



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



CALPERS PARTICIPANTS

YOUR OPPORTUNITY HAS ARRIVED!

Annual Enrollment for County employees who are eligible for CalPERS medical plans (DDAA, LEMU and RSA Public Safety employees) begins September 14. Take advantage of this once-a-year opportunity to confirm that your benefits coverage continues to meet your needs. The deadline to enroll or make changes is **midnight on October 2.** **Note:** The CalPERS Annual Enrollment ends on October 9, 2015; however, the County’s Annual Enrollment will end on October 2, 2015 to allow for processing time and the completion of all enrollments by October 9, 2015.

Use this guide to get you started. It includes information about the Advocacy Services program, rates for the new year and how to enroll online. For further details, visit the CalPERS website at www.calpers.ca.gov. For details about the County benefit programs, visit <http://benefits.rc-hr.com> and refer to the *Your Benefits* guide available on September 14. Printed copies of the enrollment guide will be available at the Enrollment Fairs, or you can request one from your Department Representative.

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



YOUR OPTIONS DURING ANNUAL ENROLLMENT

Annual Enrollment is your opportunity to:

- Change your medical, dental or vision elections;
- Add or drop dependent coverage;
- 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 waive County-sponsored medical coverage and receive reduced flexible benefit credits in the form of cash, if there are unused flexible benefit credits remaining. You must meet the eligibility requirements described in the Memorandum of Understanding that governs your bargaining unit and provide information about your other **group** coverage.

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 coverages only if they are due to and consistent with a qualified change of status, as defined by the IRS.

If you do not want to make changes to your benefits, you do not need to do anything. Your current elections will continue for 2016, except for your participation in the Health Care and/or Dependent Care FSA. To continue participating, you must enroll and elect FSA coverage each year to participate the following year.

ENROLLING FOR MEDICAL COVERAGE

In your CalPERS-provided Health Plan Statement, you received a postcard you could use to request a copy of the CalPERS enrollment materials. **These materials will include the forms you will need to complete your CalPERS enrollment.** You can also access the materials online at www.calpers.ca.gov. After reading the CalPERS enrollment materials and this guide, you should have enough information to decide which of the medical plans is right for you and your eligible dependents.

Remember, all enrollment forms—including your *CalPERS Health Benefit Plan Enrollment Form (PERS-HBD-12)*—must be completed and returned to your Department Representative no later than October 2, 2015.

The medical plan you select and the dependents you list on your *PERS-HBD-12 enrollment form* must match the information you enter in the County's eBenefits online enrollment system. The County will use this information to process your payroll deduction. If there is a discrepancy between what you elect online and what you elect on your *PERS-HBD-12 enrollment form*, the County will use your *PERS-HBD-12 enrollment form* to determine your coverage election and adjust your deductions accordingly.



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

TWO STEPS TO ENROLL

Remember that you must complete two steps to enroll successfully:

- Enroll online through the Employee Self Service enrollment system; and
- Complete and return your *PERS-HBD-12 enrollment form* to your Department Representative no later than October 2, 2015.

ENROLLING FOR OTHER HEALTH CARE PLANS

If you would like to enroll in or make changes to your dental or vision plan coverage—or if you wish to enroll in one of the Flexible Spending Accounts (FSAs) for 2016—you **must** do so during the County's annual enrollment period, September 14 through October 2, 2015.

Remember: Your FSA participation does not automatically roll over from one calendar year to the next.

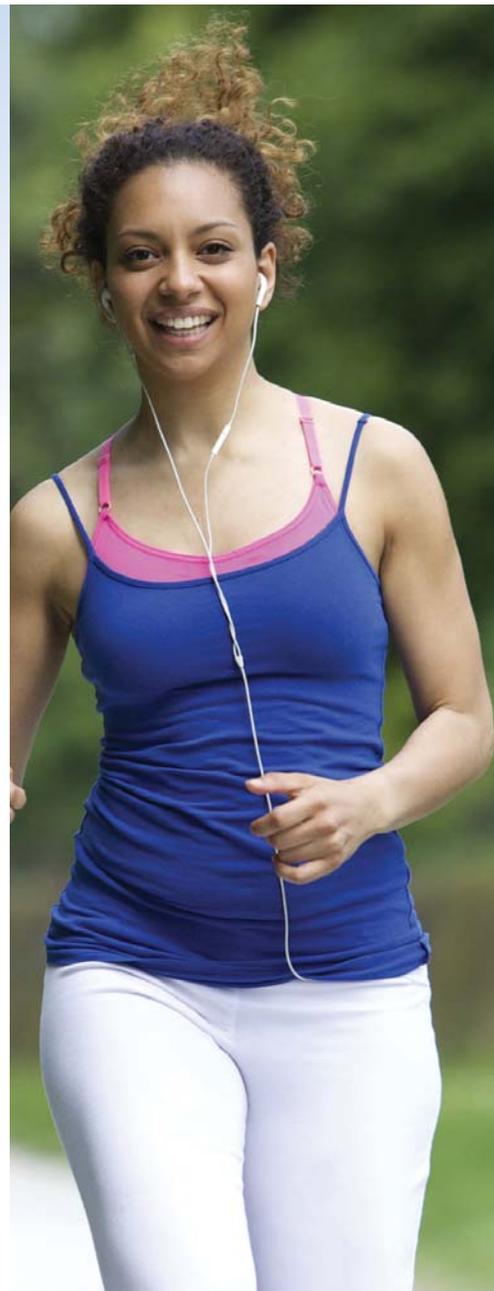
- You will not be allowed to make changes to your medical, dental or vision plan elections after the close of the CalPERS Annual Enrollment on October 2, 2015.
- **If you want to keep your current benefit elections the way they are, you do not need to do anything during Annual Enrollment—unless you wish to enroll in an FSA for 2016.**

Enrollment. Plan changes, dependent additions or deletions, plan waivers and proof of insurance require online enrollment using the County's Employee Self Service enrollment process.

- **Access** the online enrollment system from a County computer 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.
- **Complete** the enrollment process to make plan changes, add/remove dependents and waive coverage (including providing proof of other group insurance coverage).

Dependent documentation. If you are enrolling a spouse, a domestic partner or another dependent for the first time, you will need to provide supporting documentation no later than **October 2, 2015**. You will also be required to provide a Social Security number for each eligible dependent you enroll in a County-sponsored health plan. Your online enrollment for the dependent will not be processed without the supporting documentation.

Enrolling your registered domestic partner. If you want to enroll or disenroll your registered domestic partner and/or your registered domestic partner's child, you must complete a *Benefit Election Form* and a *PERS-HBD-12 enrollment form*. Both forms are available at <http://benefits.rc-hr.com> or from your Department Representative. Be sure to include all supporting documentation (such as your domestic partner registration or certified birth certificate) when you submit your forms. These changes cannot be made online using Employee Self Service.



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 CURRENT PARTICIPATION IN THE FSA WILL NOT CARRY OVER INTO 2016.

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) by clicking on the [online EOI form](#) link. 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

FLEXIBLE BENEFIT CREDITS

To help you with the cost of benefits, the County of Riverside provides flexible benefit credits. The flexible benefit credits you receive are determined by the applicable Memorandum of Understanding that governs your bargaining unit. See the table below for the flexible benefit credits you will receive on pay period 25/2015 (pay warrant dated December 9, 2015) for January 2016 premiums.

2016 FLEXIBLE BENEFIT CREDITS				
Bargaining Unit	Monthly Flex Credit	Semimonthly Flex Credit	Monthly Flex Credit	Semimonthly Flex Credit
	Enrolled in County Medical Plan		Not Enrolled in County Medical Plan (Medical Waiver)	
DDAA	\$823.00	\$411.50	\$575.40	\$287.70
LEMU	\$909.25	\$454.64	0.00	0.00
RSA Public Safety	\$940.00	\$470.00	\$456.72	\$228.36

Health care rates for 2016 are deducted semimonthly (twice a month), which means deductions are taken from your paycheck during 24 pay periods each calendar year. When you receive a third check in a month, 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 in the table on page 4 from the premiums shown in the tables that follow.

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego and Imperial Counties)		
Anthem Select HMO		
Single	\$634.76	\$317.38
Two-Party	\$1,269.50	\$634.75
Family	\$1,650.36	\$825.18
Anthem Traditional HMO		
Single	\$710.78	\$355.40
Two-Party	\$1,421.58	\$710.79
Family	\$1,848.06	\$924.03
Blue Shield Access+ HMO		
Single	\$654.88	\$327.44
Two-Party	\$1,309.74	\$654.87
Family	\$1,702.66	\$851.33
Blue Shield HPN		
Single	\$666.36	\$333.18
Two-Party	\$1,332.70	\$666.35
Family	\$1,732.52	\$866.26
Health Net Salud y Mas		
Single	\$535.98	\$267.99
Two-Party	\$1,071.96	\$535.98
Family	\$1,393.56	\$696.78
Health Net SmartCare		
Single	\$596.98	\$298.49
Two-Party	\$1,193.96	\$596.98
Family	\$1,552.16	\$776.08
Kaiser Permanente		
Single	\$605.06	\$302.53
Two-Party	\$1,210.10	\$605.05
Family	\$1,573.14	\$786.57
PERSCare		
Single	\$761.50	\$380.75
Two-Party	\$1,523.00	\$761.50
Family	\$1,979.90	\$989.95
PERS Choice		
Single	\$683.72	\$341.86
Two-Party	\$1,367.42	\$683.71
Family	\$1,777.66	\$888.83

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)		
Anthem Select HMO		
Single	\$543.48	\$271.74
Two-Party	\$1,086.94	\$543.47
Family	\$1,413.02	\$706.51
Anthem Traditional HMO		
Single	\$610.64	\$305.32
Two-Party	\$1,221.28	\$610.64
Family	\$1,587.66	\$793.83
Blue Shield Access+ HMO		
Single	\$566.54	\$283.27
Two-Party	\$1,133.06	\$566.53
Family	\$1,472.98	\$736.49
Blue Shield HPN		
Single	\$576.46	\$288.23
Two-Party	\$1,152.92	\$576.46
Family	\$1,498.80	\$749.40
Health Net Salud y Mas		
Single	\$466.12	\$233.06
Two-Party	\$932.22	\$466.11
Family	\$1,211.90	\$605.95
Health Net SmartCare		
Single	\$585.40	\$292.70
Two-Party	\$1,170.78	\$585.39
Family	\$1,522.02	\$761.01
Kaiser Permanente		
Single	\$543.84	\$271.92
Two-Party	\$1,087.66	\$543.83
Family	\$1,413.96	\$706.98
PERSCare		
Single	\$666.92	\$333.46
Two-Party	\$1,333.82	\$666.91
Family	\$1,733.98	\$866.99
PERS Choice		
Single	\$598.76	\$299.38
Two-Party	\$1,197.50	\$598.75
Family	\$1,556.76	\$778.38

* Some rates were rounded to the next even number for even semimonthly premium deductions.

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego and Imperial Counties)		
PERS Select		
Single	\$625.20	\$312.60
Two-Party	\$1,250.40	\$625.20
Family	\$1,625.52	\$812.76
PORAC		
Single	\$699.00	\$349.50
Two-Party	\$1,399.00	\$699.50
Family	\$1,789.00	\$894.50
Sharp		
Single	\$561.34	\$280.67
Two-Party	\$1,122.68	\$561.34
Family	\$1,459.48	\$729.74
UnitedHealthcare		
Single	\$494.00	\$247.00
Two-Party	\$987.98	\$493.99
Family	\$1,284.38	\$642.19

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)		
PERS Select		
Single	\$547.56	\$273.78
Two-Party	\$1,095.10	\$547.55
Family	\$1,423.64	\$711.82
PORAC		
Single	\$699.00	\$349.50
Two-Party	\$1,399.00	\$699.50
Family	\$1,789.00	\$894.50
UnitedHealthcare		
Single	\$492.24	\$246.12
Two-Party	\$984.48	\$492.24
Family	\$1,279.82	\$639.91

* Some rates were rounded to the next even number for even semimonthly premium deductions.

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
CalPERS Medical Plans – Out-of-State Region (Residents Outside California)		
Blue Shield Access+ HMO Not Available		
Blue Shield HPN Not Available		
Kaiser Permanente		
Single	\$930.30	\$465.15
Two-Party	\$1,860.58	\$930.29
Family	\$2,418.76	\$1,209.38
PERSCare		
Single	\$696.50	\$348.25
Two-Party	\$1,392.98	\$696.49
Family	\$1,810.88	\$905.44
PERS Choice		
Single	\$625.32	\$312.66
Two-Party	\$1,250.62	\$625.31
Family	\$1,625.82	\$812.91
PERS Select Not Available		
PORAC		
Single	\$675.00	\$337.50
Two-Party	\$1,292.00	\$646.00
Family	\$1,642.00	\$821.00

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
Exclusive Care Medical Plans – CalPERS Employees in ALL Regions		
Exclusive Care EPO		
Single	\$497.08	\$248.54
Two-Party	\$1,005.60	\$502.80
Family	\$1,263.04	\$631.52

PLAN COSTS FOR 2016*		
	Monthly	Semimonthly
County Plans – Dental		
Local Advantage – Plus		
Single	\$40.14	\$20.07
Two-Party	\$77.92	\$38.96
Family	\$114.42	\$57.21
Local Advantage – Blythe		
Single	\$29.22	\$14.61
Two-Party	\$51.26	\$25.63
Family	\$77.46	\$38.73
DeltaCare USA DHMO – High Option Plan (10A)		
Single	\$22.84	\$11.42
Two-Party	\$33.80	\$16.90
Family	\$52.00	\$26.00
Delta Dental PPO		
Single	\$43.58	\$21.79
Two-Party	\$78.02	\$39.01
Family	\$113.68	\$56.84
Medical Eye Services Plan 1		
Single	\$9.24	\$4.62
Two-Party	\$13.96	\$6.98
Family	\$18.88	\$9.44
Medical Eye Services Plan 2		
Single	\$7.80	\$3.90
Two-Party	\$12.42	\$6.21
Family	\$17.14	\$8.57

* Some rates were rounded to the next even number for even semimonthly premium deductions.

REMEMBER, ALL ENROLLMENT FORMS—INCLUDING YOUR CALPERS HEALTH BENEFIT PLAN ENROLLMENT FORM (PERS-HBD-12)—MUST BE COMPLETED AND RETURNED TO YOUR DEPARTMENT REPRESENTATIVE NO LATER THAN OCTOBER 2, 2015.

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
- Navigate the Medicare system

Advocates have the experience needed to help you overcome the most challenging medical and benefit issues. They will work with your medical insurance carrier, doctors and whomever else it takes to resolve your and your family members' problems and concerns. To reach Advocacy Services, simply call **(888) 622-1200** or **(952) 955-4981 (option 3)**. Advocates are available Monday through Friday, 6 a.m. – 4 p.m. Pacific Time.

HOW ADVOCACY HELPS YOU

Using Advocacy Services allows you to:

- **Get back to what matters.** The average issue takes an experienced Advocate more than four hours to resolve. With their help, you can focus on other concerns, knowing an Advocate is working on your behalf.
- **Reduce headaches.** Advocates work directly with health plans, providers and other parties until the issue is resolved. No more runaround!
- **Be confident they're getting the right answers.** On average, Advocates determine that 70% of issues submitted require correction.

Manage your health effectively with the help of an Advocate. Learn more at www.aonhewittadvocacy.com or call **(888) 622-1200** or **(951) 955-4981 (option 3)**.

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, 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 company's benefit plans, insurance billing procedures and claims resolution. Advocates also have designated contacts, whom you may not have access to, 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, 6 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.

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.

CONTACT INFORMATION		
Plan	Telephone	Website
Medical		
Blue Shield	(800) 334-5847	www.blueshield.com
Exclusive Care (EPO)	(800) 962-1133	www.exclusivewire.com
Kaiser Permanente (HMO)	(800) 464-4000	www.kp.org
PERSCare (PPO)	(877) 737-7776	www.calpers.ca.gov
PERS Choice (PPO)	(877) 737-7776	www.calpers.ca.gov
PERS Select (PPO)	(877) 737-7776	www.calpers.ca.gov
PORAC	(800) 655-6397	www.porac.org
Anthem Select HMO	(855) 839-4524	www.anthem.com/ca/calpershmo
Anthem Traditional HMO	(855) 839-4524	www.anthem.com/ca/calpershmo
Health Net Salud y Mas	(888) 926-4921	www.healthnet.com/calpers
Health Net SmartCare	(888) 926-4921	www.healthnet.com/calpers
Sharp	(855) 995-5004	www.sharphhealthplan.com
UnitedHealthcare	(877) 359-3714	www.uhc.com/calpers
Wellness Program		
Culture of Health Program	(951) 955-9086	http://cultureofhealth.rc-hr.com
Dental		
DeltaCare USA (HMO)	(800) 422-4234	www.deltadentalins.com
Delta Dental (PPO)	(800) 765-6003	www.deltadentalins.com
Local Advantage (EPO)	(800) 331-5301	http://benefits.rc-hr.com
Vision		
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Medical Eye Services (MES)	(800) 877-6372	www.mesvision.com
Life Insurance		
The Standard	(800) 628-8600	http://benefits.rc-hr.com
• Technical questions	(866) 623-0622	
• Continued benefits (conversion/portability)	(800) 378-4668	
Employee Assistance Services (EAS)		
Employee Assistance Services	(951) 778-3970 or (760) 328-6863	www.rc-hr.com/eas/
Other Benefits and County Resources		
eBenefits Online Enrollment System Entry	Call the Benefits Information Line for assistance at (951) 955-4981	http://benefits.rc-hr.com
Riverside County Human Resources Benefits Information Line	(951) 955-4981 TTY: (951) 955-8688 Fax: (951) 955-8538	http://benefits.rc-hr.com or http://intranet.co.riverside.ca.us Email: benefits@rc-hr.com
FSA Claims Administrator (ASIFlex)	(800) 659-3035	www.asiflex.com
CalPERS	(888) 225-7377	www.calpers.ca.gov
Advocacy Services	(888) 622-1200 or (951) 955-4981, option 3	www.aonhewittadvocacy.com