	www.blueshieldca.com/calpers
Anthem Select HMO and Anthem Traditional HMO	(855) 839-4524	www.anthem.com/ca/calpers
Health Net Salud y Mas	(888) 926-4921	www.healthnet.com/calpers
Sharp	(855) 995-5004	www.sharphealthplan.com/calpers
UnitedHealthcare	(877) 359-3714	www.uhc.com/calpers
CVS Caremark	(833)-291-3649	https://info.caremark.com/oe/calpers
Dental		
DeltaCare USA (HMO)	(800) 422-4234	https://www1.deltadentalins.com/group-sites/rivco.html
Delta Dental (PPO)	(800) 765-6003	https://www1.deltadentalins.com/group-sites/rivco.html
Local Advantage (EPO)	(800) 331-5301	https://rc-hr.com/dental-benefits
Vision		
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
EyeMed Vision Care (Insight Network)	(844) 409-3401	www.eyemed.com
Life Insurance		
The Standard	(800) 628-8600	https://standard.benselect.com/COR

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Need more help? (continued)

CONTACT INFORMATION		
Plan	Telephone	Website
Other Benefits and County Resources		
Riverside County Human Resources Health and Welfare Unit Benefits Information Line	(951) 955-4981; option 1 TTY: 711 Fax: (951) 955-3490	https://rc-hr.com/benefits <i>Email: benefits@rivco.org</i>
MedPlus Advantage (Resident Physicians and Pharmacy Residents)	(800) 458-5736	www.medplusadvantage.com
FSA Claims Administrator (ASIFlex)	(800) 659-3035	www.asiflex.com
CalPERS	(888) 225-7377	www.calpers.ca.gov
Enterprise Solutions Help Desk	(951) 955-9900	https://rivcoitprod.service-now.com/esc
Retirement		
Riverside County Human Resources Retirement Unit	(951) 955-4981; option 2 Fax: (951) 955-8538	<i>Email: retirement@rivco.org</i>
CalPERS	888 CalPERS or (888) 225-7377	www.calpers.ca.gov
Nationwide—Nationwide Retirement Solutions	(877) 677-3678	https://www.riversidecountydc.com/rsc-preauth/
Corebridge Financial Services	(800) 448-2542	https://www.corebridgefinancial.com/rs/home
Disability		
Sedgwick (Short-Term Disability)	(877) 364-0095	https://login.mysedgwick.com/
The Standard (Long-Term Disability) Open a claim	(800) 368-1135 (800) 378-2395	https://rc-hr.com/benefits/long-term-disability
California State Disability Insurance (SDI) (SEIU and LIUNA only)	(800) 480-3287	https://edd.ca.gov/disability