



# 2018 ANNUAL BENEFITS ENROLLMENT

**RIVERSIDE COUNTY ANNUAL ENROLLMENT:**  
September 11–29, 2017

**EXPLORE YOUR COUNTY OF RIVERSIDE BENEFIT OPTIONS**

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



## 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 11.** 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 September 29.** **Note:** The CalPERS Annual Enrollment ends on October 6, 2017; however, the County's Annual Enrollment will end on September 29, 2017 to allow for processing and the completion of all enrollments by October 6, 2017.

### PLAN CHANGES

- The maximum amount you can contribute to a Health Care Flexible Spending Account is increasing to \$2,600.
- The Delta Dental PPO Plan will now cover implants. You will pay 40% in-network and 50% after the deductible out-of-network. Routine checkups, cleanings and x-rays will not count toward your calendar year maximum, leaving more benefits for major services.

### 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 2018 benefit elections.

#### 2018 ENROLLMENT FAIR SCHEDULE

Facility	Date	Time	Location
<b>County Administrative Center</b> Blythe, CA 92225	9/21/17	11:00 – 1:00	260 N. Broadway
<b>DCSS</b> Riverside, CA 92507	9/21/17	10:00 – 1:00	2001 Iowa Avenue
<b>DPSS/Gain</b> Hemet, CA 92543	9/13/17	11:00 – 2:00	541 N. San Jacinto Avenue
<b>DPSS/Gain</b> Riverside, CA 92503	9/14/17	11:00 – 2:00	4060 County Circle Drive Room 101
<b>Flood Control District</b> Riverside, CA 92501	9/27/17	12:00 – 4:00	1995 Market Street
<b>Riverside County Administrative Center (CAC)</b> Riverside, CA 92502	9/19/17	11:00 – 2:00	4080 Lemon Street Rooms 2A & 2B
<b>Riverside University Health System</b> Moreno Valley, CA 92555	9/20/17	11:00 – 3:00	26520 Cactus Avenue
<b>Workforce Development</b> Indio, CA 92201	9/26/17	11:00 – 1:00	44199 Monroe Street Conference Ctr, Room 402



## 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 2018 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 2018 plan year (if you remain eligible for benefits). After Annual Enrollment ends, you can make changes to your coverages only if they are due to and consistent with a qualified change of status, as defined by the IRS.

**You do not need to do anything if you are happy with your current plans. Your current elections will continue for 2018, 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

You can access CalPERS Medical Plan enrollment materials online at [www.calpers.ca.gov](http://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 September 29, 2017.**

**Medical plan changes must be completed using your *PERS-HBD-12 enrollment form*. You will not be able to make medical plan changes this year using the County's eBenefits online enrollment system.**



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

## DIFFERENT PROCESSES FOR MEDICAL AND DENTAL/VISION ENROLLMENT

For Medical Plan Changes:

- Complete and return your *PERS-HBD-12 enrollment form* to your Department Representative no later than September 29, 2017.

For Dental and Vision Plan Changes and FSA Enrollment:

- Enroll online through the Employee Self Service enrollment system.

## IMPORTANT REMINDER

The Dependent Care FSA is for child care expenses while you work. It is NOT for health care expenses for your dependents. Use the Health Care FSA for all your family's health care expenses.

## 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 2018—you **must** do so during the County's annual enrollment period, September 11-29, 2017.

**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 September 29, 2017.

### Dental and Vision 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 **September 29, 2017**. 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 2018, YOU MUST RE-ENROLL DURING ANNUAL ENROLLMENT. YOUR CURRENT PARTICIPATION IN THE FSA WILL NOT CARRY OVER INTO 2018.**

## SUPPLEMENTAL LIFE INSURANCE

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.

**Note:** Both the Enrollment/Change Form and online EOI must be completed for your request to be processed. 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 in order to elect coverage for your spouse/domestic partner or dependent children. New enrollments or increases of more than \$10,000 for employee coverage or \$5,000 for spouse coverage require you to complete Evidence of Insurability.

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-E	
Elected Officials • Management • Confidential • Unrepresented DDAA • LEMU • RSA Public Safety	
Age of Employee	Monthly Rate per \$1,000 of Coverage
< 29	\$0.032
30-34	\$0.043
35-39	\$0.054
40-44	\$0.086
45-49	\$0.130
50-54	\$0.205
55-59	\$0.389
60-64	\$0.486
65+	\$1.156
Monthly Rates for Covering Children	
Coverage Amount	Monthly Rate
\$5,000	\$0.63
\$10,000	\$1.26



## 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 25/2017 (pay warrant dated December 6, 2017) for January 2018 premiums.

2018 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	\$959.28	\$479.64	0.00	0.00
RSA Public Safety	\$940.00	\$470.00	\$456.72	\$228.36

Health care rates for 2018 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 2018*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego and Imperial Counties)</b>		
<b>Anthem Select HMO</b>		
Single	\$659.70	\$329.85
Two-Party	\$1,319.38	\$659.69
Family	\$1,715.20	\$857.60
<b>Anthem Traditional HMO</b>		
Single	\$735.08	\$367.54
Two-Party	\$1,470.16	\$735.08
Family	\$1,911.22	\$955.61
<b>Blue Shield Access+ HMO</b>		
Single	\$695.98	\$347.99
Two-Party	\$1,391.94	\$695.97
Family	\$1,809.52	\$904.76
<b>Health Net Salud y Mas</b>		
Single	\$461.56	\$230.78
Two-Party	\$923.12	\$461.56
Family	\$1,200.06	\$600.03
<b>Health Net SmartCare</b>		
Single	\$607.68	\$303.84
Two-Party	\$1,215.36	\$607.68
Family	\$1,579.98	\$789.99
<b>Kaiser Permanente</b>		
Single	\$666.80	\$333.40
Two-Party	\$1,333.60	\$666.80
Family	\$1,733.68	\$866.84
<b>PERSCare</b>		
Single	\$733.50	\$366.75
Two-Party	\$1,467.00	\$733.50
Family	\$1,907.10	\$953.55
<b>PERS Choice</b>		
Single	\$698.96	\$349.48
Two-Party	\$1,397.92	\$698.96
Family	\$1,817.30	\$908.65

PLAN COSTS FOR 2018*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)</b>		
<b>Anthem Select HMO</b>		
Single	\$660.18	\$330.09
Two-Party	\$1,320.34	\$660.17
Family	\$1,716.44	\$858.22
<b>Anthem Traditional HMO</b>		
Single	\$784.72	\$392.36
Two-Party	\$1,569.44	\$784.72
Family	\$2,040.28	\$1,020.14
<b>Blue Shield Access+ HMO</b>		
Single	\$613.30	\$306.65
Two-Party	\$1,226.58	\$613.29
Family	\$1,594.56	\$797.28
<b>Health Net Salud y Mas</b>		
Single	\$404.32	\$202.16
Two-Party	\$808.64	\$404.32
Family	\$1,051.24	\$525.62
<b>Health Net SmartCare</b>		
Single	\$577.16	\$288.58
Two-Party	\$1,154.30	\$577.15
Family	\$1,500.60	\$750.30
<b>Kaiser Permanente</b>		
Single	\$642.70	\$321.35
Two-Party	\$1,285.40	\$642.70
Family	\$1,671.02	\$835.51
<b>PERSCare</b>		
Single	\$673.74	\$336.87
Two-Party	\$1,347.46	\$673.73
Family	\$1,751.70	\$875.85
<b>PERS Choice</b>		
Single	\$620.40	\$310.20
Two-Party	\$1,240.78	\$620.39
Family	\$1,613.02	\$806.51

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

PLAN COSTS FOR 2018*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Other Southern California Counties Region (Riverside, Orange, San Diego and Imperial Counties)</b>		
<b>PERS Select</b>		
Single	\$654.74	\$327.37
Two-Party	\$1,309.48	\$654.74
Family	\$1,702.32	\$851.16
<b>PORAC</b>		
Single	\$734.00	\$367.00
Two-Party	\$1,540.00	\$770.00
Family	\$1,970.00	\$985.00
<b>Sharp</b>		
Single	\$618.14	\$309.07
Two-Party	\$1,236.28	\$618.14
Family	\$1,607.16	\$803.58
<b>UnitedHealthcare</b>		
Single	\$616.66	\$308.33
Two-Party	\$1,233.32	\$616.66
Family	\$1,603.32	\$801.66

PLAN COSTS FOR 2018*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Los Angeles Area Region (Los Angeles, San Bernardino and Ventura Counties)</b>		
<b>PERS Select</b>		
Single	\$573.22	\$286.61
Two-Party	\$1,146.42	\$573.21
Family	\$1,490.36	\$745.18
<b>PORAC</b>		
Single	\$734.00	\$367.00
Two-Party	\$1,540.00	\$770.00
Family	\$1,970.00	\$985.00
<b>UnitedHealthcare</b>		
Single	\$602.78	\$301.39
Two-Party	\$1,205.56	\$602.78
Family	\$1,567.24	\$783.62

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

PLAN COSTS FOR 2018*		
	Monthly	Semimonthly
<b>CalPERS Medical Plans – Out-of-State Region (Residents Outside California)</b>		
<b>Blue Shield Access+ HMO Not Available</b>		
<b>Blue Shield HPN Not Available</b>		
<b>Kaiser Permanente</b>		
Single	\$957.06	\$478.53
Two-Party	\$1,914.10	\$957.05
Family	\$2,488.34	\$1,244.17
<b>PERSCare</b>		
Single	\$718.98	\$359.49
Two-Party	\$1,437.96	\$718.98
Family	\$1,869.36	\$934.68
<b>PERS Choice</b>		
Single	\$661.46	\$330.73
Two-Party	\$1,322.90	\$661.45
Family	\$1,719.78	\$859.89
<b>PERS Select</b> Not Available		
<b>PORAC</b>		
Single	\$734.00	\$367.00
Two-Party	\$1,540.00	\$770.00
Family	\$1,970.00	\$985.00

PLAN COSTS FOR 2018*		
	Monthly	Semimonthly
<b>County Plans – Dental</b>		
<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
<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

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

PLAN COSTS FOR 2018*		
	Monthly	Semimonthly
<b>Exclusive Care Medical Plans – CalPERS Employees in ALL Regions</b>		
<b>Exclusive Care EPO</b>		
Single	\$ 576.66	\$ 288.33
Two-Party	\$ 1,166.48	\$ 583.24
Family	\$ 1,464.80	\$ 732.40

**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 SEPTEMBER 29, 2017.**

## 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 **(951) 955-4981 (option 3)**. Advocates are available Monday through Friday, 5 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](http://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, 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.

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
<b>Medical</b>		
Blue Shield	(800) 334-5847	<a href="http://www.blueshield.com">www.blueshield.com</a>
Exclusive Care (EPO)	(800) 962-1133	<a href="http://www.exclusivewire.com">www.exclusivewire.com</a>
Kaiser Permanente (HMO)	(800) 464-4000	<a href="https://my.kp.org/countyofriverside/">https://my.kp.org/countyofriverside/</a>
PERSCare (PPO)	(877) 737-7776	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
PERS Choice (PPO)	(877) 737-7776	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
PERS Select (PPO)	(877) 737-7776	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
PORAC	(800) 655-6397	<a href="http://www.porac.org">www.porac.org</a>
Anthem Select HMO	(855) 839-4524	<a href="http://www.anthem.com/ca/calpershmo">www.anthem.com/ca/calpershmo</a>
Anthem Traditional HMO	(855) 839-4524	<a href="http://www.anthem.com/ca/calpershmo">www.anthem.com/ca/calpershmo</a>
Health Net Salud y Mas	(888) 926-4921	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Health Net SmartCare	(888) 926-4921	<a href="http://www.healthnet.com/calpers">www.healthnet.com/calpers</a>
Sharp	(855) 995-5004	<a href="http://www.sharphhealthplan.com">www.sharphhealthplan.com</a>
UnitedHealthcare	(877) 359-3714	<a href="http://www.uhc.com/calpers">www.uhc.com/calpers</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@rivco.org">benefits@rivco.org</a>
FSA Claims Administrator (ASIFlex)	(800) 659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
CalPERS	(888) 225-7377	<a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
Advocacy Services	(888) 622-1200 or (951) 955-4981, option 3	<a href="http://www.aonhewittadvocacy.com">www.aonhewittadvocacy.com</a>