

Open Enrollment User Guide

Overview

Open Enrollment period is being offered from September 19, 2022 – October 14, 2022 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 2023 plan year.**

Navigation

CRITICAL STEPS

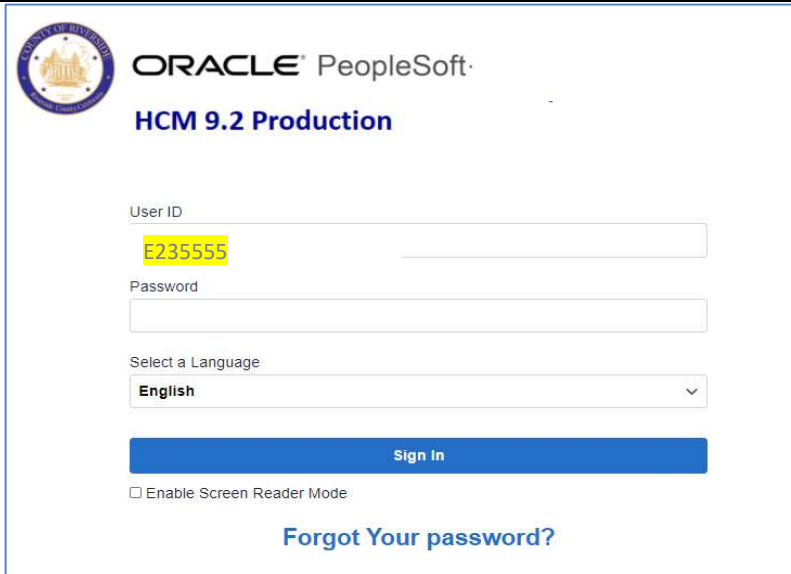
Steps shaded **yellow** are **critical** to the success of your enrollment. If you do not read and follow these steps you will not successfully complete your enrollment.

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/psp/h920prda/EMPLOYEE/HRMS/?cmd=logout>

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

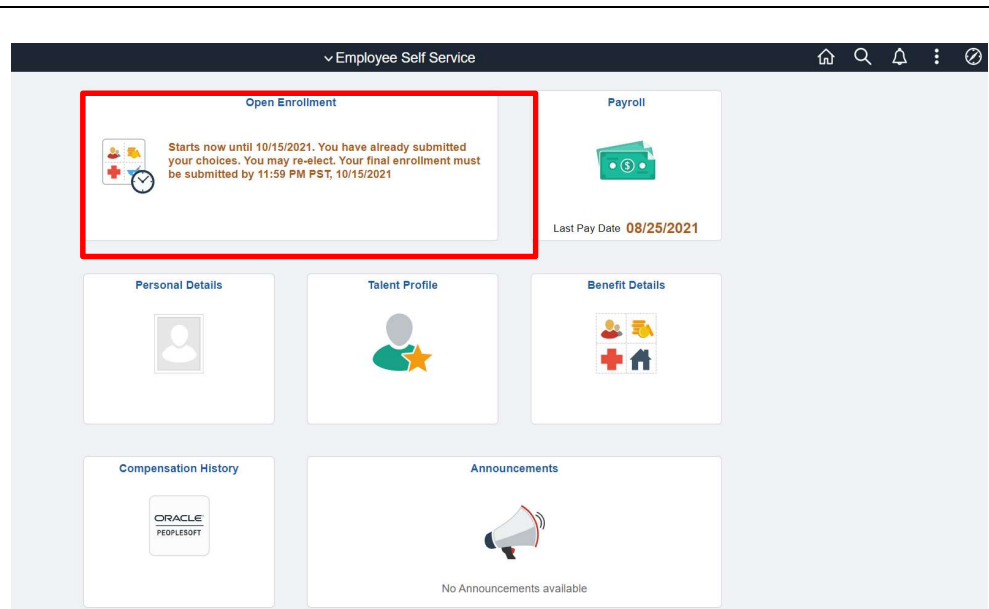


If you do not know your password, click on **Forgot Your Password** or call IT @ (951)955-9900 for assistance.

2) Employee Self Service homepage

If you don't land on this homepage, click the **Employee Self Service** dropdown list at the top/center 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.



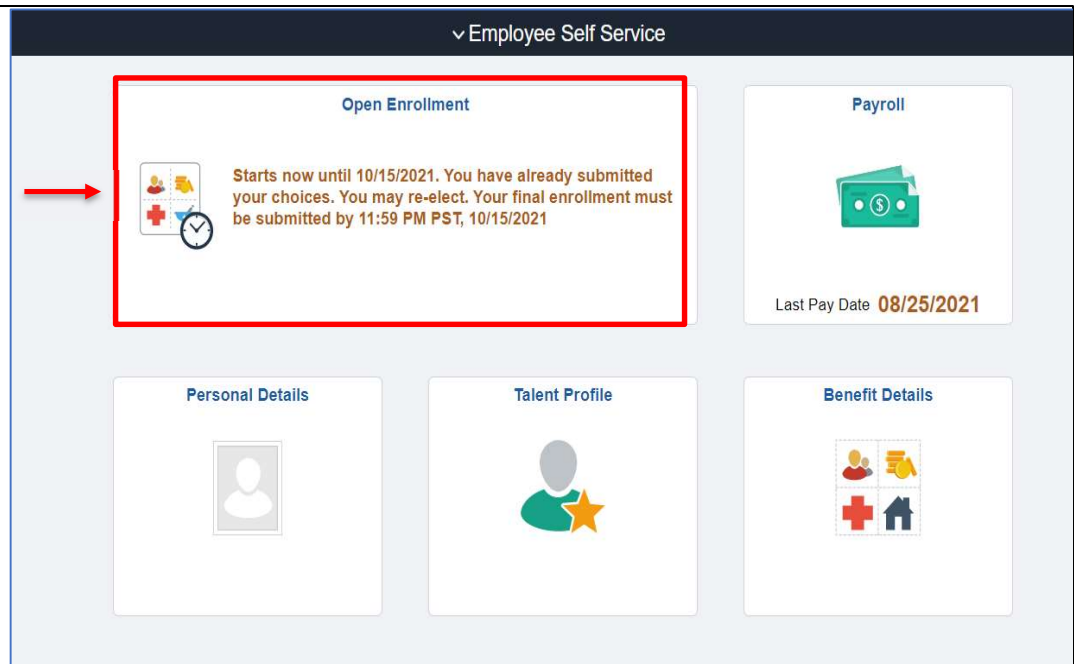
3) Find the 'Open Enrollment' tile

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 14, 2022**.

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

Click the 'Open Enrollment' tile



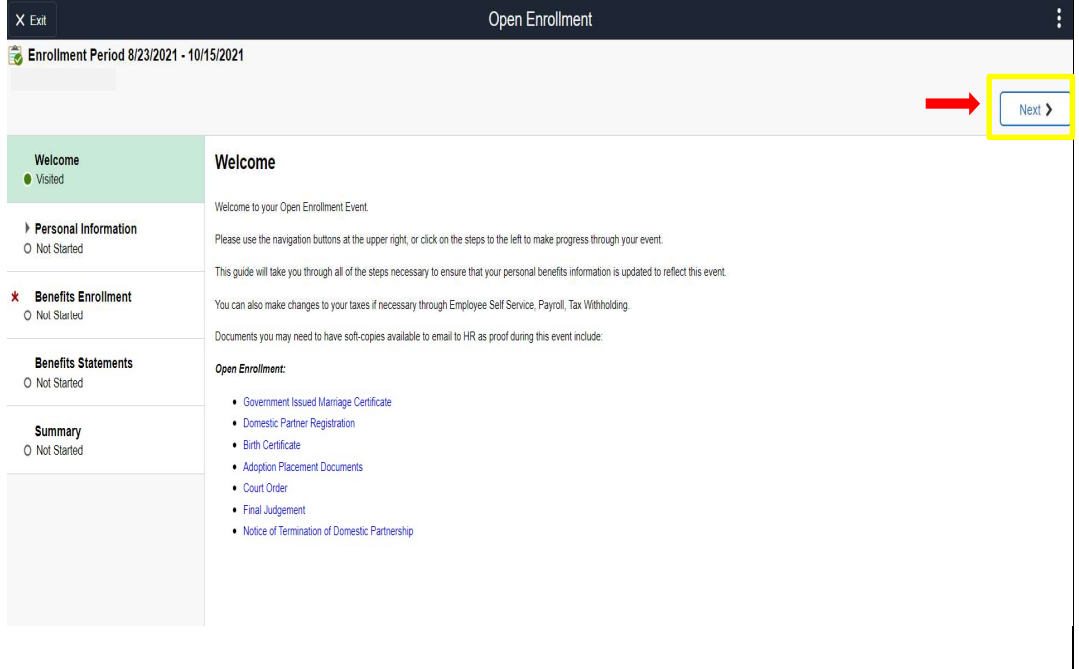
4) Welcome

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.



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

Welcome Visited

Personal Information Visited

Home and Mailing Address Visited

Contact Information Not Started

Benefits Enrollment Not Started

Benefits Statements Not Started

Summary Not Started

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

Previous Next

Welcome Visited

Personal Information Visited

Home and Mailing Address Visited

Contact Information Not Started

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

Cancel Save

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

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

Personal Information - Contact Information

Phone

Number	Extension	Type	Preferred
555-555-5555		Home	>
555-555-5555		Main	✓ >

Email

Email Address	Type	Preferred
Hello@gmail.com	Business	✓ >
12@GMAIL.COM	Home	>

Instant Message
No data exists.
Add IM

Phone Number

Type: Mobile

Preferred:

Number:

Extension:

Delete

Email Address

*Email Type:

Preferred:

Email Address:

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

Personal Information - Contact Information

Phone

Number	Extension	Type	Preferred
		Home	✓ >

Email

No data exists.
Add Email

Instant Message
No data exists.
Add IM

8) Benefit Enrollment

Click Benefits Enrollment step

IMPORTANT: Once you start your enrollment, you will be able to Exit and return as often as you want until the deadline. Be sure to click **Submit Enrollment** after each change to your election or your choices will not be saved!

Once you have made all your election changes to medical, dental, vision and FSA, click **Submit Enrollment**

Your enrollment will be sent to HR to be reviewed and finalized after the enrollment period has ended.

The screenshot shows the 'Open Enrollment' interface for the period 8/23/2021 - 10/15/2021. The left sidebar indicates the 'Benefits Enrollment' step is in progress. The main content area shows an 'Enrollment Summary' with a status of 'Pending Review'. A 'Submit Enrollment' button is highlighted with a red box and arrows. Below this, there are three columns for 'Medical', 'Dental', and 'Vision' plans, each with a 'Pending Review' status and a 'Review' button.

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 'Benefit Plans' section of the 'Open Enrollment' interface. It displays a grid of plan tiles for Medical, Dental, Vision, Life, FSA Health Care, and FSA Dependent Care. The 'Medical' tile is highlighted, showing current and new plan options (CP Kaiser Permanente RG3) with a 'Pending Review' status and a 'Review' button. The 'Pay Period Cost' for the Medical plan is \$359.89. Other tiles show similar information for Dental, Vision, Life, FSA Health Care, and FSA Dependent Care.

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**

10) Add/Update Dependent

Add a new dependent or remove a 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.

Then click [Add Individual](#)

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

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

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 [Add Name](#) located at the top left of the screen

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

Then click [Done](#) to save

Your online enrollment for the new dependent will not be processed without supporting documentation. Submit supporting documentation via email to BeneAudit@rivco.org.

Name

[Cancel](#) [Done](#)

Name Format

Name Prefix

*First Name

Middle Name

*Last Name

Name Suffix

Display Name Pool

Formal Name Pool

Name ,Pool

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

Cancel **Add Individual Dependent Information** Save

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 18, 2021.

Name
Pool Side

Personal Information

Date of Birth 01/01/2021

*Gender Male

*Relationship to Employee Son

Dependent Yes

*Marital Status Single As of

*Student No As of

*Disabled No As of

*Smoker Non Smoker As of

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

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

Address

Address	Address Type	Same as mine
123 RIVERSIDE DRIVE RIVERSIDE, CA 92880	Home	Same as mine

National ID

No data exists
Add National ID

Phone

No data exists
Add Phone

Email

No data exists
Add Email

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.

Address for dependent > same as mine

National ID

Cancel **National ID** Done

*Country United States

*National ID Type Social Security Number

*National ID

Primary Yes

Change Dependent

To change an existing dependent's info, double-click on the bar with their name, then edit their information

IMPORTANT: Do not attempt to change an existing person into someone else. You can only **update** an existing person's contact information

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

10) 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.

- Employee Only
- Employee +One (employee plus a spouse or a dependent)
- Employee +Family (employee plus 2 or more)

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

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

[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
Select Exclusive Care	\$750.22		\$750.22
Select Waive			\$0.00
Select CP Anthem HMO Select RG3	\$626.60		\$626.60
Select CP Anthem HMO Traditional RG3	\$971.71		\$971.71
Select CP Blue Shield Access+ RG3	\$822.38		\$822.38
Select CP Health Net SmartCare RG3	\$678.98		\$678.98
Select CP Health Net Salud Y Mas RG3	\$400.38		\$400.38
<input checked="" type="checkbox"/> CP Kaiser Permanente RG3	\$669.84		\$669.84
Select CP PERSCare RG3	\$1023.57		\$1023.57
Select CP PERS Choice RG3	\$748.73		\$748.73
Select CP PERS Select RG3	\$447.44		\$447.44
Select CP PORAC RG3	\$712.50		\$712.50
Select CP United-Healthcare RG3	\$708.39		\$708.39
Select Medical Waiver 2			\$0.00

[Overview of All Plans](#)

Medical

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: Spouse

[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
Select Exclusive Care	\$750.22		\$750.22
Select Waive			\$0.00
Select CP Anthem HMO Select RG3	\$626.60		\$626.60
Select CP Anthem HMO Traditional RG3	\$971.71		\$971.71
Select CP Blue Shield Access+ RG3	\$822.38		\$822.38
Select CP Health Net SmartCare RG3	\$678.98		\$678.98
Select CP Health Net Salud Y Mas RG3	\$400.38		\$400.38
<input checked="" type="checkbox"/> CP Kaiser Permanente RG3	\$669.84		\$669.84
Select CP PERSCare RG3	\$1023.57		\$1023.57
Select CP PERS Choice RG3	\$748.73		\$748.73
Select CP PERS Select RG3	\$447.44		\$447.44
Select CP PORAC RG3	\$712.50		\$712.50
Select CP United-Healthcare RG3	\$708.39		\$708.39
Select Medical Waiver 2			\$0.00

[Overview of All Plans](#)

Overview of Medical Plans

Here are your available plans with coverage details:

[Expand All](#)

- ▶ Exclusive Care
- ▶ Waive
- ▼ CP Anthem HMO Select RG3

Coverage Level	Your Costs	Tax Class
Employee Only	319.55	Before-Tax
Employee + One	626.60	Before-Tax
Employee + Family	780.83	Before-Tax
- ▶ CP Anthem HMO Traditional RG3
- ▶ CP Blue Shield Access+ RG3
- ▶ CP Health Net SmartCare RG3
- ▶ CP Health Net Salud Y Mas RG3
- ▶ CP Kaiser Permanente RG3
- ▶ CP PERSCare RG3


11) Enroll in Your Plan





Click 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 step #12.

If you have other group medical coverage click, next to **Medical Waiver** to obtain reduced Flexible Benefit Credits.

Or click 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  to see the premium amount for the corresponding medical plan.

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

12) 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

Medical Waiver

If you elect Medical Waive, you will receive a pop up of the 2023 Medical Waiver Program Attestation.

You will need to read and approve the 2023 Medical Waiver Program Attestation.

---2023 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 2023 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, 2023 and ending on December 31, 2023. 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 2023 (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 2023 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

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 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 2023 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 portion.

---2023 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 2023 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 2023 plan year beginning on January 1, 2023 and ending on December 31, 2023. 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.

Yes No

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.

***Do not close the open enrollment tab**

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.

[CalPERS Attestation and Privacy Policy](#)

I have reviewed and accept the CalPERS enrollment and privacy statements.

Cancel

Open Enrollment x Microsoft Word - CalPERS Ackno x +

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

Open Enrollment x Microsoft Word - CalPERS Acknc x +

pdf?ver=2020-03-23-141841-097

1 / 1

Please review and acknowledge the following:

I have reviewed the information in this election and elect to enroll as indicated agree to authorize deductions from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. I CERTIFY that the information provided is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act.

I VOLUNTARILY enroll into the selected Health Plan. I AGREE to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan.

I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

IF I HAVE DECLINED ENROLLMENT into the CalPERS Health Program for myself and my dependents. I UNDERSTAND that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90 day waiting period or the OE effective date

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.

CalPERS Enrollment & Privacy Statement

You must review the CalPERS enrollment and privacy statements.

[CalPERS Attestation and Privacy Policy](#)

[I have reviewed and accept the CalPERS enrollment and privacy statements.](#)

[Cancel](#)

Medical

Cancel

Israel Daniel Suazo Son

Add Dependent

Enroll in Your Plan

The Employee Only 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
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

Resources

- Exclusive Care
- PERS UnitedHealthCare So Ca
- PERS Blue Shield Access So Ca
- PERS Porac Oth So Ca
- PERSCare Oth So Ca
- PERS Select Oth So Ca
- PERS HealthNet SmartCare So
- Cal PERS Kaiser
- PERS Anthem Select HMO So Ca
- PERS Choice LA Region

Done

13) Dental Enrollment

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

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Delta Dental High 10A	\$25.18			\$25.18
Delta PPO	\$57.50			\$57.50
Local Advantage Plus	\$45.75			\$45.75
Waive				\$0.00

14) Vision Enrollment

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

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

Cancel 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

Add Dependent

▼ 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

Overview of All Plans

15) 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

Exit Open Enrollment

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

← Previous Next →

Welcome ● Visited

Personal Information ● Visited

Benefits Enrollment ● In Progress

Benefits Statements ○ Not Started

Summary ○ Not Started

Benefit Plans

Medical

Current CP UnitedHealthcare RG3
New Medical Waiver Program 2
Status ● changed
👤 0 Dependents

Pay Period Cost **\$0.00** Review

Dental

Current Delta PPO
New Delta PPO
Status ● Visited
👤 3 Dependents

Pay Period Cost **\$57.50** Review

Vision

Current Vision Services Plan
New Vision Services Plan
Status ● Visited
👤 3 Dependents

Pay Period Cost **\$0.00** Review

FSA Health Care

Current Waive
New No Coverage
Status ● Pending Review

Pay Period Cost **\$0.00** Review

FSA Dependent Care

Current Waive
New No Coverage
Status ● Pending Review

Pay Period Cost **\$0.00** Review

Cancel Done

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 \$2,850.

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

The screenshot shows the 'FSA Health Care' enrollment screen. It includes a 'Plan Name' section with 'FSA Health Care' selected, and a 'Contribution Amount' section with an 'Annual Pledge' field. A 'Flexible Spending Account Worksheet' pop-up is displayed, showing an 'Annual Pledge' of 2,500.00, 'Divided by Pay Periods Remaining' of 24, and an 'Estimated Per Pay Period Contribution' of 104.17. Below this, the 'FSA Dependent Care' screen is visible, showing a grid of benefit tiles for 'FSA Health Care' and 'FSA Dependent Care'. The 'FSA Health Care' tile shows a 'Pay Period Cost' of \$104.17, and the 'FSA Dependent Care' tile shows a 'Pay Period Cost' of \$0.00. The 'FSA Dependent Care' screen also includes a 'Plan Name' section with 'FSA Dependent Care' selected and a 'Contribution Amount' section with an 'Annual Pledge' field.

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

The screenshot shows the 'FSA Dependent Care' enrollment process. The top part shows the 'Enroll in Your Plan' section with 'FSA Dependent Care' selected. The 'Contribution Amount' section shows an 'Annual Pledge' of 5000. Below this is a 'Flexible Spending Account Worksheet' button. The bottom part shows the 'Flexible Spending Account Worksheet' modal, which displays the 'Estimate Contribution from Annual Pledge' and 'Your New Annual Pledge' of 5,000.00. It also shows 'Minus Your Year To Date Contributions' of 0.00, 'Divided by Pay Periods Remaining' of 24, and 'Estimated Per Pay Period Contribution' of 208.33. A 'Calculate' button is present at the bottom of the modal.

16) Submit Your Enrollment

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

Once submitted, this election will take effect 1-1-2023. Deductions for this election will begin on Pay Period 25 (pay warrant dated December 114, 2022).

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

The screenshot shows the 'Enrollment Summary' section. It displays 'Status Visited' and 'Employer Cost \$50.00'. Below this are two buttons: 'Review Enrollment' and 'Submit Enrollment'.

After submitting you will receive this message

Click **Done** to return

The screenshot shows a 'Benefits Alerts' message. It states: 'Your benefit choices have been successfully submitted to Human Resources.' Below this is an important note: 'IMPORTANT: You must click the [COMPLETE] button in the last step of your event to complete/close the event, and be able to open other events. Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary'. There are 'Done' and 'View' buttons at the top of the alert.

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

Open Enrollment

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

Previous Next

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 the 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 CalPERS 2022 OE

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

This statement records your CalPERS 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

Election Preview

If they select Expand All

Review Enrollment

Statement Type Enrollment Preview

Description CalPERS 2022 OE

Print View

Enrollment Effective Date 12/16/2021

Run Date 09/02/2021

This statement records your CalPERS 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

Collapse All

Personal Information

This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator.

Contact Information

Name Beach Side
 Mailing Address 12 Apple St. Perris, CA 91555
 Email Address

Eligibility Information

Home Address 12 Apple St. Perris, CA 91555
 Gender
 Marital Status Unknown
 Birth Date 02/02/2002
 Service Date 11/21/1996

Election Summary

The following is a summary of your elections. Select the Dependent or Beneficiary hyperlink to view the information associated with each benefit.

Remember: These coverages will remain in effect until the next Benefits Open Enrollment or if you experience a change in family status or employment situation.

Benefit Plan	Coverage Base	Dependents or Beneficiaries	Your Cost Per Pay Period
--------------	---------------	-----------------------------	--------------------------

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

Navigation: Previous Next

Welcome (Visited)

Personal Information (Not Started)

Benefits Enrollment (Complete)

Benefits Statements (Visited)

Summary (Not Started)

Benefits Statements

Statement Type

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

The Print Preview shows your elections from this session

Save the file, or print it for your records

Close out the pdf once you are done reviewing.

County of Riverside
 EXEMPT (Resident Physicians)

Employees ID: 244217

PERSONAL INFORMATION

Home Address 123 RIVERSIDE DRIVE, RIVERSIDE, CA 92580
 Mailing Address 123 RIVERSIDE DRIVE, RIVERSIDE, CA 92580
 Gender Male
 Marital Status Unknown
 Birthdate 1985-01-21
 Service Date 2016-06-29

ELECTIONS PREVIEW
 LIUNA SPECIAL ENROLLMENT
 Event Date: 04/01/2021

ELECTION SUMMARY

Benefit	Coverage	Category Base	Year Cost	Per Pay Period
CP Anthem HMO Select R03	Emp+Family		\$ 780.63	
Flexible Credit Restroom P/T	Emp Only		\$ -411.50	
FSA Health Care	No Coverage			
FSA Dependent Care	No Coverage			


DEPENDENTS

Name	Date of Birth	Relationship	Marital Status	Dependent
Ocean Side	10/27/1983	Spouse	Married	Yes
Sea Side	01/01/2015	Daughter	Single	Yes
Deck Side	11/21/2016	Son	Single	Yes

DEPENDENTS ENROLLMENTS

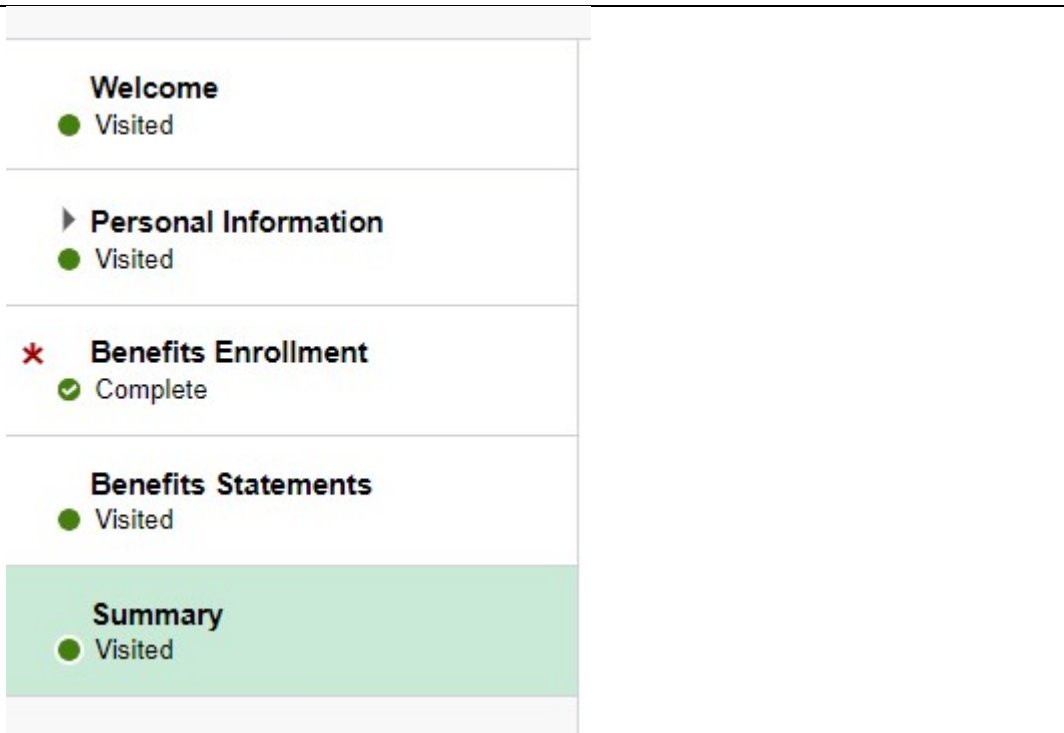
Benefit Option	Dependent
CP Anthem HMO Select R03	Ocean Side Sea Side

17) 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

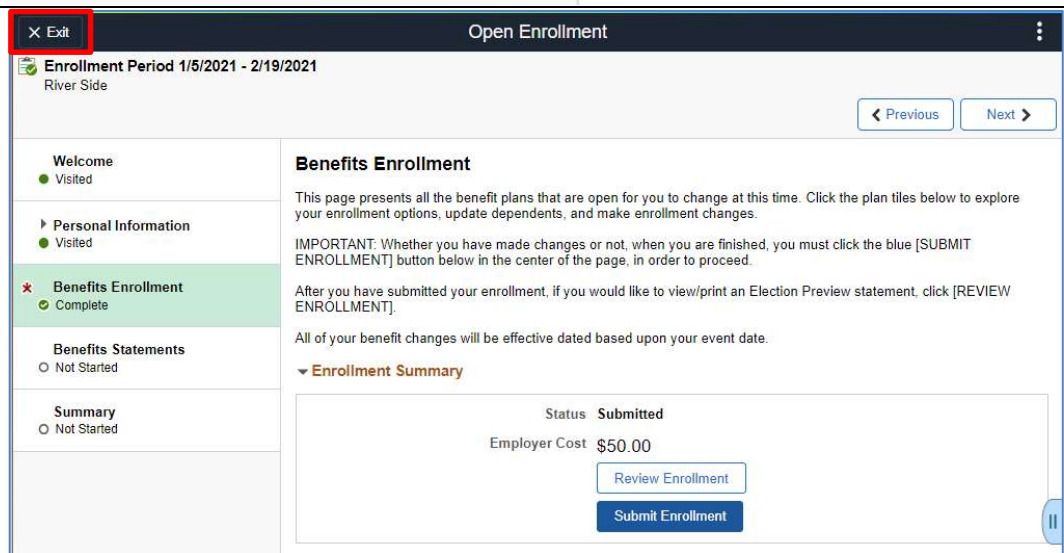
IMPORTANT: If you decide to make a change to your benefit plans after you have already submitted your election; be sure to click **Submit Enrollment** Otherwise your previous election will be processed since you have not submitted your new election.



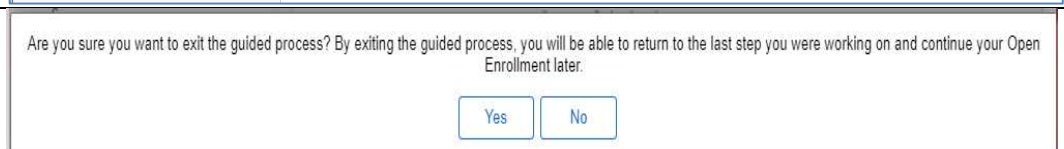
Click **X Exit** to return to your Employee Self Service home page.

Your Open Enrollment elections have now been submitted to HR.

Thank you for using the new online benefits Open Enrollment process



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



18) 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 Oracle Employee Self Service dashboard. At the top, there is a navigation bar with the Oracle logo, a dropdown menu for 'Employee Self Service', and icons for home, search, notifications, and user profile. Below the navigation bar, there are several tiles. The 'Open Enrollment' tile is prominent, showing a countdown timer: 'Starts now until 2/19/2021. Your final enrollment must be submitted by 11:59 PM PST, 2/19/2021'. The countdown shows 32 days, 03 hours, 55 minutes, and 20 seconds. Other tiles include 'Payroll' with a 'Last Pay Date 12/02/2020', 'Personal Details', 'Talent Profile', and 'Benefit Details'. The 'Benefit Details' tile is highlighted with a red border and contains an 'Action Required' message.

Under the Benefits Statements tile

The screenshot shows the 'Benefit Details' page in Oracle Employee Self Service. The navigation bar includes a back arrow, 'Employee Self Service', and the page title 'Benefit Details'. There are three main tiles: 'Benefits Summary', 'Benefit Statements', and 'Benefits Enrollment'. The 'Benefit Statements' tile is highlighted with a red border and shows a '2021 Preview Statement' icon. The 'Benefits Enrollment' tile has a 'Resume Enrollment' button.

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

The screenshot shows the 'Benefits Statement' page for 'River Side RES PHYS & SURGEON - 7TH YR-E'. It features a 'Statement Type' dropdown menu and a table with 1 row. The table has columns for 'Event Date', 'Issue Date', 'Enrollment Event', and 'Statement Type'. The 'Confirmation Statement' is highlighted with a red border.

Event Date	Issue Date	Enrollment Event	Statement Type
04/01/2021	01/18/2021	LIUNA Special Enrollment	Confirmation Statement

Standard Life Insurance Enrollment

You will need to go to:

<https://standard.benselect.com/Enroll/Login.aspx?Path=cor>

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/Enroll/Login.aspx?Path=cor>

For more instructions for Life Insurance, please see Ready Enroll Employee Guide on our 2023 OE website.

The Standard

Benefits Enrollment

Effective 9/13/21 - 9/19/21 the system will be down for maintenance.

Please login with your user name (your six-digit employee identification number or SSN) and your personal identification number (PIN) which is the last four numbers of your SSN plus the last two numbers of your year of birth. If you need help, contact a HR benefits specialist at 951-955-4981, Option 1.

Is this your first time here?

User name:

Forgot your PIN? [LOG IN](#)

By entering your User name 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.

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