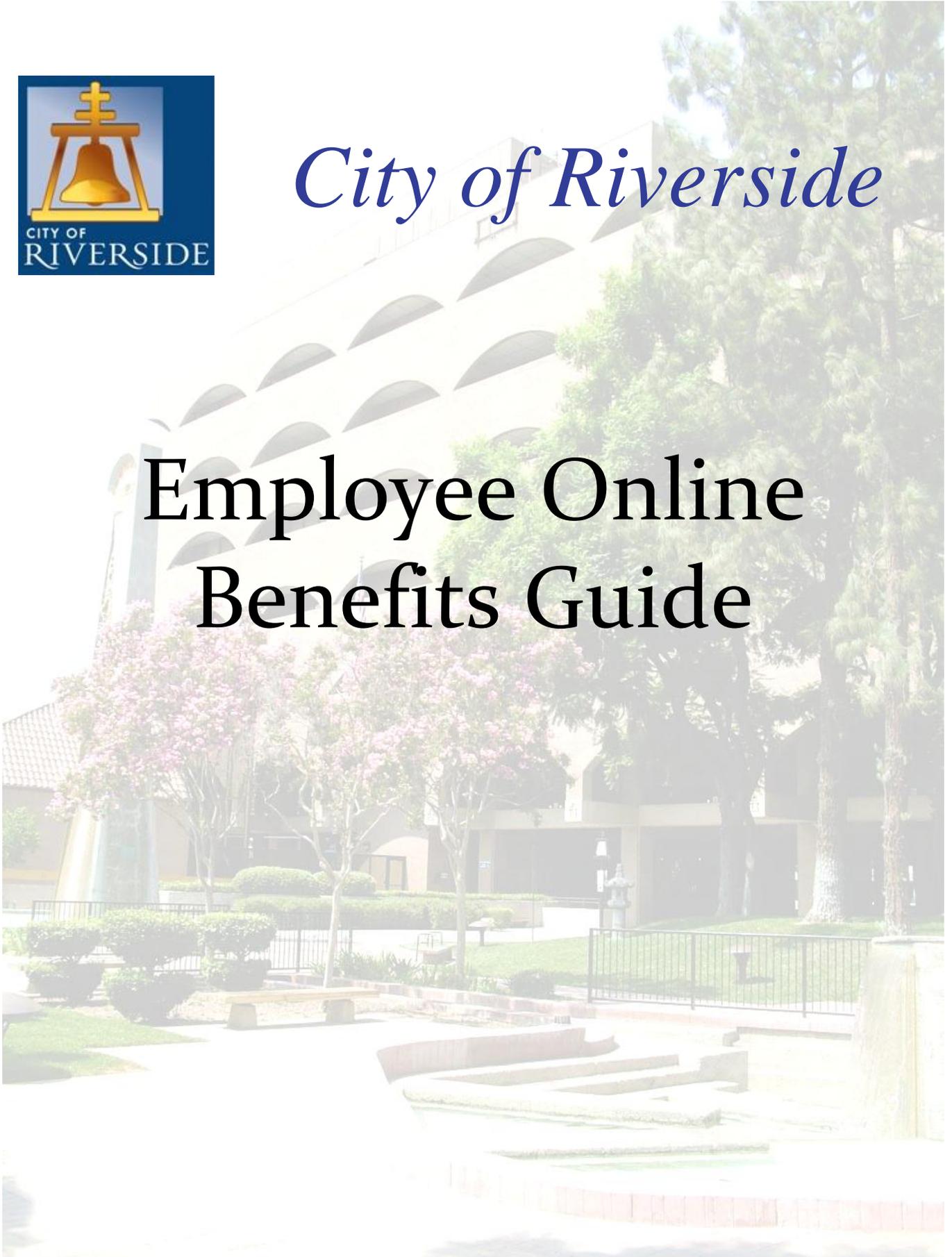


City of Riverside

Employee Online Benefits Guide



Preparing to Enroll Online

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

Important Items to Consider:

- ❖ Review your benefit choices for the current calendar year on the City of Riverside Human Resources <http://www.riversideca.gov/human/benefits/> website and share them with your family.
- ❖ Review your Summary of Benefits per your bargaining unit and Benefit Plan Highlights available on the City of Riverside Human Resources website at: <http://www.riversideca.gov/human/benefits/benefit-summary.asp>
- ❖ Do you have alternate medical coverage through another source?
- ❖ Will you be selecting the Health Opt-Out option? (Reimbursement is only available to City Council, Executives, Management (I & II), General – SEIU, Confidential, RPOA, RPOA Supervisory, RCFA , RFMG, IBEW, and IBEW Supervisory)
- ❖ If you are enrolling in the Anthem Blue Cross (HMO) medical 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 (FSA)?
- ❖ Do you want to enroll in Long Term Disability (based on Bargaining Unit)?
- ❖ Do you want to apply for Additional Life Insurance?

Additional Benefits (Not Currently Available Via Employee Online)

- ❖ Deferred Compensation enrollment requires the completion of a paper application; benefit forms can be found on the Benefits website under “Benefit Forms”. Please note that you may enroll in a Deferred Compensation plan at any time.

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. (i.e., Birth Certificate, Marriage Certificate, Registered Domestic Partnership Certificate, etc.)

Choosing Your Coverage Level Option for Medical and Dental Insurance

- ❖ 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/>

Helpful Information

for Making Your Benefit Elections

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

1. Dependent Eligibility & Verification.

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 Health and/or Dental plan, you will need to submit proof of eligibility documentation to the Human Resources Department Benefits Division. 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 Health Care Reform law allows 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 medical plan choices administered by Anthem Blue Cross and Kaiser Permanente. Please review the Plan Summaries and rate sheets available on the City of Riverside Human Resources’ Benefits website.

Vision Benefits

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 Plan Summaries and rate sheets available on the City of Riverside Human Resources’ Benefits website.

Health Opt-out Option

If you are waiving your health coverage and wish to participate in the Health Opt-Out option (health reimbursement is applicable to Executives, Council, Management, General – SEIU, Confidential, RPOA, RPOA Supervisory, RCFA, RFMG, IBEW, and IBEW

Supervisory), you must elect the Health Opt-out option through the Employee Online system (option listed under the Medical screen). You will need to submit proof of alternate coverage to the Human Resources Department by **your enrollment due date**.

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.

Medical Decline Option

Employees in the RPAA-Police and SEIU Refuse 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 \(www.deltadentalins.com\)](http://www.deltadentalins.com).

Once you have chosen a doctor, you must assign a PCP to your covered dependents by contacting [Anthem Blue Cross HMO at 1-800-227-3613](http://www.anthem.com/ca/) or [DeltaCare HMO at 1-800-422-4234](http://www.deltadentalins.com) as early as two weeks after you submit your benefits online request. Also, you may visit their websites at: <http://www.anthem.com/ca/> & www.deltadentalins.com. 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).

You can elect to participate in both Flexible Spending Accounts offered by the City of Riverside. The maximum annual contribution for the Health Care spending account is \$2,500 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 the number of pay periods left in the calendar year. 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).

Completion of a medical history statement is not required to sign up. However, 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 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 at any time during the year.

5. Additional Life Insurance.

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

Applications are accepted online via The Standard's website. Additional enrollment instructions are provided via the Employee Online system. Coverage in excess of \$50,000 will be subject to medical underwriting approval. A Medical History Statement must be completed and submitted with your application (medical history form also available online). Please note that you may enroll or cancel existing coverage at any time during the year.

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!

New employees have **30 calendar days** from the date of hire to submit a benefits request. Existing employees have 30 calendar days from a **Qualifying Event Date** to add dependents or modify other benefits. For more information on what constitutes a **Qualifying Event**, please visit our [Summary of Your Benefits](#) section on the [Benefits](#) website.

Benefits Website:

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

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"/>
Medical Decline (RPAA/Refuse)	<input type="checkbox"/>

LOGIN INFORMATION	
Employee ID#	
Last 4 digits of SSN	

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 medical 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 your designated benefits enrollment due date. 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 Benefits 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 your benefits enrollment due date for dependents added during your enrollment period.
- Other Additional Coverage: Additional Life Insurance and Long Term Disability

You are now ready to enroll online!

Welcome to Benefits Enrollment Online!

Beginning the Enrollment Process

With Benefits Enrollment Online, you can enroll for benefits as a new/promotional employee or make changes to your benefits as an existing employee if you experience a qualifying event. Your selections can be verified on the Benefits Summary screen; these benefits will stay in effect until the end of the calendar year and may be modified during 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. Log on to the City of Riverside internet portal at <http://www.riversideca.gov>. Click on the E-Services link to access the City Online Services page. You will be presented with a screen similar to the one displayed below.

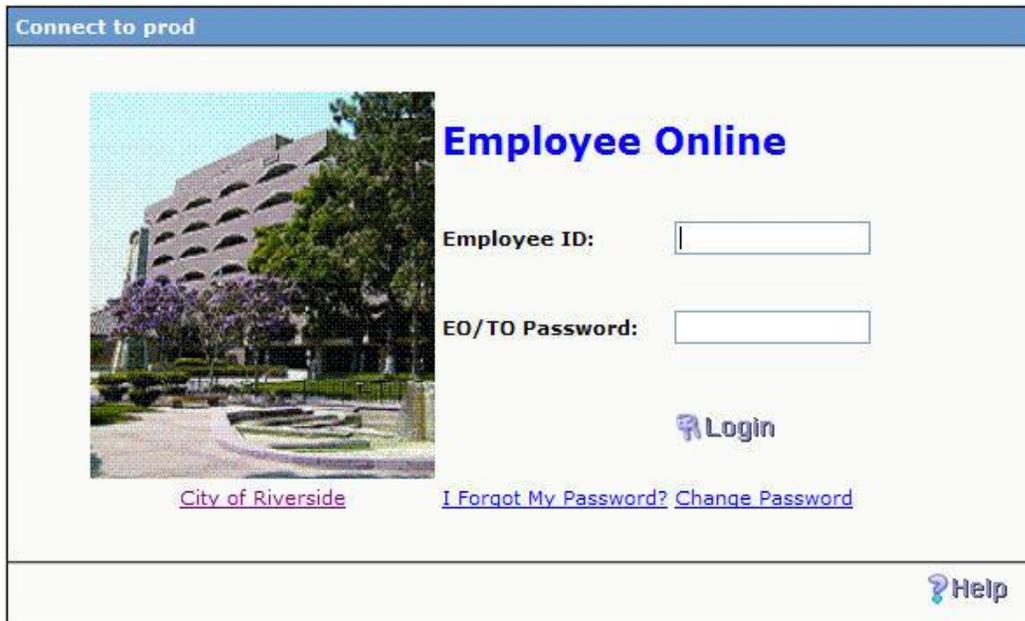


2. The Employee Online link is also available through the City's intranet site accessible via a City computer.



LOGIN

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



Connect to prod



[City of Riverside](#)

Employee Online

Employee ID:

EO/TO Password:

 Login

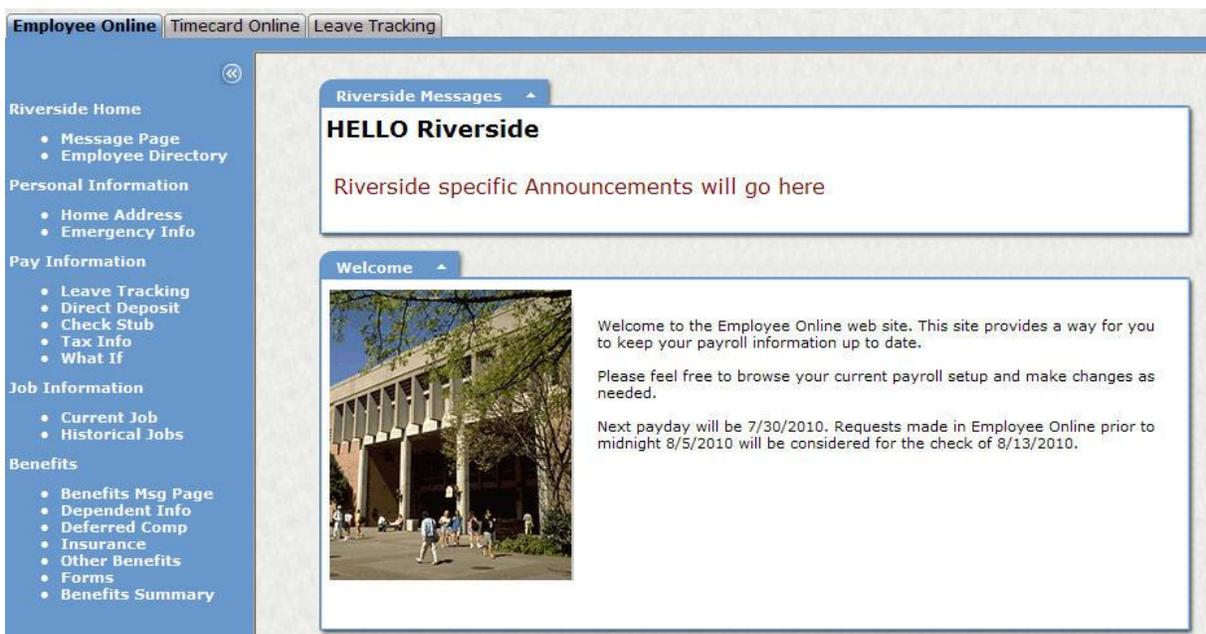
[I Forgot My Password?](#) [Change Password](#)

[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. Alternatively, if you have an email account saved on your profile, you can click on the "I Forgot My Password" link and a temporary password will be emailed to you.

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 | Leave Tracking

Riverside Home

- Message Page
- Employee Directory

Personal Information

- Home Address
- Emergency Info

Pay Information

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

Job Information

- Current Job
- Historical Jobs

Benefits

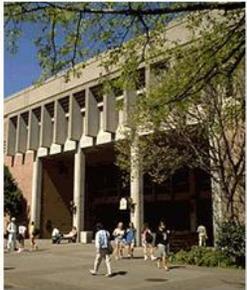
- Benefits Msg Page
- Dependent Info
- Deferred Comp
- Insurance
- Other Benefits
- Forms
- Benefits Summary

Riverside Messages

HELLO Riverside

Riverside specific Announcements will go here

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 7/30/2010. Requests made in Employee Online prior to midnight 8/5/2010 will be considered for the check of 8/13/2010.

New or existing employees who wish to add or change their benefit selections should start by selecting the **Benefits Msg Board** link on the side navigation menu.



Benefits Message Board

Benefits Message Page 

Welcome to Benefits Enrollment Online

Benefits Enrollment Online allows you to enroll in benefit plans that are not solely restricted to Open Enrollment. These benefits are **ELIGIBLE** for enrollment, modification, or cancellation at anytime during the year provided there is a [Qualifying Event](#).

Steps to Enroll/Change Your Benefit Selections:

1. Dependent Information – Add/Update your dependent information.
2. Benefit Information – Enroll in a medical and/or dental plan or add/delete dependents to/from existing plans.
3. Other Benefits - Enroll in a Flexible Spending Account and/or Long Term Disability Plan (as applicable).
4. Benefits Summary – Review summary of your benefit selections.

NEW BENEFIT ENROLLMENT

- Employees, who are benefit eligible, **MUST** complete their selections within 30 days of their date of hire and/or promotion date (non-benefitted to benefitted).
- If an employee is hired on 1st, 2nd, or 3rd of a month, then benefits are effective the first of the following month. Employees hired on the 4th through the end of the month must wait 30 days from hire date. Coverage is effective the first of the following month.
- Documentation (ex. Marriage certificate, birth certificate) must be provided to HR for all eligible dependents added to your medical and/or dental plan.

CHANGING YOUR BENEFITS SELECTIONS

The City of Riverside allows existing employees to change (add/remove dependents) their medical, dental, and flexible spending account plan selections during the calendar year provided they experience a [Qualifying Event](#). Please note that employees are not allowed to switch plans mid-year (i.e. Kaiser Value to Kaiser Preferred); plan changes are only allowed during Open Enrollment. Examples of qualifying events include: birth or adoption of a new child, marriage, registered domestic partnership, or loss of coverage under a spouses' plan.

- **Adding a dependent during a Qualifying Event – Employees have 30 days from the Qualifying Event to add a dependent. The dependent's coverage effective date will be the first of the following month of the Qualifying Event. Please see note below regarding the 30 day window of time.**
- Documentation must be provided if you experience a [Qualifying Event](#) and need to change your current benefit selections. Furthermore, please review the [Dependent Eligibility flier](#) on adding a eligible dependent to your benefit plans
- **Cancelling coverage for an existing dependent – Employees may cancel coverage for an existing dependent provided they experience a Qualifying Event (i.e. Divorce Loss of Student Status). The dependent's coverage end date will be the first of the following month. To remove a dependent from your medical and/or dental plan you will need to go to the "Benefit Information" screen, select your coverage type and uncheck the dependent's name you wish to cancel coverage for.**

PLEASE NOTE:

You must notify the Human Resources Department of a [Qualifying Event](#) within 30 days of the event to change your benefit coverage. If you do not notify the Human Resources Department within the time specified, you will not be able to add a dependent or make any other coverage changes until the next open enrollment period, with benefits coverage effective the following January 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 specific name to see more details or to update information.

Family Information 					
Name	Relationship	Social Security Number	Birth Date	Gender	Certified
MICKEY MOUSE	CHILD	***-**-4321	03/30/1993	M	Yes
					

The Family Member **Add/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 Update 					
First Name:	<input type="text" value="MICKEY"/>	Middle:	<input type="text"/>	Last Name:	<input type="text" value="MOUSE"/>
Relationship:	<input type="text" value="CHILD"/>	Birth Date:	<input type="text" value="3/30/1993"/>		
Social Security Number:	<input type="text" value="***-**-4321"/>				
Gender:	<input type="text" value="MALE"/>				
Address:	<input checked="" type="checkbox"/> Check if same address as employee.				
Street Address:	<input type="text" value="4831 JURUPA AVE"/>				
City:	<input type="text" value="RIVERSIDE"/>				
State:	<input type="text" value="CALIFORNIA"/>				
Zip Code:	<input type="text" value="92504"/> - <input type="text"/>				
Phone Number:	<input type="text" value="HOME PHONE"/> <input type="text" value="(951) 295-4519"/> Ext: <input type="text"/>				
Misc. Comments (Optional) 1:	<input type="text"/>				
Misc Comments (Optional) 2:	<input type="text"/>				
Notes:	<input type="text"/>				
Eligibility Certification (REQUIRED): <input checked="" type="checkbox"/> Check to certify dependent eligibility.					
<small><i>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.</i></small>					
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			

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

Benefit Information

On the Benefit Information screen, you will be presented with your current Medical and/or Dental selections. 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.

Insurance Benefits ? Help				
Coverage Type	Plan Name	Covered Individuals	Coverage Amt	Status
MEDICAL	--		n/a	Not Selected
DENTAL	--		n/a	Not Selected

Enroll In Medical

The Choose Insurance Benefit screen displays all of the medical plan options and allows you to select the plan of your choice. Depending on your bargaining unit's provisions, you may choose to **Opt-Out** of Medical 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. Please note that existing employees in a medical plan will not be directed to the Medical plan selection screen as plan changes are not allowed. Existing employees may only add/remove dependents; please refer to the **Modify Your Medical Plan** section for instructions.

- Click on a Plan Name to switch your plan or to view a side by side comparison with your current plan.

Choose Insurance Benefit ? 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 Insurance Benefit screen displays a comparison of your current plan with another plan. 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. Select "New Hire" from the 'Qualifying Events' drop down listing. Enter a date in the 'Qualifying Event Date for New Coverage' field. 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 **Insurance Benefits** Screen.

Add Insurance Benefit ? Help

	Current Plan	New Request
Plan Name	none	BC PREFERRED
Plan Type		PRE-TAX
Employee Deduction		<input type="radio"/> Family
Coverage Category		<input type="radio"/> Employee
		<input checked="" type="radio"/> Emp + one
Covered Dependents		<input checked="" type="checkbox"/> Click to enroll MICKEY MOUSE
MICKEY MOUSE (CHILD)		
Qualifying Events		New Hire <input type="button" value="v"/>
Qualifying Event Date		03/30/2010 <input type="button" value="v"/>
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.

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT.

Modify Your Medical Plan

From the Insurance Benefits screen:

1. Click on the Medical link.
2. On the “**Update Insurance Benefit**” screen, check or uncheck the dependent(s) you want to add/remove. (**Note:** *An unmarked checkbox next to the dependent’s name will tell the system you do not want to enroll that dependent into your plan.*)
3. Select a qualifying event from the “**Qualifying Events**” drop down listing.
4. Enter a date in the “**Qualifying Event Date for New Coverage**” field.
5. Click  **Save** to process your request.

Note: If you wish to **drop** an existing dependent from your Medical 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.)

Benefit Information Screen

Insurance Benefits 				
Coverage Type	Plan Name	Covered Individuals	Coverage Amt	Status
MEDICAL	BC PPO	Emp + one	n/a	Pending New
DENTAL	--		n/a	Not Selected

When you have submitted your request, your Benefit Information screen will change to include your new Enrollment Request information and will show that it is in **Pending New** status. To enroll or make changes to your dental coverage, proceed to “**Enroll in Dental**”.

Enroll In Dental

The Choose Insurance Benefit screen displays all of the dental plan options and allows you to select the plan of your choice. Existing employees may only add/remove dependents; please refer to the **Modify Your Dental Plan** section for instructions.

- Click on a Plan Name to switch your plan or to view a side by side comparison with your current plan.

Choose Insurance Benefit		
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 Insurance Benefit page displays a comparison of your current plan with another plan. 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. Select "New Hire" from the 'Qualifying Events' drop down listing. Enter a date in the 'Qualifying Event Date for New Coverage' field.

- Click  **Save** to process your request and return to the **Insurance Benefits** Screen.

Add Insurance Benefit		
Plan Name	Current Plan	Pending New Request
Plan Type	none	DELTA DNTL DPO
Description		PRE-TAX
Employee Deduction		DELTA DENTAL PRETAX DPO
Coverage Category		<input type="radio"/> Family
		<input type="radio"/> Employee
		<input checked="" type="radio"/> Emp + one
Covered Dependents		<input checked="" type="checkbox"/> Click to enroll MICKEY MOUSE
MICKEY MOUSE (CHILD)		<input type="text" value="New Hire"/>
Qualifying Events		<input type="text" value="03/30/2010"/>
Qualifying Event Date		

 **Back**  **Save**

Modify your Dental Plan

From the Benefit Information screen:

1. Click on the Dental link.
2. On the “**Dental**” screen, check or uncheck the dependent(s) you want to add/remove. (**Note: An unmarked checkbox next to the dependent’s name will tell the system you do not want to enroll that dependent into your plan.**)
3. Select a qualifying event from the “**Qualifying Events**” drop down listing.
4. Enter a date in the “**Qualifying Event Date for New Coverage**” field.
5. Click  **Save** to process your request.

Note: For existing benefitted employees only.

Benefit Information Screen

Insurance Benefits 				
Coverage Type	Plan Name	Covered Individuals	Coverage Amt	Status
MEDICAL	BC PPO	Emp + one	n/a	Pending New
DENTAL	DELTA DNTL DPO	Emp + one	n/a	Pending New

When you have submitted your request, your Benefit Information screen will change to include your new Enrollment Request information and will show that it is in **Pending New** status. To enroll or make changes to your Flexible Spending Account (FSA) Plans, proceed to “**Other Benefits**”.

Other Benefits

On the Other Benefits screen, you will be presented with your current Flexible Spending Account plans and Long Term Disability selections. To enroll or modify your benefit plan selections, please click on the FSA-Health Care, FSA-Depending Care, or LTD-Management link to enroll.

Other Benefits ? Help				
Coverage Type	Plan Name	Employer	Employee	Status
FSA HEALTH CARE	FSA PLAN HEALTH	N/A		Not Selected
FSA DEPENDENT CARE	FSA DEP CARE	N/A		Not Selected
LTD - MANAGEMENT	MGMT LTD		N/A	Not Selected

Enroll in Flexible Spending Account (FSA) Health Care

New Enrollments

Enter the desired total in the **Annual Employee Deduction** box. Select "New Hire" from the Qualifying Events drop down listing. Enter a date in the Qualifying Event Date for New Coverage field.

- Click **Save** to process your request and return to the **Other Benefits** Screen.

Add Other Benefit
? 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"/>
Coverage Category		<input checked="" type="checkbox"/> Employee
Qualifying Events		Adoption ▼
Qualifying Event Date		<input type="text"/>

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.

2013 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$2,500 (\$104.16 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: 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. Select “New Hire” from the Qualifying Events drop down listing. Enter a date in the Qualifying Event Date for New Coverage field.

- Click  **Save** to process your request and return to the **Other Benefits** Screen.

Add Other Benefit 

	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"/>
Coverage Category		<input checked="" type="checkbox"/> Employee
Qualifying Events		Adoption 
Qualifying Event Date		<input type="text"/>

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.

2013 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$2,500 (\$104.16 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: All amounts are calculated based on 24 Pay Periods.

Modify your Flexible Spending Account(s) Plan

From the Other Benefits screen:

- Click on the Flexible Spending Account plan link.
- On the Update Other Insurance screen, enter the desired total in the **Annual Employee Deduction** box.
- Select a qualifying event from the “**Qualifying Events**” drop down listing.
- Enter a date in the “**Qualifying Event Date for New Coverage**” field.
- Click  **Save** to process your request.

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 Add Other Benefit screen, select “New Hire” from the Qualifying Events drop down listing. Enter a date in the Qualifying Event Date for New Coverage field.

- Click  **Save** to process your request and return to the **Other Benefits** Screen.

Add Other Benefit 

	Current Plan	New Request
Plan Name	none	MGMT LTD
Plan Type		PRE-TAX
Description		MANAGEMENT LTD
Employee Deduction		N/A
Coverage Category		<input checked="" type="checkbox"/> Employee
Qualifying Events		Adoption 
Qualifying Event Date		<input type="text"/>

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**

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. If you wish to CANCEL your LTD enrollment, please contact the Human Resources Benefits Division at 826-5808 or citybenefits@riversideca.gov.

Other Benefits Screen

Other Benefits					? Help
Coverage Type	Plan Name	Employer	Employee	Status	
FSA HEALTH CARE	FSA PLAN HEALTH	N/A	\$3,000	Pending New	
FSA DEPENDENT CARE	FSA DEP CARE	N/A	\$2,500	Pending New	
LTD - MANAGEMENT	MGMT LTD		N/A	Pending New	

When you have submitted your request, your Other Benefits screen will change to include your new Enrollment Request information and will show that it is in **Pending New** status. To view and print out your benefits enrollment confirmation, proceed to **“Benefit Summary”**.

Delete a “Pending Enrollment Request”

- Click on the specific Benefit Plan name to see more details or to update information.
- Click on the **“Delete this request”** checkbox.
- Click [Save](#) to process your request.

Add Other Benefit		? 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="\$3,000"/>
Coverage Category		<input checked="" type="checkbox"/> Employee
Qualifying Events		<input type="text" value="New Hire"/>
Qualifying Event Date		<input type="text" value="03/30/2010"/>
	<input 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.		

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

Benefit Summary

Enrollment Confirmation

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

Benefit Confirmation		
Below is a summary of your Current benefit elections and any outstanding change requests.		
Benefit Plan	Current Plan	Benefit Change Request
MEDICAL	BC PPO (Emp Only)	BC PPO (Emp + 1)
Dependent(s)		Cover MOUSE, MICKEY (CH): dob 3/30/1993
DENTAL	DELTA DNTL DPO (Emp Only)	DELTA DNTL DPO (Emp + 1)
Dependent(s)		Cover MOUSE, MICKEY (CH): dob 3/30/1993
FSA HEALTH CARE	(Not Enrolled)	FSA PLAN HEALTH (Emp Only)
Amount		\$3,000
FSA DEPENDENT CARE	(Not Enrolled)	FSA DEP CARE (Emp Only)
Amount		\$2,500
LTD - MANAGEMENT	(Not Enrolled)	MGMT LTD (Emp Only)

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.

[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.

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT.

"It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration."

THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

 Back  Print

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 Benefit Enrollment Employee Online initiative. 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 951-826-5808, via email at citybenefits@riversideca.gov, or in person.

Thank you for your continued support.

Your Human Resources Team!

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