

# 2016



# ANNUAL BENEFITS ENROLLMENT

**RIVERSIDE COUNTY ANNUAL ENROLLMENT:**  
September 14–October 2, 2015

This includes enrollment in all County plans: medical, dental, vision, Flexible Spending Accounts (Health Care and Dependent Care) and supplemental life insurance.

EXPLORE YOUR COUNTY OF RIVERSIDE BENEFIT OPTIONS



## YOUR OPPORTUNITY HAS ARRIVED!

Annual Enrollment for County employees begins September 14.

Take advantage of this once-a-year opportunity to confirm your benefits coverage continues to meet your needs. The deadline to enroll or make changes is **midnight on October 2**.

Use this guide to get started. It includes information about the changes to the County's plans, rates for the new year and how to enroll online. For further details, visit <http://benefits.rc-hr.com> and refer to the *Your Benefits* guide available on September 14. Printed copies of the benefits enrollment guide will be available at the Enrollment Fairs (see page 3), or you can request one from your Department Representative.



Alternative formats available upon request. Contact the Benefits Information Line at (951) 955-4981 as soon as possible.

## HELP IS JUST A PHONE CALL AWAY

We understand the complexities of the health care system, and we want you to have the support you need, when you need it. See page 5 for details about the Advocacy Services program and how it can help you.

Here's a quick look at the changes to our Exclusive Care and Kaiser HMO plans for 2016. For a comparison of our medical plan options, visit <http://benefits.rc-hr.com> and click "Employee Benefits." There you'll find "Benefit Documents," which includes everything you need to help you make the right choice. Remember, if you need help, call an Advocate. See page 5 for details.

Medical Plan Benefit	2015	2016
<b>Exclusive Care</b>		
Physician office visits	100% after \$5 copay	100% after <b>\$15</b> copay
Inpatient hospital	100% at a network facility	<b>\$100 copay per admission</b>
<b>Prescription drugs</b>		
<b>Network retail pharmacies</b>		
• Generic	\$5 copay	<b>\$10</b> copay
• Preferred brand	\$15 copay	<b>\$25</b> copay
• Nonpreferred brand	\$35 copay	<b>\$50</b> copay
<b>Network mail order</b>		
• Generic	\$10 copay	<b>\$20</b> copay
• Preferred brand	\$30 copay	<b>\$50</b> copay
• Nonpreferred brand	\$70 copay	<b>\$100</b> copay
<b>Kaiser HMO</b>		
Emergency room services	100% after \$50 copay; waived if admitted	100% after <b>\$100</b> copay; waived if admitted
<b>Prescription drugs</b>		
• Generic	\$10 copay (up to 100-day supply)	\$10 copay (up to <b>30-day</b> supply)
• Preferred brand	\$25 copay (up to 100-day supply)	\$25 copay (up to <b>30-day</b> supply)
<b>Mail order</b>		
• Generic	\$10 copay (up to 100-day supply)	<b>\$20</b> copay (up to 100-day supply)
• Preferred brand	\$25 copay (up to 100-day supply)	<b>\$50</b> copay (up to 100-day supply)



## YOUR OPTIONS DURING ANNUAL ENROLLMENT

Annual Enrollment is your opportunity to:

- Change your medical, dental and/or vision elections;
- Enroll or re-enroll in a Flexible Spending Account (FSA) for the 2016 plan year;
- Elect or increase supplemental life insurance coverage; or
- Participate in the County's medical waiver program, which allows you to decline County-sponsored medical coverage and receive reduced flexible benefit credits in the form of cash or other benefits. You must meet the eligibility requirements described in the Memorandum of Understanding or Resolution that governs your bargaining or employee unit, and you must provide information about your other **group** coverage to qualify for the medical waiver program.

The benefit elections you make during Annual Enrollment will remain in effect for the entire 2016 plan year (if you remain eligible for benefits). After Annual Enrollment ends, you can make changes to your health care and FSA elections only if they are due to and consistent with a qualified change of status, as defined by the IRS.

## HOW TO ENROLL

**Online enrollment.** To enroll or make changes during Annual Enrollment:

- **Access** the online enrollment system from a County computer or any computer with Web/Internet access at <http://benefits.rc-hr.com> and click "Employee Self Service."
- **Log in** using your Employee Self Service ID and password. This is the same ID and password you use to access your payroll information online.

Computer access will be available during business hours at the County Administrative Center in Riverside at 4080 Lemon Street, First Floor, in the Human Resources reception area. You can also contact your Department Representative to ask about access to department computers for enrollment.

- **Complete** the enrollment process to make plan changes, add/remove dependents and waive coverage (including providing proof of other group insurance coverage). **If you do not want to make changes to your benefits, you do not need to do anything now; your current elections will continue for 2016. If you participate in the Health Care and/or Dependent Care FSA, you must enroll and elect FSA coverage each year.**

### IMPORTANT INFORMATION ABOUT PRIMARY CARE PROVIDERS:

If you enroll in the UnitedHealthcare Signature Value HMO or the Exclusive Care plan, you'll be asked to designate a primary care physician (PCP). Talk to your current PCP and confirm whether he or she is part of the UHC or Exclusive Care network. If not, visit [www.uhcwest.com](http://www.uhcwest.com) or [www.exclusivecare.com](http://www.exclusivecare.com) to locate a primary care physician in your area. Note: If you enroll in the UnitedHealthcare plan, you'll be asked to provide a 10-digit PCP ID number which can be found within the provider search at [www.uhcwest.com](http://www.uhcwest.com). If you don't designate a PCP when you enroll, a PCP will be auto-assigned, and you'll need to complete the process to change your provider and receive a new ID card.

Under the UnitedHealthcare PPO, you have the freedom to visit any doctor you choose; however, you'll save on out-of-pocket expenses when you visit a doctor within the plan's network. Visit [www.myuhc.com](http://www.myuhc.com) to confirm whether your current providers are within the network. If not, you can continue under their care, but keep in mind that you'll receive out-of-network coverage, which may cost you more.

Remember, if you're currently enrolled in an FSA and you want to continue participating in 2016, you must re-enroll during Annual Enrollment. Your participation in the FSA will not carry over.

## WAIVING COUNTY MEDICAL COVERAGE

If you are eligible for the County's medical waiver program, you can waive County-sponsored medical coverage and receive reduced flexible benefit credits. In order to qualify for the medical waiver option, you must do ALL of the following:

1. Meet the criteria, based on your last hire date, described in the most recent Memorandum of Understanding or Resolution that governs your current bargaining unit or employee group.
2. Elect the "Medical Waiver" (MEDWAV) option when completing your online enrollment. This is an important step. DO NOT select the option labeled "Waive," or you will lose your flexible benefit credits. The "Waive" option means you are declining coverage and participation in the Cafeteria Plan and waiving flexible benefit credits.
3. Provide proof that you are covered by other **group** medical coverage (for example, your spouse's medical plan). **Note: Coverage under the Covered California™ exchange is not group coverage and therefore does not meet the requirement for the waiver program.**
4. Enroll in at least one of the other County-sponsored health care plans, such as dental, employee-paid vision or the Health Care FSA. If you are using the Health Care FSA, remember that you must re-enroll in this coverage each year during Annual Enrollment.

Rules and requirements for medical waiver eligibility are discussed in the full enrollment guide. **If you elect to waive (decline) medical coverage but do not meet the criteria above, you will not receive flexible benefit credits.**

## JOIN US AT AN ENROLLMENT FAIR

The following services will be available to you at the fairs:

- Representatives from all of the County plans will be available to answer your questions.
- Additional information, such as full-length enrollment guides and provider directories, will be available to help you make your 2016 benefit elections.

### 2016 ENROLLMENT FAIR SCHEDULE

Facility	Date	Time	Location
<b>Workforce Development</b> Indio, CA 92201	9/15/15	10:00 – 1:00	44199 Monroe Street Conference Ctr, Room 402
<b>SEIU Local 721</b> Riverside, CA 92507	9/16/15	11:00 – 2:00	6177 River Crest Drive, Suite B
<b>County Administrative Center</b> Blythe, CA 92225	9/17/15	11:00 – 1:00	260 N. Broadway
<b>Grace Mellman Community Library</b> Temecula, CA 92591	9/17/15	11:00 – 2:00	41000 County Center Drive
<b>DPSS/Gain</b> Hemet, CA 92543	9/22/15	11:00 – 2:00	541 N. San Jacinto Avenue
<b>Riverside County Administrative Center (CAC)</b> Riverside, CA 92501	9/23/15	10:00 – 2:00	4080 Lemon Street Rooms 2A & 2B
<b>Riverside County Regional Medical Center</b> Moreno Valley, CA 92555	9/24/15	10:00 – 3:00	26520 Cactus Avenue
<b>Flood Control District</b> Riverside, CA 92501	9/29/15	12:00 – 4:00	1995 Market Street
<b>DPSS/Gain</b> Riverside, CA 92505	9/30/15	11:00 – 2:00	4060 County Circle Drive Room 101

## SUPPLEMENTAL LIFE INSURANCE UPDATE

CORRECTED 9/15/2015

The County provides basic life insurance coverage at no cost to you. Additionally, you may purchase group supplemental life insurance through Standard Insurance Company for yourself, your spouse/domestic partner and your eligible dependents. Deductions for life insurance coverage are taken on an after-tax basis.

## HOW TO ENROLL FOR SUPPLEMENTAL LIFE INSURANCE

Enroll by completing the Enrollment/Change Insurance Form available on our benefits website at <http://benefits.rc-hr.com> under "Other Benefits." You can also link to The Standard's website to complete any required Evidence of Insurability (EOI). Review the EOI requirements below to determine if an EOI form is required for your election. Enrolling without completing any required EOI will delay the processing or may result in denial of your application.

The chart below shows the coverage amounts you may elect, when you must provide EOI, and the requirements to increase your existing coverage.

Enrolling during Annual Enrollment (you do not currently have coverage and you are beyond the initial eligibility period)		
Employee Supplemental Life	Spouse/Domestic Partner Supplemental Life	Dependent Child Supplemental Life
EOI required	EOI required	No EOI required
Increasing coverage during Annual Enrollment (you currently have coverage and you are requesting additional coverage)		
Employee Supplemental Life	Spouse/Domestic Partner Supplemental Life	Dependent Child Supplemental Life
You may increase your coverage by one \$10,000 increment without EOI if currently enrolled for less than \$600,000	You may increase your spouse's/domestic partner's coverage by one \$5,000 increment without EOI if currently enrolled for less than \$100,000	No EOI required

**Note:** You must elect supplemental coverage for yourself before you can elect coverage for your spouse/domestic partner or dependent children.

This is not the Group Insurance certificate. This is only a benefit summary to highlight supplemental life insurance coverage options. If any discrepancy exists between the summary and the official policy, the official policy will prevail. A detailed description of life insurance coverage is available at <http://benefits.rc-hr.com>.

The rates you pay for supplemental life coverage are based on the group policy number listed for your bargaining unit or employee group.

## COST OF COVERAGE

GROUP POLICY #641685-D	
SEIU • LIUNA	
Age of Employee	Monthly Rate per \$1,000 of Coverage
< 35	\$0.050
35-39	\$0.072
40-44	\$0.115
45-49	\$0.187
50-54	\$0.317
55-59	\$0.504
60-64	\$0.626
65+	\$1.181
Monthly Rates for Covering Children	
Coverage Amount	Monthly Rate
\$5,000	\$0.72
\$10,000	\$1.44

GROUP POLICY #641685-A	
Elected Officials • Management • Confidential • Unrepresented DDAA • LEMU • RSA Public Safety	
Age of Employee	Monthly Rate per \$1,000 of Coverage
< 29	\$0.027
30-34	\$0.036
35-39	\$0.045
40-44	\$0.072
45-49	\$0.108
50-54	\$0.171
55-59	\$0.324
60-64	\$0.405
65+	\$0.963
Monthly Rates for Covering Children	
Coverage Amount	Monthly Rate
\$5,000	\$0.315
\$10,000	\$0.63

## WHEN YOU NEED A HAND, ADVOCACY SERVICES CAN HELP

The County offers Advocacy Services, an extra level of assistance for our employees. You can use Advocacy Services to:

- Understand and use your benefits
- Resolve health care billing and insurance claim disputes
- Locate doctors, hospitals and other health care providers
- Be an informed, effective health care consumer
- Receive information on medical diagnoses and treatments
- Research and locate treatments and medications
- Get second opinions, when necessary

Advocates have the experience needed to help you overcome the most challenging medical and benefit issues. They'll work with your insurance carriers, doctors and whomever else it takes to resolve your problems and concerns. Simply call

**(888) 622-1200** or **(951) 955-4981**

**(option 3)**. Advocates are available Monday through Friday, 5 a.m. – 4 p.m. Pacific Time.

## YOUR QUESTIONS ANSWERED

### 1. Can an Advocate help me with all of my benefits?

Yes. Your Advocate is an expert on all your health benefit plans and can answer any questions you have regarding medical, dental and vision plans, flexible spending accounts, disability and life insurance, and more.

### 2. How much does it cost me to use Advocacy Services?

The advice and assistance provided by Advocacy Services are **free**; however, some actions recommended by an Advocate may have costs (e.g., obtaining a second opinion from another doctor).

### 3. If I can't get answers, how will my Advocate?

Your Advocate has an advantage. Only individuals with extensive benefits experience, advanced problem-solving skills and a demonstrated commitment to customer service are selected as Advocates. They are experts on our benefit plans, billing procedures and claims resolution. Advocates also have designated contacts for escalated issues.

### 4. How can I contact Advocacy Services?

It's easy. To reach Advocacy Services, simply call **(888) 622-1200** or **(951) 955-4981 (option 3)** Monday through Friday, 5 a.m. – 4 p.m. Pacific Time to be connected to an Advocate.

### 5. Can my dependents use Advocacy Services?

Yes. Advocacy Services are available for you and your family members, at no cost.



## PAYING FOR COVERAGE

**Changes to Your Contributions.** Your contributions toward your health care coverage will change. Please see below for 2016 benefit plan rates.

**Flexible Benefit Credits.** To help you with the cost of benefits, the County of Riverside provides flexible benefit credits. You may also qualify for a premium subsidy if you are in an eligible bargaining unit and elect to enroll one or more dependents. The flexible benefit credits you receive and your eligibility for a premium subsidy are determined by the applicable union Memorandum of Understanding or Resolution that governs your bargaining unit or employee group. See the tables below for the flexible benefit credits and premium subsidy you may receive, starting with pay period 25/2015 (paid to you on the December 9, 2015 pay warrant, for January 2016 premiums).

2016 FLEXIBLE BENEFIT CREDITS				
Employee/Bargaining Unit	Monthly Flex Credit	Semimonthly Flex Credit	Monthly Flex Credit	Semimonthly Flex Credit
	Enrolled in County Health Plan		Not Enrolled in County Health Plan (MEDWAV)	
Management	\$823.00	\$411.50	\$534.00	\$267.00
Confidential	\$823.00	\$411.50	\$534.00	\$267.00
Unrepresented	\$823.00	\$411.50	\$534.00	\$267.00
Management – Law Enforcement	\$823.00	\$411.50	\$534.00	\$267.00
LIUNA	\$770.32	\$385.16	\$425.40	\$212.70
SEIU	\$770.32	\$385.16	\$465.00	\$232.50

**Premium Subsidy.** Employees in the SEIU and LIUNA bargaining units are currently eligible for a premium subsidy as provided in the applicable Memorandum of Understanding (MOU). The medical premium shown on your personalized enrollment statement has been reduced to reflect this additional employer-paid contribution. If you are in either of these two bargaining units, please see the table below for the premium subsidy contribution you will receive as a reduction to your 2016 medical plan premiums.

2016 PREMIUM SUBSIDY FOR SEIU AND LIUNA			
Monthly Premium Subsidy	Semimonthly Premium Subsidy	Monthly Premium Subsidy	Semimonthly Premium Subsidy
Family Coverage		Two-Party Coverage	
\$100.00	\$50.00	\$25.00	\$12.50

**Health Care Rates for 2016.** Rates are deducted semimonthly (twice a month), which means deductions are taken from your paycheck for 24 pay periods each calendar year. When you receive a third check in a month (the “free” pay period), it will not include a flexible benefit credit or a deduction for your health plans, unless you owe for uncollected premiums. To see your net out-of-pocket cost for health care coverage, remember to subtract your flex credit (shown above) from the premiums shown on the following page. These rates DO NOT reflect the premium subsidy for SEIU and LIUNA members. Your bargaining unit or employee group determines which medical plans you may choose.

**MEDICAL PLAN ELIGIBILITY**

**Eligible for County Medical Plans**

Elected Officials	Confidential Employees
SEIU Represented Employees	Unrepresented Employees
LIUNA Represented Employees	Resident Physicians
Management Employees	

**PLAN COSTS FOR 2016**

	Monthly	Semimonthly
<b>County Medical Plans</b>		
<b>Exclusive Care EPO</b>		
Single	\$497.08	\$248.54
Two-Party	\$1,005.60	\$502.80
Family	\$1,263.04	\$631.52
<b>United Healthcare HMO</b>		
Single	\$670.90	\$335.45
Two-Party	\$1,329.78	\$664.89
Family	\$1,725.50	\$862.75
<b>Kaiser Permanente HMO</b>		
Single	\$603.52	\$301.76
Two-Party	\$1,199.02	\$599.51
Family	\$1,558.96	\$779.48
<b>United Healthcare PPO</b>		
Single	\$1,057.00	\$528.50
Two-Party	\$2,097.32	\$1,048.66
Family	\$2,722.00	\$1,361.00

**COUNTY PLANS – DENTAL**

	Monthly	Semimonthly
<b>Local Advantage – Plus</b>		
Single	\$40.14	\$20.07
Two-Party	\$77.92	\$38.96
Family	\$114.42	\$57.21
<b>Local Advantage – Blythe</b>		
Single	\$29.22	\$14.61
Two-Party	\$51.26	\$25.63
Family	\$77.46	\$38.73
<b>DeltaCare USA DHMO – High Option Plan (10A)</b>		
Single	\$22.84	\$11.42
Two-Party	\$33.80	\$16.90
Family	\$52.00	\$26.00
<b>Delta Dental PPO</b>		
Single	\$43.58	\$21.79
Two-Party	\$78.02	\$39.01
Family	\$113.68	\$56.84

**COUNTY PLANS – VISION**

	Monthly	Semimonthly
<b>Medical Eye Services Plan 1</b>		
Single	\$9.24	\$4.62
Two-Party	\$13.96	\$6.98
Family	\$18.88	\$9.44
<b>Medical Eye Services Plan 2</b>		
Single	\$7.80	\$3.90
Two-Party	\$12.42	\$6.21
Family	\$17.14	\$8.57

For more information, visit the benefits website at <http://benefits.rc-hr.com>. This website is a great resource for County plan participants. You can also contact the carriers directly at the phone numbers and websites listed below.

<b>CONTACT INFORMATION</b>		
<b>Plan</b>	<b>Telephone</b>	<b>Website</b>
UnitedHealthcare Signature Value (HMO)	(800) 624-8822	<a href="http://www.uhcwest.com">www.uhcwest.com</a>
UnitedHealthcare (PPO)	(866) 633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
Exclusive Care (EPO)	(800) 962-1133	<a href="http://www.exclusivecare.com">www.exclusivecare.com</a>
Kaiser Permanente (HMO)	(800) 464-4000	<a href="http://www.kp.org">www.kp.org</a>
<b>Wellness Program</b>		
Culture of Health Program	(951) 955-9086	<a href="http://cultureofhealth.rc-hr.com">http://cultureofhealth.rc-hr.com</a>
<b>Dental</b>		
DeltaCare USA (HMO)	(800) 422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Delta Dental (PPO)	(800) 765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Local Advantage (EPO)	(800) 331-5301	<a href="http://benefits.rc-hr.com">http://benefits.rc-hr.com</a>
<b>Vision</b>		
Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Medical Eye Services (MES)	(800) 877-6372	<a href="http://www.mesvision.com">www.mesvision.com</a>
<b>Life Insurance</b>		
The Standard	(800) 628-8600	<a href="http://benefits.rc-hr.com">http://benefits.rc-hr.com</a>
• Technical questions	(866) 623-0622	
• Continued benefits (conversion/portability)	(800) 378-4668	
<b>Employee Assistance Services (EAS)</b>		
Employee Assistance Services	(951) 778-3970 or (760) 328-6863	<a href="http://www.rc-hr.com/eas/">www.rc-hr.com/eas/</a>
<b>Other Benefits and County Resources</b>		
eBenefits Online Enrollment System Entry	Call the Benefits Information Line for assistance at (951) 955-4981	<a href="http://benefits.rc-hr.com">http://benefits.rc-hr.com</a>
Riverside County Human Resources Benefits Information Line	(951) 955-4981 TTY: (951) 955-8688 Fax: (951) 955-8538	<a href="http://benefits.rc-hr.com">http://benefits.rc-hr.com</a> or <a href="http://intranet.co.riverside.ca.us">http://intranet.co.riverside.ca.us</a> Email: <a href="mailto:benefits@rc-hr.com">benefits@rc-hr.com</a>
FSA Claims Administrator (ASIFlex)	(800) 659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
Advocacy Services	(888) 622-1200 or (951) 955-4981, option 3	<a href="http://www.aonhewittadvocacy.com">www.aonhewittadvocacy.com</a>