



Choose Your County of Riverside Benefit Options

ANNUAL BENEFITS ENROLLMENT FOR MANAGEMENT, CONFIDENTIAL, UNREPRESENTED AND ELECTED OFFICIALS



RIVERSIDE COUNTY ANNUAL ENROLLMENT:

September 9–27, 2019

Includes: medical, dental, vision, Flexible Spending Accounts (Health Care and Dependent Care) and life insurance.

CHOOSE, CONFIRM YOUR BENEFITS FOR 2020

Annual Enrollment begins September 9. 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 27.** **Note:** The CalPERS Annual Enrollment ends on October 4, 2019; however, the County’s Annual Enrollment will end at midnight on September 27, 2019 to allow for processing and the completion of all enrollments by October 4, 2019.

JOIN US AT AN ENROLLMENT FAIR

- Representatives from each medical, dental and vision plan will be available to answer your questions and help you make your 2020 benefit elections.
- Representatives from the CalPERS medical plans will ONLY be present at the two enrollment fairs below. Additional fairs will be offered without the CalPERS medical plan representatives in attendance. Visit the Benefits website for a full list of enrollment fairs, including those without CalPERS plan representation.

2020 ENROLLMENT FAIR SCHEDULE

Facility	Date	Time
Riverside University Health System 26516 Cactus Ave, Moreno Valley, CA 92555 Magnolia Rooms A-D	9/23/19	12:00 – 2:00
Riverside County Administrative Center (CAC) 4080 Lemon Street, Riverside, CA 92501 Rooms 2A & 2B	9/24/19	12:00 – 2:00

WHAT YOU NEED TO KNOW

- Employees covered by the Management Resolution receive up to \$823.00 in Flexible Benefit Contributions toward medical and dental premiums.
 - If you elect to cover dependents on the medical plan, you will receive an additional employer-paid monthly subsidy toward the cost of medical coverage. See page 5 for details.
 - If you elect employee-only coverage, you will receive up to \$823.00 toward the cost of medical and dental coverage. However, beginning with the 2020 plan year, remaining credits will be forfeited and will no longer be added as taxable cash to your pay warrant.
- The maximum amount you can contribute to a Health Care Flexible Spending Account for the 2020 plan year is increasing to \$2,700*.
- Beginning August 27, you can access CalPERS medical plan Open Enrollment information and resources through the Find a Medical Plan tool within myCalPERS at my.calpers.ca.gov. Through the Find a Medical Plan tool, you can:
 - Research and compare available health plans and monthly premium rates, based on their eligibility ZIP code
 - Review side-by-side benefit costs
 - Save customized health searches for future use
- If you are enrolled in other group medical coverage, you may be eligible to decline participation in the County of Riverside plan options and receive a reduced contribution under the Medical Waiver program. The amount you receive is determined by your last date of hire and the Management Resolution. See page 5 for more information.

*Subject to change due to government regulations.



OPEN ENROLLMENT INFORMATION IS MOBILE

Today, we live on our mobile phones. Now you can get the information you need to make important health decisions there, too. This year, we encourage you to access the CalPERS mobile tool for Open Enrollment resources. Whether by phone or tablet, discover your options at <http://mobile.my.calpers.ca.gov>.

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 2020 plan year; 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. You must meet the eligibility requirements described in the Management Resolution and provide information about your other **group** coverage.

The benefit elections you make during Annual Enrollment will remain in effect for the entire 2020 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.

If you are satisfied with your current plans, you do not need to do anything. Your current elections will continue for 2020, 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. 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 27, 2019.

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, option 1 as soon as possible.

MEDICAL, DENTAL AND VISION HAVE DIFFERENT ENROLLMENT PROCESSES

For Medical Plan Changes:

- Complete and return your *PERS-HBD-12 enrollment form* to your Department Representative no later than September 27, 2019.

For Dental and Vision Plan Changes and FSA Enrollment:

- Enroll online through the Employee Self-Service enrollment system at <http://benefits.rc-hr.com>.

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.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT, DENTAL AND VISION COVERAGE

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 2020—you **must** do so during the County’s annual enrollment period, September 9-27, 2019.

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 27, 2019.

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 six-digit employee 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 27, 2019**. 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 2020, you must re-enroll during Annual Enrollment. Your participation in the FSA will not carry over.

Note About Dependent Care (Day Care) Contributions

Dependent Care (Day Care) Flexible Spending Accounts are subject to non-discrimination testing each year to ensure the plan does not provide an unfair advantage to highly compensated employees. The testing compares the dependent care contributions of highly compensated employees with the dependent care contributions of all other employees. Depending on the results of this testing, contributions of certain employees may be limited, reduced or returned. You will be notified if this affects you.

READY ENROLL

To add or change your additional life insurance coverage or update your beneficiary information, use Ready Enroll at <http://bit.ly/rivcoenroll>. The Group Number for Evidence of Insurability (EOI) is 641685.

Logging in to Ready Enroll for the first time?

Know your...

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

What you should do

1. Log in to *Ready Enroll* and review your basic life insurance benefits and additional life coverage elections, if applicable. This is a great time to apply for additional coverage for yourself and your eligible dependents. Coverage you elect during this Annual Enrollment period will be effective January 1, 2020 or upon underwriting approval.
2. *Ready Enroll* will maintain employee life insurance elections and all beneficiary designations. *Ready Enroll* will replace your previous beneficiary designations you made on a paper form. Therefore, you are required to enter beneficiary designations if you have not already done so. You will have access to your information 24/7 to maintain your enrollment and beneficiary information. Beneficiary designations you make in *Ready Enroll* are effective immediately.

CONSIDER YOUR ADDITIONAL LIFE INSURANCE OPTIONS

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

During the additional life insurance open enrollment period, you can increase coverage up to the guaranteed amount without providing Evidence of Insurability (EOI), as governed by the open enrollment rules.

READY ENROLL ONLINE APPLICATION

The County of Riverside has partnered with The Standard to provide a secure, web-based system, known as **Ready Enroll**, for enrolling in life insurance coverage and managing beneficiaries through The Standard's Additional Life program. This online application will provide a secure gateway and paperless process for enrolling and managing life insurance provided by The Standard, including:

- Access to benefit plan details and other tools to help you make informed decisions on life insurance coverage
- Enroll, cancel or change coverage
- Print a benefits confirmation or summary
- Update beneficiary information
- View your out-of-pocket premium amount

This site is available 24/7 to assist you with your life insurance needs.

WHEN IS EVIDENCE OF INSURABILITY REQUIRED?

The chart below shows the coverage amounts you may elect without providing proof of good health or EOI.

ENROLLING DURING ANNUAL ENROLLMENT (you do not currently have coverage and you are beyond the initial eligibility period)		
Employee Additional Life	Spouse/Domestic Partner Additional Life	Dependent Child Additional Life
EOI required	EOI required	No EOI required

INCREASING COVERAGE DURING ANNUAL ENROLLMENT (you currently have coverage and you are requesting additional coverage)		
Employee Additional Life	Spouse/Domestic Partner Additional Life	Dependent Child Additional 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

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 Management Resolution. See the table below for the flexible benefit credits you will receive on pay period 25/2019 (pay warrant dated December 4, 2019) for January 2020 premiums.

2020 FLEXIBLE BENEFIT CREDITS		
Employee Unit	Monthly Flex Credit	Semimonthly Flex Credit
Enrolled in County Medical Plan		
Management, Confidential and Unrepresented	\$823.00*	\$411.50
Not Enrolled in County Medical Plan (Medical Waiver)**		
Management, Confidential and Unrepresented		
Last date of hire before 11/13/2003	\$534.00	\$267.00
Last date of hire on or after 11/13/2003	\$200.00	\$100.00

*Credits remaining after deducting medical and dental premiums will be forfeited.

**If you are enrolling in the Medical Waiver program, you must complete a Decline Acknowledgment form and provide proof that you are enrolled in other group coverage, such as your spouse's employer plan.

Health care rates for 2020 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 in the table above from the premiums shown in the tables that follow. Employees enrolling in medical coverage will receive an additional employer subsidy contribution of \$25/month for two-party election and \$100/month for family election.

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
CalPERS Medical Plans – Region 2 (Orange and San Diego Counties)		
Anthem Select HMO		
Employee	\$654.04	\$327.02
Two-Party	\$1,308.08	\$654.04
Family	\$1,700.50	\$850.25
Anthem Traditional HMO		
Employee	\$934.96	\$467.48
Two-Party	\$1,869.90	\$934.95
Family	\$2,430.88	\$1,215.44
Blue Shield HMO		
Employee	\$909.88	\$454.94
Two-Party	\$1,819.74	\$909.87
Family	\$2,365.66	\$1,182.83
Blue Shield Trio Not Available		
Health Net Salud y Mas HMO		
Employee	\$435.14	\$217.57
Two-Party	\$870.28	\$435.14
Family	\$1,131.36	\$565.68

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

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
CalPERS Medical Plans – Region 2 (Orange and San Diego Counties) Cont.		
Health Net SmartCare		
Employee	\$719.26	\$359.63
Two-Party	\$1,438.52	\$719.26
Family	\$1,870.08	\$935.04
Kaiser Permanente		
Employee	\$645.24	\$322.62
Two-Party	\$1,290.48	\$645.24
Family	\$1,677.62	\$838.81
PERSCare PPO		
Employee	\$986.66	\$493.33
Two-Party	\$1,973.32	\$986.66
Family	\$2,565.32	\$1,282.66
PERSChoice PPO		
Employee	\$736.28	\$368.14
Two-Party	\$1,472.56	\$736.28
Family	\$1,914.34	\$957.17
PERSselect		
Employee	\$451.54	\$225.77
Two-Party	\$903.08	\$451.54
Family	\$1,174.00	\$587.00
PORAC		
Employee	\$749.00	\$374.50
Two-Party	\$1,499.00	\$749.50
Family	\$1,960.00	\$980.00
Sharp		
Employee	\$606.02	\$303.01
Two-Party	\$1,212.04	\$606.02
Family	\$1,575.66	\$787.03
UnitedHealthcare		
Employee	\$671.60	\$335.80
Two-Party	\$1,343.20	\$671.60
Family	\$1,746.16	\$873.08

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
CalPERS Medical Plans – Region 3 (Los Angeles, Riverside and San Bernardino Counties)		
Anthem Select HMO		
Employee	\$619.94	\$309.97
Two-Party	\$1,239.86	\$619.93
Family	\$1,611.82	\$805.91
Anthem Traditional HMO		
Employee	\$902.64	\$451.32
Two-Party	\$1,805.26	\$902.63
Family	\$2,346.84	\$1,173.42
Blue Shield Access+ HMO		
Employee	\$813.18	\$406.59
Two-Party	\$1,626.34	\$813.17
Family	\$2,114.24	\$1,057.12
Blue Shield Trio		
Employee	\$624.94	\$312.47
Two-Party	\$1,249.86	\$624.93
Family	\$1,624.82	\$812.41

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
CalPERS Medical Plans – Region 3 (Los Angeles, Riverside and San Bernardino Counties) Cont.		
Health Net Salud y Mas		
Employee	\$392.32	\$196.16
Two-Party	\$784.62	\$392.31
Family	\$1,020.02	\$510.01
Health Net SmartCare		
Employee	\$648.42	\$324.21
Two-Party	\$1,296.84	\$648.42
Family	\$1,685.90	\$842.95
Kaiser Permanente		
Employee	\$664.40	\$332.20
Two-Party	\$1,328.78	\$664.39
Family	\$1,727.42	\$863.71
PERSCare PPO		
Employee	\$931.12	\$465.56
Two-Party	\$1,862.24	\$931.12
Family	\$2,420.92	\$1,210.46
PERSChoice PPO		
Employee	\$710.30	\$355.15
Two-Party	\$1,420.58	\$710.29
Family	\$1,846.76	\$923.38
PERSselect		
Employee	\$435.74	\$217.87
Two-Party	\$871.48	\$435.74
Family	\$1,132.92	\$566.46
PORAC		
Employee	\$699.00	\$349.50
Two-Party	\$1,399.00	\$699.50
Family	\$1,894.00	\$947.00
Sharp Not Available		
UnitedHealthcare		
Employee	\$668.32	\$334.16
Two-Party	\$1,336.62	\$668.31
Family	\$1,737.62	\$868.81

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
CalPERS Medical Plans – Out-of-State Region (Residents Outside California)		
Blue Shield HMO Not Available		
Blue Shield Trio Not Available		
Kaiser Permanente		
Employee	\$995.20	\$497.60
Two-Party	\$1,990.38	\$995.19
Family	\$2,587.50	\$1,293.75
PERSCare PPO		
Employee	\$882.04	\$441.02
Two-Party	\$1,764.06	\$882.03
Family	\$2,293.28	\$1,146.64
PERSChoice PPO		
Employee	\$709.66	\$354.83
Two-Party	\$1,419.32	\$709.66
Family	\$1,845.12	\$922.56
PERSselect Not Available		
PORAC**		
Employee	\$899.00	\$449.50
Two-Party	\$1,850.00	\$925.00
Family	\$2,223.00	\$1,111.50
Sharp Not Available		
UnitedHealthcare Not Available		

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
County Plan – Medical		
Exclusive Care Medical Plan – All Employees		
Employee	\$587.76	\$293.88
Two-Party	\$1,189.76	\$594.88
Family	\$1,493.76	\$746.88

PLAN COSTS FOR 2020*		
	Monthly	Semimonthly
County Plans – Dental		
Local Advantage – Plus		
Employee	\$44.00	\$22.00
Two-Party	\$83.00	\$41.50
Family	\$122.00	\$61.00
Local Advantage – Blythe		
Employee	\$31.00	\$15.50
Two-Party	\$54.00	\$27.00
Family	\$83.00	\$41.50
DeltaCare USA DHMO – High Option Plan (10A)		
Employee	\$22.84	\$11.42
Two-Party	\$33.80	\$16.90
Family	\$52.00	\$26.00
Delta Dental PPO		
Employee	\$48.00	\$24.00
Two-Party	\$82.00	\$41.00
Family	\$120.00	\$60.00
Medical Eye Services Plan 1		
Employee	\$9.24	\$4.62
Two-Party	\$13.96	\$6.98
Family	\$18.88	\$9.44
Medical Eye Services Plan 2		
Employee	\$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.

**PORAC members only

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 27, 2019.**

WHEN YOU NEED A HAND, ADVOCACY SERVICES CAN HELP

The County offers Advocacy Services as 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

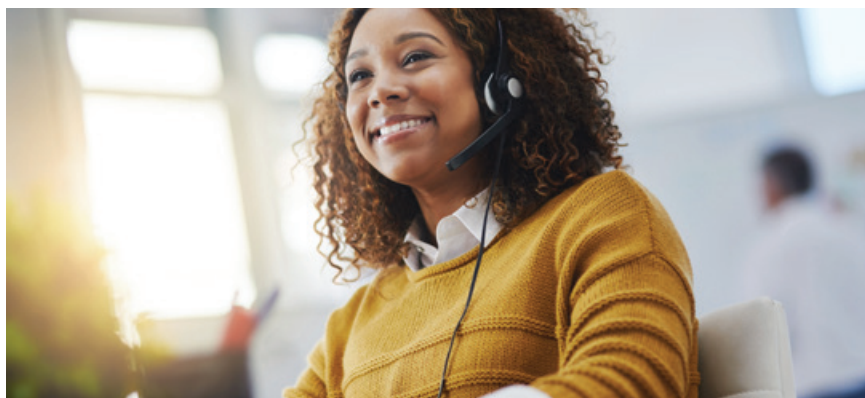
Health Pros have the experience needed to help you overcome the most challenging medical and benefit issues. They will work with your medical insurance carrier, doctors and whomever else it takes to resolve your and your family members' problems and concerns. To reach Advocacy Services, simply call **(888) 622-1200** or **(951) 955-4981 (option 3)**. Health Pros 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 Health Pro more than four hours to resolve. With their help, you can focus on other concerns, knowing a Health Pro is working on your behalf.
- **Reduce headaches.** Health Pros 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, Health Pros determine that 70% of issues submitted require correction.

Manage your health effectively with the help of a Health Pro. Learn more at www.alight.com/advocacy or call **(888) 622-1200** or **(951) 955-4981 (option 3)**.



YOUR QUESTIONS ANSWERED

1. Can a Health Pro help me with all of my benefits?

Yes. Your Health Pro 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 a Health Pro may have costs (e.g., obtaining a second opinion from another doctor).

3. If I can't get answers, how will my Health Pro?

Your Health Pro has an advantage. Only individuals with extensive benefits experience, advanced problem-solving skills and a demonstrated commitment to customer service are selected as Health Pros. They are experts on our company's benefit plans, insurance billing procedures and claims resolution. Health Pros 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 a Health Pro.

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		
Exclusive Care (EPO)	(800) 962-1133	www.exclusivecare.com
Blue Shield	(800) 334-5847	
Kaiser Permanente (HMO)	(800) 464-4000	
PERSCare (PPO)	(877) 737-7776	
PERS Choice (PPO)	(877) 737-7776	
PERS Select (PPO)	(877) 737-7776	www.calpers.ca.gov
PORAC	(800) 655-6397	Select "View Health Plan Rates" to access all plan coverage documents, provider networks and rates.
Anthem Select HMO	(855) 839-4524	
Anthem Traditional HMO	(855) 839-4524	
Health Net Salud y Mas	(888) 926-4921	
Health Net SmartCare	(888) 926-4921	
Sharp	(855) 995-5004	
UnitedHealthcare	(877) 359-3714	
Culture of Health Program		
Culture of Health Program	(951) 955-3597	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://bit.ly/rivcoenroll
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: 711 Fax: (951) 955-3490	http://benefits.rc-hr.com or http://intranet.co.riverside.ca.us Email: benefits@rivco.org
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.alight.com/advocacy
Retirement Benefits	(951) 955-4981, option 2 Fax: (951) 955-8538	Email: retirement@rivco.org