

City of Riverside

**Employee Online
Benefits**

*Open Enrollment Guide
For 2012 Plan Year*

Open Enrollment is Here!

It's open enrollment time! This year the enrollment period is **October 31st, 2011** through **November 18th, 2011**. Open enrollment requests will not be accepted after 5:00 p.m. on **November 18th, 2011**. Your new elections will go into effect on January 1, 2012. Please be reminded that health/vision and dental premiums are paid in advanced, therefore deductions for your new plan selections will be taken beginning with your first paycheck in December 2011.

Before you log on to enroll, make sure your decisions are made and you have the information you need to enroll.

Items to Consider

- ❖ Review the 2012 Summary of Benefits, benefit rates and benefit inserts per your bargaining unit on the City of Riverside Human Resources website <http://www.riversideca.gov/human/benefits/benefit-open-enrollment.asp> and share this information with your family.
- ❖ Will you be selecting the Health Opt-Out option? (Reimbursement is only given to Executives, Council, Management, General – SEIU, Confidential, IBEW, and IBEW Supervisors)
- ❖ If you are not currently enrolled in health and/or dental, do you want to enroll this year?
- ❖ If you are enrolled in health and/or dental, do you want to change to a different plan?
- ❖ If you are enrolling in the Blue Cross (HMO) health plans or DeltaCare (DHMO) dental plan, you are required to designate a Primary Care Physician (PCP).
- ❖ Do you want to enroll in a Flexible Spending Account for 2012?
- ❖ Do you want to enroll in Long Term Disability (based on Bargaining Unit)?

Additional Benefits (Not Currently Available Via Employee Online)

- ❖ Additional Life Insurance and Deferred Compensation enrollments require the completion of a paper application; benefit forms can be found on the Benefits website under “Benefit Forms”.

Dependent Information

- ❖ Do you need to add or drop eligible dependents?
- ❖ If you are adding a new dependent, you will need First Name, Middle Initial, Last Name, Social Security Number, Date of Birth, Relationship, Gender information and proof of eligibility documentation.

Choosing Your Coverage Level Option for Dental and Health plans

- ❖ Employee only (Single)
- ❖ Employee + 1 (Two-Party)
- ❖ Employee + 2 or More (Family)

For additional questions, please feel free to email us at citybenefits@riversideca.gov or contact us at (951) 826-5639.

Benefits Website:

<http://www.riversideca.gov/human/benefits/>

Preparing to Enroll Online

Making Your 2012 Benefit Elections

Before you make your elections through Employee Online, our online benefits enrollment system, consider these steps.

1. Dependent Eligibility & Verification.

During open enrollment you may add or remove eligible dependents to your health and/or dental plans without a qualifying event. In order to be covered under your health and/or dental plan, your dependent must be an "eligible dependent" under the City's (V9 & V10) policy. If you will be **adding** any "eligible dependent" to your 2012 Health and/or Dental plan, you will need to submit proof of eligibility documentation to the Human Resources Department Benefits Division on or before **November 18th, 2011**. Detailed information pertaining to types of documentation required for adding eligible dependents can be found on the Human Resources Benefits' website under "Summary of Your Benefits". Documents may be faxed to (951)826-2421 or emailed to citybenefits@riversideca.gov

Please note that the new Health Care Reform law will allow health plans to extend dependent coverage up to age 26. The City will also extend dental and vision coverage for dependents up to age 26.

2. Health, Vision & Dental Benefits.

Health Benefits

The City of Riverside offers seven health plan choices administered by Anthem Blue Cross and Kaiser Permanente. Please review the 2012 Plan Summaries and rate sheets available on the City of Riverside Human Resources' Benefits website.

Vision Coverage

Vision coverage is provided through Vision Service Plan (VSP) and is included with your health plan selection. Any dependent covered under your health plan is enrolled into VSP coverage. Please review the HR Benefits' website to obtain a summary of benefits.

Dental Benefits

The City of Riverside offers three dental plan choices administered by Delta Dental and Local Dental Advantage. For more information, please review the 2012 Plan Summaries and rate sheets available on the City of Riverside Human Resources' Benefits website.

Health Opt-out Option

If you participated in the Health Opt-Out option during 2011, you will be automatically enrolled for calendar year 2012 and **DO NOT** need to provide proof of alternate coverage. If you were enrolled in a health plan during 2011 and wish to waive your coverage for 2012 you must elect the Health Opt-out option through the Employee Online system and submit proof of alternate coverage to the Human Resources Department by November 18th, 2011. The following employee groups are eligible to participate in the health opt-out option:

- Executive
- Council
- Management I/II
- General (SEIU)
- Confidential
- IBEW Field
- IBEW Supervisory
- Fire (RCFA)
- Fire Management

Dental Decline Option

All employees have the option to decline dental insurance provided by the City of Riverside. Please be advised that this option does not provide for a financial reimbursement.

Health Decline Option

Employees in the Police units have the option to decline health insurance provided by the City of Riverside. Please be advised that this option does not provide for a financial reimbursement.

Primary Care Physician (PCP)

If you are enrolling as a **new** member to Anthem Blue Cross HMO or DeltaCare DHMO, you will need to select a PCP for each covered dependent. Please note that if you do not select a PCP, the provider will select one for you and you will then need to contact the provider to elect a different PCP.

To select a PCP, you must first locate a doctor near you by accessing the provider's websites: please visit [Anthem Blue Cross](http://www.anthem.com/ca/) (<http://www.anthem.com/ca/>) or [DeltaCare](http://www.deltadentalins.com) (www.deltadentalins.com).

Once you have chosen a doctor, you must assign the PCP to your covered dependents by contacting [Anthem Blue Cross HMO at 1-800-227-3613](tel:1-800-227-3613) or [DeltaCare HMO at 1-800-422-4234](tel:1-800-422-4234) on or after

December 20, 2011. PCP selections are not required for Anthem Blue Cross-PPO, Kaiser, Delta Dental DPO or Local Advantage Dental.

3. Flexible Spending Accounts (Health & Dependent Care).

Your 2011 participation in the Flexible Spending Account(s) will **NOT** carry over to the 2012 calendar year. You must renew your participation through the Employee Online system. The maximum annual contribution for the Health Care spending account is \$3,000 and \$5,000 for the Dependent Care spending account. Please be sure to indicate an annual amount; the annual amount will be spread out over 24 pay periods. In addition, be advised there is a \$3 per pay period administrative fee assessed for participation in one or both plans. The maximum amount paid per month is \$6.00.

4. Long Term Disability (LTD).

LTD coverage is available for employees not covered by State Disability Insurance (SDI). Employees in the following Bargaining Units can apply for Long Term Disability coverage:

- Council/Mayor
- Executive
- Management I & II
- IBEW Supervisory
- IBEW Field employees are automatically enrolled with LTD coverage

Premiums are paid by the employee on an after-tax basis (except for IBEW Field and Supervisory).

Please be advised that if you have a pre-existing health condition, the LTD coverage may not apply and any claims submitted are subject to being denied. For additional information on the pre-existing health conditions, please review the LTD policy, which can be accessed via the [HR Benefits](#) website or you may contact the Standard directly at 800-368-1135.

You may select to enroll or terminate current enrollment through the Employee Online system.

5. Other Benefits (Not Currently Available Online).

Additional Life Insurance

All benefited employees can elect to enroll in Additional Life Insurance provided by The Standard.

A paper application must be submitted to Human Resources by November 18th, 2011. Applications are accessible through the Benefits website under the "[Benefit Forms](#)" section. Please note that all employees must complete the online Medical History Statement accessible through the Benefit Forms site under the Life Insurance section, except for new hires during the month of November that apply for the Guaranteed Issue amount(s).

6. Deferred Compensation.

You have the opportunity to participate in a Section 457 deferred compensation plan. New enrollments to a deferred compensation account through Great-West or ICMA-RC will need to be done through paper form. After a deferred compensation account has been setup, employees can modify or stop contributions using the Employee Online system. New enrollments are accepted at any time during the year.

Please note that a separate beneficiary form must be completed for each provider and submitted directly to the respective provider. The Human Resources Department is no longer the City's beneficiary record keeper for the Deferred Compensation accounts. Beneficiary designation forms are available on the Benefits website.

7. Complete your Enrollment Worksheet.

Before you log on to enroll using Employee Online, make sure your decisions are made and you have the information you need to enroll. Included in this guide is a worksheet you can complete to assist with your selection planning.

8. Don't Miss the Deadline!

All additions and changes must be submitted online by 5:00 PM, **Friday, November 18th, 2011**. Open Enrollment is the **only** time during the calendar year during which you can make changes to your Health, Dental, Vision, Supplemental Life, Long Term Disability (LTD) or Flexible Spending Account (FSA) plans without experiencing a **Qualifying Event**. For more information on what constitutes a **Qualifying Event**, please visit our [Benefits](#) website.

Benefits Enrollment Worksheet

HEALTH PLANS	
BC HMO Preferred (High)	<input type="checkbox"/>
BC HMO Standard (Midway)	<input type="checkbox"/>
BC HMO Value (Low)	<input type="checkbox"/>
BC PPO	<input type="checkbox"/>
Kaiser Preferred (High)	<input type="checkbox"/>
Kaiser Standard (Midway)	<input type="checkbox"/>
Kaiser Value (Low)	<input type="checkbox"/>
Health Opt-Out	<input type="checkbox"/>
Health Decline (Police/Fire)	<input type="checkbox"/>

DENTAL PLANS	
DeltaCare DHMO	<input type="checkbox"/>
Delta Dental (DPO)	<input type="checkbox"/>
Local Advantage Dental	<input type="checkbox"/>
Dental Decline	<input type="checkbox"/>

Dependent Data Enrollment Information								
LAST NAME	FIRST NAME	MI	GENDER	DOB	RELATIONSHIP	SSN	HEALTH	DENTAL
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If you are adding a dependent, please review the City’s health and dental policies which are V-9 & V-10 located online within the Human Resources Personnel Policy & Procedures Manual for dependent documentation requirements. ALL required documentation must be submitted to the HR Department no later than November 18, 2011. Please write your 5 digit employee ID number on each applicable document.

Flexible Spending Account (FSA) Information (you must enroll each year to participate)	
Annual amount to contribute to the Health Care Spending Account	\$
Annual amount to contribute to Dependent Care Spending Account	\$
<i>(Annual amounts are pro-rated over the entire year (24 per pay period) and deducted in equal amounts from your paycheck. A \$3.00 per pay period administrative fee is assessed.)</i>	

Checklist for Open Enrollment

- Your 5 digit Employee ID Number and password
- Names, social security numbers, and birth dates of benefit eligible family members
- Plan Choices for Health, Dental, and Flexible Spending Accounts (FSA)
- Changes to Deferred Compensation can be done anytime throughout the year
- Turn in any required documentation to the HR Department no later than **November 18th, 2011** for dependents added during open enrollment
- Other Additional Coverage: Additional Life Insurance and Long Term Disability

You are now ready to enroll online!

How to Enroll Online (Quick Guide)

- Step 1** Before you start the online enrollment process, please know your City of Riverside 5 digit employee ID number and your password. If you do not know your employee ID number or password, please call the Information Technology Help Desk at 826-5508, Monday thru Friday 8:00 a.m. to 5:00 p.m. Also, have the Benefits enrollment worksheet completed with all necessary information.
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- Step 2** Go to <http://www.riversideca.gov/> Click on "Online Services" then click on Employee Online. You will be prompted to log in using your 5 digit Employee ID number and password.
-
- Step 3** **Add, and/or verify dependent information.** Add a new dependent profile or verify existing dependent information in the "Dependent Information" screen. New and existing dependents will need to be added to your health and/or dental plans under the "Open Enrollment" screen.
-
- Step 4** **Make changes to your health and/or dental plans.** View and select your benefit coverage for the 2012 plan year in the Open Enrollment Benefit Selection screen. You may switch to another health and/or dental plan or waive your health coverage by participating in the health opt-out option (available for eligible employees). New or existing dependents must be associated to your health and/or dental plan by placing a check mark next to their name. If you wish to drop an existing dependent, you must un-check the box next to their name.
-
- Step 5** **Flexible Spending Accounts.** Enrollment is optional and must be renewed every calendar year. Please designate an annual contribution amount if you wish to participate.
-
- Step 6** **Long Term Disability (LTD).** Eligible employees may participate in LTD; an option to enroll will be available to those employees under the Benefit Election screen.
-
- Step 7** **Verify your Open Enrollment selections.** Please carefully verify and print your open enrollment confirmation statement before exiting the Employee Online system. If you see a problem or want to make a change, simply go back to the Benefits Selection screen and modify your election. Remember to submit any necessary documentation to Human Resources by 5:00 p.m. on November 18th, 2011.

If you have any questions or concerns, please contact the Human Resources department, Benefits team via email at citybenefits@riversideca.gov or contact us at (951) 826-5639.

Welcome to Open Enrollment Online!

Beginning the Open Enrollment Process

During Open Enrollment you can make changes to your benefits as often as you like up until November 18th, 2011. Each time you make new selections; you will save and verify them. The benefits that have been saved and verified when Open Enrollment closes **are** the benefits that will stay in effect until the next Open Enrollment period or until you experience a qualifying event, such as a marriage, birth, or change of employment.

To access the [Employee Online](#) site:

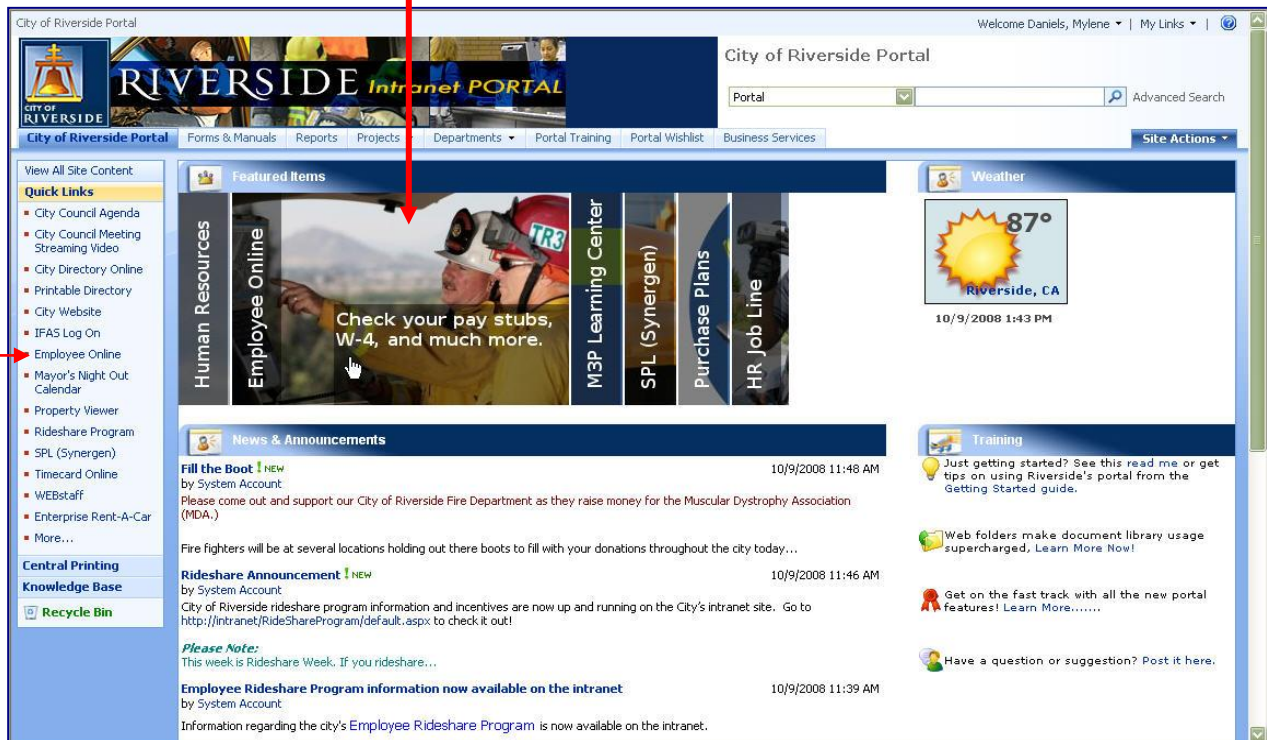
1. From the City of Riverside website (www.riversideca.gov), click on the **Online Services** link.



2. From the City of Riverside's Intranet portal at <http://intranet/Pages/Default.aspx>. You can navigate to the Employee Online site via two links:
 - a. From the **Quick Links** menu on the left side of the screen, click on the Employee Online link.
 - b. From the slideshow images under **Featured Items**, click on the Employee Online image.

2b.

2a.



LOGIN

To login to the Employee Online system, key in your 5 digit Employee ID number and password on the main login screen.



Employee Online/Timecard Online Login

Employee ID:

EO/TO Password:

[Login](#)

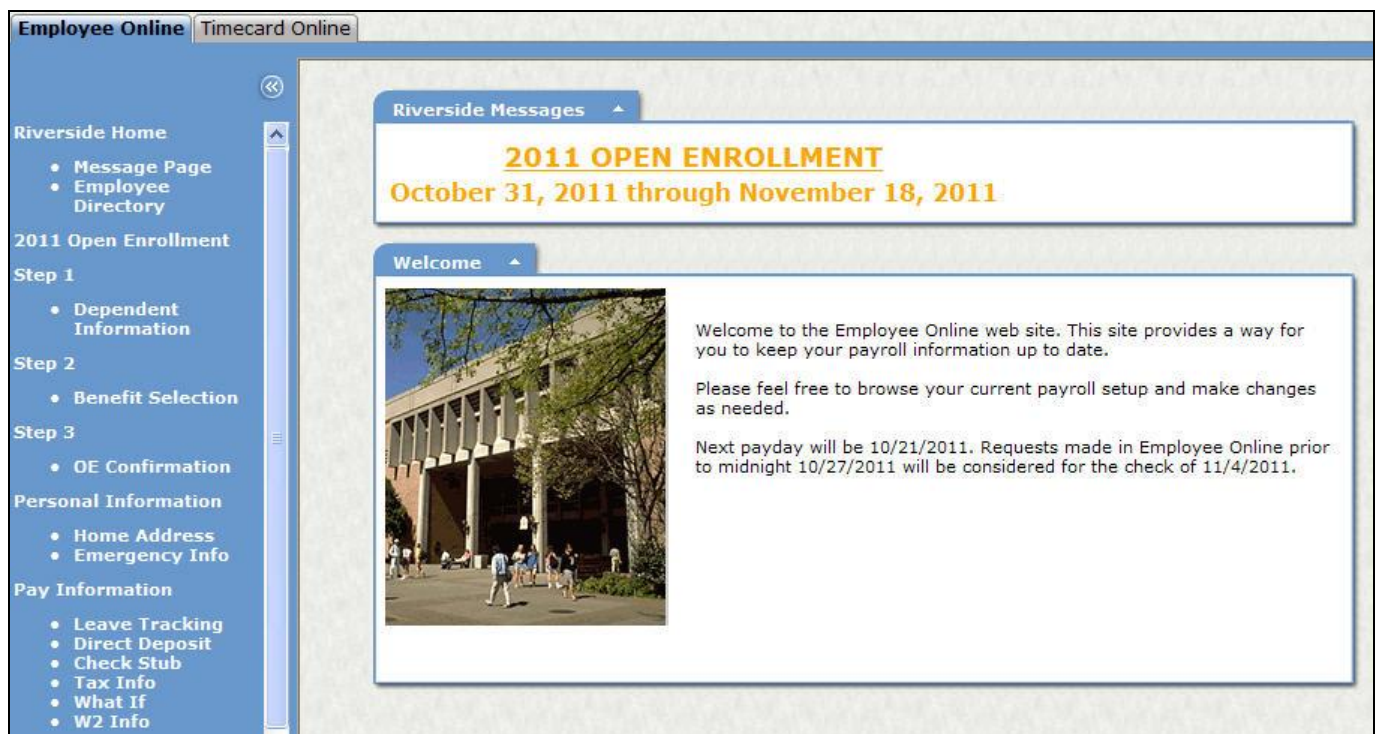
[City of Riverside](#) [I Forgot My Password?](#) [Change Password](#)

[Help](#)

Note: The system will only allow three attempts to match your password to your employee ID # otherwise it will lock you out and require an account re-set. Employees who have forgotten their passwords will need to contact the Information Technology Help Desk at 826-5508 to have it reset.

Message Board

Once you have logged on the system, Employee Online presents you with an initial side navigation menu. The default screen in Employee Online is the “**Message Board**”. In addition to timely announcements, the message board will also display Special Notes.



Employee Online | Timecard Online

Riverside Home

- Message Page
- Employee Directory

2011 Open Enrollment

Step 1

- Dependent Information

Step 2

- Benefit Selection

Step 3

- OE Confirmation

Personal Information

- Home Address
- Emergency Info


Pay Information

- Leave Tracking
- Direct Deposit
- Check Stub
- Tax Info
- What If
- W2 Info

Riverside Messages

2011 OPEN ENROLLMENT
October 31, 2011 through November 18, 2011

Welcome



Welcome to the Employee Online web site. This site provides a way for you to keep your payroll information up to date.


Please feel free to browse your current payroll setup and make changes as needed.


Next payday will be 10/21/2011. Requests made in Employee Online prior to midnight 10/27/2011 will be considered for the check of 11/4/2011.

Step 1: Dependent Information


Add/Review/Update your Dependent Information


The Family Information list displays all of the family members for the employee. An employee may add, edit, or review family member information from this screen.


- Click on the  **Add** button to add a new Dependent.
- Click on a specific name to see more details or to update information.

Family Information		ANGELINA JOLIE (22060)				
Name	Relationship	Social Security Number	Birth Date	Gender	Certified	
BRAD J PITT	SPOUSE	***-**-4321	01/29/1964	M	Yes	
MADDOX JOLIE	OTHER DEPENDENT	***-**-9632	04/28/1999	M	Yes	
ZAHARA Z PITT	OTHER DEPENDENT	***-**-6123	02/14/2002	F	Yes	
SHILOH C PITT	CHILD	***-**-4987	09/16/2005	F	Yes	
PAX PITT	OTHER DEPENDENT	***-**-1456	05/15/2007	M	Yes	
KNOX PITT	CHILD	***-**-7321	12/25/2009	M	Yes	
VIVIENNE PITT	CHILD	***-**-9456	12/25/2009	F	Yes	

Previous (Benefits Message Board)
Next (Benefit Selection)



The Family Member **New/Update** screen allows the employee to add or update information related to the employee's eligible dependents. **Last Name, First Name, Relationship, Birth Date and Eligibility Certification** fields are required entries. Click  **Save** to return to the **Family Information** Screen.

Family Member New
ANGELINA JOLIE (22060)


First Name: Middle: Last Name:

Relationship: Birth Date:

Social Security Number:

Gender:

Address: Check if same address as employee.

Street Address:

City:

State:

Zip Code: -

Phone Number: Ext:

Misc. Comments (Optional) 1:



Misc. Comments (Optional) 2:

Notes:

Eligibility Certification (REQUIRED): Check to certify dependent eligibility.

I hereby certify that the dependents listed on my plan are eligible in accordance with City policies V-9 (Health Insurance) and V-10 (Dental Insurance), and that any deliberate misrepresentation of dependent eligibility may constitute a violation of City policy which may result in disciplinary action, up to and including termination. I understand that such action may constitute criminal fraud and may result in a referral to a law enforcement office. Further, I understand that all misrepresentations shall be reported to the appropriate health care provider for investigation and possible sanctions, and that I may be held liable for reimbursement of prior premiums, services received and or claims incurred as a result of ineligible dependents.

Note: Adding dependent records **does not automatically add** them to your Medical and/or Dental Coverage. You must proceed to [Benefits Information \(Insurance\)](#) screen to Review/Modify your Benefits and select the dependent records you want to add to your Medical and/or Dental coverage. Eligible dependents can be removed/deleted from the Medical and Dental screens.

 Back
 Save

Save changes

Note: Adding dependent records **does not add** them to your Medical and/or Dental Coverage. You **must** proceed to the Benefit Selection screen to Review/Modify your Benefits and select the dependents you want to add to your Medical and/or Dental coverage.

Step 2: Enrolling in Medical, Dental, FSA, and LTD Benefits

On the Benefit Information screen, you will be presented with your 'Current Coverage' benefits. To enroll or modify your insurance benefit plan selections, please click on the Medical or Dental coverage type to view a list of available insurance benefit plans.

Open Enrollment Summary View		ANGELINA JOLIE (22060)	? Help
Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
MEDICAL	none		Not Selected
DENTAL	none		Not Selected
FSA HEALTH CARE	none		Not Selected
FSA DEPENDENT CARE	none		Not Selected
LTD - MANAGEMENT	none		Not Selected
Previous (Family Information)			Next (Benefit Confirmation)

Enroll In Medical

The Choose Open Enrollment Benefit screen displays all of the medical plan options and allows you to select the plan of your choice. It also reminds you which plan you are currently enrolled in by noting in blue text "This is your current plan" located in the right-hand column. If no election is made, the current election(s) will roll over for the following plan year. Depending on your bargaining unit's rules and options, you may choose to Opt-Out of Health coverage, but you will need to provide proof of other group insurance in order to receive the cash option in lieu of. Bargaining units that do not have the Health Opt-Out option will have the option for Medical Decline that allows them to waive medical coverage without showing proof of other insurance.


- Click on a Plan Name to elect a new medical plan or update an existing medical plan.


Choose Open Enrollment Benefit		ANGELINA JOLIE (22060)	? Help
Plan Name	Plan Type		
BC PREFERRED	PRE-TAX		
BC STANDARD	PRE-TAX		
BC VALUE	PRE-TAX		
KSR PREFERRED	PRE-TAX		
KSR STANDARD	PRE-TAX		
KSR VALUE	PRE-TAX		
BC PPO	PRE-TAX		
BC PREFERRED	AFTER-TAX		
BC STANDARD	AFTER-TAX		
BC VALUE	AFTER-TAX		
KSR PREFERRED	AFTER-TAX		
KSR STANDARD	AFTER-TAX		
KSR VALUE	AFTER-TAX		
BC PPO	AFTER-TAX		
HEALTH OPT OUT	PRE-TAX		

The Add Open Enrollment Benefit screen displays a comparison of your current plan with your New Enrollment request. It may also be used to add or update a Benefit.

New Enrollments

Select your Coverage Category and place a **check mark** for each dependent you wish to enroll in your coverage. Check the arbitration certification checkbox to acknowledge that you have read and agree to the arbitration language.

- Click  **Save** to process your request and return to the **Benefits Selection** screen.

Add Open Enrollment Benefit		ANGELINA JOLIE (22060)	 Help
Plan Name	Current Plan none	New Enrollment Request BC PPO	
Plan Type		PRE-TAX	
Employee Deduction			
Coverage Category		<input checked="" type="radio"/> Family <input type="radio"/> Employee <input type="radio"/> Emp + one	
Covered Dependents			
BRAD J PITT (SPOUSE)		<input checked="" type="checkbox"/> Click to enroll BRAD J PITT	
MADDOX JOLIE (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll MADDOX JOLIE	
ZAHARA Z PITT (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll ZAHARA Z PITT	
SHILOH C PITT (CHILD)		<input checked="" type="checkbox"/> Click to enroll SHILOH C PITT	
PAX PITT (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll PAX PITT	
KNOX PITT (CHILD)		<input checked="" type="checkbox"/> Click to enroll KNOX PITT	
VIVIENNE PITT (CHILD)		<input checked="" type="checkbox"/> Click to enroll VIVIENNE PITT	
Arbitration Certification (REQUIRED)		<input checked="" type="checkbox"/> Click to Certify you have read the corresponding Arbitration Language	
Arbitration Language for Anthem Blue Cross:			
I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements.			
DEDUCTION AUTHORIZATION: If applicable, I authorize my employer to deduct from my wages the required dues.			
NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.			
HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.			
EFFECTIVE DATE: The effective date of coverage is subject to Anthem Blue Cross approval.			

Note: If you wish to **drop** an existing dependent from your Health and/or Dental coverage you may do so if you uncheck **only** the box next to the dependent(s) you wish to remove from your existing coverage; (An unmarked checkbox next to the dependent's name will tell the system you do not want to enroll them.)

Enroll In Dental

The Choose Open Enrollment Benefit screen displays all of the dental plan options and allows you to select the plan of your choice. It also reminds you which plan you are currently enrolled in by noting in blue text “[This is your current plan](#)” located in the right-hand column. If no election is made, the current election(s) will roll over for the following Plan Year.

- Click on a Plan Name to elect a new dental plan or update an existing dental plan.

Choose Open Enrollment Benefit		ANGELINA JOLIE (22060)	? Help
Plan Name		Plan Type	
DELTACARE DHMO		PRE-TAX	
DELTA DNTL DPO		PRE-TAX	
LOC ADV DENTAL		PRE-TAX	
DELTACARE DHMO		AFTER-TAX	
DELTA DNTL DPO		AFTER-TAX	
LOC ADV DENTAL		AFTER-TAX	
DENTAL DECLINE		PRE-TAX	

The Add Open Enrollment Benefit screen displays a comparison of your current plan with your New Enrollment request. It may also be used to add or update a Benefit.

New Enrollments

Select your Coverage Category and place a **check mark** for each dependent you wish to enroll in your coverage.

- Click [Save](#) to process your request and return to the **Benefits Selection** screen.


Add Open Enrollment Benefit		ANGELINA JOLIE (22060)	? Help
Plan Name	none	New Enrollment Request	
Plan Type		DELTA DNTL DPO	
Employee Deduction		PRE-TAX	
Coverage Category		<input checked="" type="radio"/> Family	
		<input type="radio"/> Employee	
		<input type="radio"/> Emp + one	
Covered Dependents		<input checked="" type="checkbox"/> Click to enroll BRAD J PITT	
BRAD J PITT (SPOUSE)		<input checked="" type="checkbox"/> Click to enroll MADDOX JOLIE	
MADDOX JOLIE (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll ZAHARA Z PITT	
ZAHARA Z PITT (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll SHILOH C PITT	
SHILOH C PITT (CHILD)		<input checked="" type="checkbox"/> Click to enroll PAX PITT	
PAX PITT (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll KNOX PITT	
KNOX PITT (CHILD)		<input checked="" type="checkbox"/> Click to enroll VIVIENNE PITT	
VIVIENNE PITT (CHILD)			

[Back](#) [Save](#) [Save Changes](#)

Enroll in Flexible Spending Account (FSA) Health Care

New Enrollments

Enter the desired total in the **Annual Employee Deduction** box.

- Click  **Save** to process your request and return to the **Benefits Selection** screen.

Add Open Enrollment Benefit ANGELINA JOLIE (22060) [Help](#)

	Current Plan	New Enrollment Request
Plan Name	none	FSA PLAN HEALTH
Plan Type		PRE-TAX
Description		125 PLAN HEALTH CARE PRETAX
Annual Employee Deduction		<input type="text" value="2599.75"/>
Coverage Category		<input checked="" type="checkbox"/> Employee

FSA note on per pay period deduction:
The amount deducted from your paycheck on a per pay period basis will be calculated on the annual amount allocated divided by the total number of pay periods employed for the calendar year.

2010 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$3,000 (\$125 per Pay Period)	\$5,000 (\$208.33 per Pay Period)
Annual Administrative Fee	\$72 (\$3.00 per Pay Period)*	\$72 (\$3.00 per Pay Period)*

*Bi-weekly deductions for the administrative fee are taken on an after-tax basis.


[Back](#) [Save](#)
Save Changes

NOTE: All amounts are calculated based on 24 Pay Periods.

Enroll in Flexible Spending Account (FSA) Dependent Care

New Enrollments

Enter the desired total in the **Annual Employee Deduction** box.

- Click  **Save** to process your request and return to the **Benefits Selection** screen.

Add Open Enrollment Benefit ANGELINA JOLIE (22060) [Help](#)

	Current Plan	New Enrollment Request
Plan Name	none	FSA DEP CARE
Plan Type		PRE-TAX
Description		FSA PLAN DEPENDENT CARE PRETA
Annual Employee Deduction		<input type="text" value="5000.00"/>
Coverage Category		<input checked="" type="checkbox"/> Employee

FSA note on per pay period deduction:
The amount deducted from your paycheck on a per pay period basis will be calculated on the annual amount allocated divided by the total number of pay periods employed for the calendar year.

2010 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$3,000 (\$125 per Pay Period)	\$5,000 (\$208.33 per Pay Period)
Annual Administrative Fee	\$72 (\$3.00 per Pay Period)*	\$72 (\$3.00 per Pay Period)*

*Bi-weekly deductions for the administrative fee are taken on an after-tax basis.

[Back](#) [Save](#)
Save Changes


NOTE: All amounts are calculated based on 24 Pay Periods.

Enroll in Long Term Disability (LTD)

LTD coverage is available for employees not covered by State Disability Insurance (SDI). Employees in the following Bargaining Units can apply for Long Term Disability coverage:


- Executive
- Management I & II
- IBEW Supervisory
- IBEW Field employees are automatically enrolled with LTD coverage

New Enrollments

On the Open Enrollment Benefits Selection screen, select the LTD link under Coverage Category then click  **Save** on the LTD Add Open Enrollment Benefit screen to process your request and return to the **Benefits Selection** screen.

To Cancel Coverage

You may cancel your LTD enrollment by checking the box next to the option to “cancel this coverage”.

Add Open Enrollment Benefit ANGELINA JOLIE (22060) 



	Current Plan	New Enrollment Request
Plan Name	none	MGMT LTD
Plan Type		PRE-TAX
Description		MANAGEMENT LTD
Employee Deduction		N/A
Coverage Category		✓ Employee

Long Term Disability (LTD)

For New LTD Enrollments

By submitting your request online, you will be enrolled in LTD upon approval by Human Resources Benefits staff. However, you are required to be enrolled into a 457 deferred compensation account and contribute at least \$25.00 per pay period, since your LTD premium will be deducted from your deferred compensation city contribution. If you reduce your deferred compensation bi-weekly contribution to less than \$25.00 per pay period, this will result in disenrollment from LTD coverage. Applications are accessible through the [HR Benefits website](#) for new enrollment into a 457 deferred compensation account.

Please be advised that if you have a pre-existing medical condition, the LTD coverage may not apply and any claims submitted are subject to being denied. For additional information on the pre-existing medical conditions, please review the LTD policy, which can be accessed via the [HR Benefits website](#) or you may contact The Standard directly at 800-368-1135.

 **Back**  **Save**

Save Changes

Note: By submitting your request online, you will be enrolled in LTD upon approval by HR Benefits staff. Once approved, your monthly deduction for LTD will be taken out of your paycheck in an after-tax basis.

Open Enrollment Summary View		ANGELINA JOLIE (22060)		? Help
Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status	
MEDICAL	none	BC PPO PRETAX	Request Pending	
DENTAL	none	DLTA DNTL PRETX	Request Pending	
FSA HEALTH CARE	none	125 HLTH PRETAX	Request Pending	
FSA DEPENDENT CARE	none	FSA DPNDT PRETX	Request Pending	
LTD - MANAGEMENT	none	MGMT LTD	Request Pending	
Previous (Family Information)			Next (Benefit Confirmation)	

Once you have submitted all of your open enrollment requests, the Open Enrollment Benefit Selection screen will change to include your new Enrollment Request information and will show that it is in **Request Pending** status. The pending status will stay in effect during the entire open enrollment period. That is to allow you to change your mind at any time during open enrollment. To view and print out your Open Enrollment Confirmation, proceed to **“Open Enrollment Confirmation”**.

Delete a “Pending Open Enrollment Request”

- Click on the specific Coverage Category to see more details or to update information.
- Click on the **“Delete this request”** checkbox.
- Click **Save** to process your request.

Add Open Enrollment Benefit		ANGELINA JOLIE (22060)		? Help
	Current Plan	Pending New Request		
Plan Name	none	FSA PLAN HEALTH		
Plan Type		PRE-TAX		
Description		125 PLAN HEALTH CARE PRETAX		
Annual Employee Deduction		<input type="text" value="\$2,599.75"/>		
Coverage Category		<input checked="" type="checkbox"/> Employee		
		<input checked="" type="checkbox"/> Delete this request		
FSA note on per pay period deduction: The amount deducted from your paycheck on a per pay period basis will be calculated on the annual amount allocated divided by the total number of pay periods employed for the calendar year.				
2010 Flexible Spending Account Provisions				
	FSA Health Care	FSA Dependent Care		
Maximum Annual Deduction	\$3,000 (\$125 per Pay Period)	\$5,000 (\$208.33 per Pay Period)		
Annual Administrative Fee	\$72 (\$3.00 per Pay Period)*	\$72 (\$3.00 per Pay Period)*		
*Bi-weekly deductions for the administrative fee are taken on an after-tax basis.				
Back		Save		

NOTE: Upon deleting your “Pending Open Enrollment Request” you will need to follow the enrollment steps above to submit a new request.

Step 3: Open Enrollment Confirmation

Open Enrollment Confirmation

Your Benefit Selection summary appears confirming you have successfully saved your selections.

Benefit Confirmation	ANGELINA JOLIE (22060)	? Help
<p>Below is a summary of your benefit elections which will be in effect January 1, 2011. We have provided your current 2010 plan elections for easy reference.</p>		
<p>Benefit Plan MEDICAL Dependent(s)</p>	<p>Current Plan (Not Enrolled)</p>	<p>Benefit Change Request BC PPO (Family) Cover PITT, BRAD J (SP): dob 1/29/1964 Cover JOLIE, MADDOX (DP): dob 4/28/1999 Cover PITT, ZAHARA Z (DP): dob 2/14/2002 Cover PITT, SHILOH C (CH): dob 9/16/2005 Cover PITT, PAX (DP): dob 5/15/2007 Cover PITT, KNOX (CH): dob 12/25/2009 Cover PITT, VIVIENNE (CH): dob 12/25/2009</p>
<p>DENTAL Dependent(s)</p>	<p>(Not Enrolled)</p>	<p>DELTA DNTL DPO (Family) Cover PITT, BRAD J (SP): dob 1/29/1964 Cover JOLIE, MADDOX (DP): dob 4/28/1999 Cover PITT, ZAHARA Z (DP): dob 2/14/2002 Cover PITT, SHILOH C (CH): dob 9/16/2005 Cover PITT, PAX (DP): dob 5/15/2007 Cover PITT, KNOX (CH): dob 12/25/2009 Cover PITT, VIVIENNE (CH): dob 12/25/2009</p>
<p>FSA HEALTH CARE Amount</p>	<p>(Not Enrolled)</p>	<p>FSA PLAN HEALTH (Emp Only) \$2,599.75</p>
<p>FSA DEPENDENT CARE Amount</p>	<p>(Not Enrolled)</p>	<p>FSA DEP CARE (Emp Only) \$5,000</p>
<p>LTD - MANAGEMENT</p>	<p>(Not Enrolled)</p>	<p>MGMT LTD (Emp Only)</p>
<p>If you added any dependents to the plan(s), proper proof of eligible dependents must be submitted to Human Resources for their coverage to be effective.</p>		
<p>Arbitration Language for Anthem Blue Cross:</p>		
<p>I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements.</p>		
<p>DEDUCTION AUTHORIZATION: If applicable, I authorize my employer to deduct from my wages the required dues.</p>		

Above is a confirmation message. You may wish to [Print](#) a copy of your benefit summary for your records.

The Human Resources Department in partnership with the Information Technology Department wants to thank you for the opportunity to bring you the Open Enrollment Employee Online system. We hope that all the tools and resources we have set in place allow you to easily transition into this paperless process. We look forward to serving you, via telephone at 951-826-5639, via email at citybenefits@riversideca.gov, or in person. In addition, for your convenience you may contact your Department Representative for any questions pertaining to the Open Enrollment Employee Online system.

Thank you for your continued support.

Your Human Resources Team!

“Serving you online...so you don't have to wait in line”