



ENROLLMENT INFORMATION

Enrollment for the **dental** and **vision** plans **MUST** be completed within **30 days** from the date of employment. Those wishing to enroll in the health insurance program have **60 days** from their date of hire to complete their enrollment form. **The effective date will be the first day of the month following the date completed enrollment forms were received in Risk Management.**

If your dental and/or vision enrollment forms are not received by Risk Management by the 30th day of employment, you will automatically be enrolled in the lowest cost dental plan and the EyeMed vision plan. The effective date will be the first of the month following the 30 day enrollment period. You will remain enrolled in these plans until you elect to make a change, either due to a qualifying life event (as permitted by the carrier) or during Open Enrollment. If your CalPERS enrollment form is received by Risk Management after the first 60 days from your date of hire, the effective date is the first day of the month following a 90-day waiting period from the date of receipt. A CalPERS enrollment form, whether enrolling or declining coverage, must be submitted by all employees. **An Open Enrollment period is conducted once each year to allow for plan changes, and is usually in the months of September/October with changes to be effective January 1 of the following year.**

Coverage includes all eligible family members, if elected by the employee. An employee wishing to enroll/add his or her spouse or a new eligible dependent MUST submit a copy of the marriage certificate, birth certificate and social security card to Risk Management within 60 days. An employee wishing to add children to their medical coverage who are economically dependent upon them, but are not their birth child, must submit an Affidavit of Parent-Child relationship form and a copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent along with the enrollment form. If an employee wants to add their domestic partner onto their coverages, they must provide a copy of the registered Declaration of Domestic Partnership certificate provided by the Secretary of State. Failure to submit all enrollment actions in a timely manner will jeopardize your opportunity for coverage.

Your packet includes:

- CalPERS Health Benefit Summary
- Health, Dental, Vision and Life Insurance Enrollment forms
- Additional information regarding voluntary elections

For specific information, please contact Risk Management at (951) 826-6824 or benefits@rcoe.us.

DENTAL INSURANCE

Delta Dental Premier PPO • GROUP# 7100-8904

www.deltadentalins.com

Dental insurance is provided through Delta Dental, administered by Regional Employer/Employee Partnership (REEP) with an employee contribution. This program is available to all classified employees working 20 or more hours per week. Coverage will include all eligible enrolled dependents. Delta Dental is a comprehensive dental plan that allows the participant to use any Delta Dental Premier dentist. The co-payments required by the participant for most routine procedures are provided on an incentive basis for each year services are rendered. That is, the plan pays 70% the first year, 80% the second year, 90% the third year and 100% thereafter. However, member benefits will be reduced by 10% for any calendar year in which the member does not see a dentist. An I.D. card will not be issued for this plan, however, you may create an on-line account and print an I.D. card. The contribution for this plan per pay period is as follows:

20-pay employees - \$5.20 22-pay employees - \$4.73 24-pay employees - \$4.34

Delta Dental PPO • GROUP# 7100-8905

www.deltadentalins.com

In this plan, Delta has selected certain providers to be preferred panel providers. If you choose a preferred provider for services, your coverage will be greater. However, you may go to any other Delta dentist and receive what is called non-panel coverage. Coverage will include all eligible enrolled dependents. An I.D. card will not be issued for this plan. The contribution for this plan per pay period is as follows:

20-pay employees - \$1.94 22-pay employees - \$1.76 24-pay employees - \$1.62

Safeguard/Metlife Dental HMO • POLICY# CAC-S1-D1 • GROUP# 122205

www.safeguard.net

Safeguard is an HMO dental plan where participants must utilize a Safeguard dentist. For services that require a co-payment, employees must pay the required co-pay and the remaining balance will be paid by Safeguard. This plan requires that you go to their listed providers. Coverage will include all eligible enrolled dependents. There is no employee contribution for this plan.

Anthem Dental PPO • GROUP# 14640A

www.anthem.com/ca/mydental

The Anthem plan is available with a premium cost to all benefit-eligible employees, and all eligible enrolled dependents. It is a Preferred Dentist Program, similar to a medical PPO plan in which participants can receive services from in-network dentists or out-of-network dentists. For all employee groups, the annual maximum benefit per participant is \$2,500, with an orthodontia benefit of up to \$1,500 maximum lifetime benefit per participant. In-network services include: 100% for preventative services, 90% for basic restorative services, 60% for major restorative, and 50% for orthodontia benefit of fees that the participating dentist has agreed to accept. An I.D. card will not be issued for this plan. There is no employee contribution for this plan.



HEALTH INSURANCE

The Public Employees Medical and Hospital Care Act (PEMHCA) Program offers a choice of health plans that are designed for the needs of both active and retired employees; the benefits and premiums are the same for both groups, except for Medicare supplemental plans. Coverage may include all eligible family dependents. The employer shall contribute up to the negotiated cap amount toward health insurance premiums for active and retired employees who are eligible. **Some plans require employee payroll contributions.**

Eligible health plans are listed below. **Region 3 rates include:** Los Angeles, Riverside and San Bernardino Counties. **Region 2 rates include:** Imperial, Orange and San Diego Counties.

Anthem Blue Cross Select HMO

www.anthem.com/ca/calpers • (855) 839-4524

Anthem Blue Cross Traditional HMO

www.anthem.com/ca/calpers • (855) 839-4524

Blue Shield Access + HMO

www.blueshieldca.com/calpers • (800) 334-5847

Blue Shield Trio HMO

www.blueshieldca.com/calpers • (800) 334-5847

Health Net of California: Salud y Mas HMO

www.healthnet.com/calpers • (888) 926-4921

Kaiser Permanente HMO

www.kp.org/calpers • (800) 464-4000

PERS Gold PPO

www.includedhealth.com/calpers • (855) 633-4436

PERS Platinum PPO

www.includedhealth.com/calpers • (855) 633-4436

Sharp Performance Plus HMO

www.sharphealthplan.com/calpers • (855) 995-5004

United Healthcare Alliance HMO

www.uhc.com/calpers • (877) 359-3714

United Healthcare Harmony HMO

www.uhc.com/calpers • (877) 359-3714

CalPERS offers several resources on the CalPERS website at www.calpers.ca.gov to help enrollees choose health plans. They can also be reached at (888) 225-7377.

WAIVING MEDICAL INSURANCE

Employees may elect to waive their medical coverage and receive a stipend of \$1,800 annually in lieu of the employer's provided medical coverage by completing and submitting the Health Benefits Plan Enrollment for Active Employees (HBD 12) form and Cash-In-Lieu Affidavit within **60 days** of employment **and annually during Open Enrollment**; failure to comply with these procedures will disqualify the employee from receiving the stipend. By completing the Cash-In-Lieu Affidavit, the employee attests to having other group health insurance coverage for themselves and their dependent(s) that conforms to the Affordable Care Act's (ACA) minimum value standards. For a qualifying group health plan to meet the ACA's minimum value standards, the plan must cover at least 60 percent of the total allowed costs of benefits provided under the plan. Employees may refer to their plan's Summary of Benefits and Coverage document to determine if their coverage meets the law's minimum value standards.

Please note, an employee waiving the employer's provided medical coverage **MUST** complete and submit the dental, vision, and life insurance beneficiary designation forms; these forms are available in the Risk Management Department and must be submitted within 30 days of employment.

IMPORTANT NOTICE REGARDING HEALTH CARE REFORM

Since March 2010, when the Patient Protection and Affordable Care Act passed, we are committed to providing valuable, affordable and competitive benefits, which meet the legal requirements of the Affordable Care Act (ACA). Riverside County Office of Education offers comprehensive medical coverage to its eligible employees, which meets or exceeds the "minimum value" standard the government requires, and which is intended to be affordable based on your wages. Employees enrolled in medical coverage through RCOE probably will not be eligible to receive a federal subsidy or tax credit through the Health Insurance Marketplace. You can learn more about the federal subsidy or tax credit by going to the government's health care reform website, www.healthcare.gov or by contacting them at (800) 318-2596.



HEALTH INSURANCE CARRIER	ANNUAL PREMIUMS	*ANNUAL EMPLOYEE COST	ANNUAL EMPLOYER COST	EMPLOYEE COST PER PAY PERIOD		
				20 Pay	22 Pay	24 Pay
ANTHEM SELECT HMO						
1 Party	11,002.56	0.00	11,002.56	0.00	0.00	0.00
2 Party	22,005.12	8,205.12	13,800.00	410.26	372.96	341.88
Family	28,606.68	14,806.68	13,800.00	740.33	673.03	616.95
ANTHEM TRADITIONAL HMO						
1 Party	12,785.52	0.00	12,785.52	0.00	0.00	0.00
2 Party	25,571.04	11,771.04	13,800.00	588.55	535.05	490.46
Family	33,242.40	19,442.40	13,800.00	972.12	883.75	810.10
BLUE SHIELD ACCESS+ HMO						
1 Party	9,941.76	0.00	9,941.76	0.00	0.00	0.00
2 Party	19,883.52	6,083.52	13,800.00	304.18	276.52	253.48
Family	25,848.60	12,048.60	13,800.00	602.43	547.66	502.03
BLUE SHIELD TRIO HMO						
1 Party	8,857.32	0.00	8,857.32	0.00	0.00	0.00
2 Party	17,714.64	3,914.64	13,800.00	195.73	177.94	163.11
Family	23,029.08	9,229.08	13,800.00	461.45	419.50	384.55
HEALTH NET SALUD Y MAS HMO						
1 Party	8,572.80	0.00	8,572.80	0.00	0.00	0.00
2 Party	17,145.60	3,345.60	13,800.00	167.28	152.07	139.40
Family	22,289.28	8,489.28	13,800.00	424.46	385.88	353.72
KAISER PERMANENTE HMO						
1 Party	11,118.24	0.00	11,118.24	0.00	0.00	0.00
2 Party	22,236.48	8,436.48	13,800.00	421.82	383.48	351.52
Family	28,907.40	15,107.40	13,800.00	755.37	686.70	629.48
UNITED HEALTHCARE ALLIANCE HMO						
1 Party	10,396.80	0.00	10,396.80	0.00	0.00	0.00
2 Party	20,793.60	6,993.60	13,800.00	349.68	317.89	291.40
Family	27,031.68	13,231.68	13,800.00	661.58	601.44	551.32
UNITED HEALTHCARE HARMONY HMO						
1 Party	9,075.36	0.00	9,075.36	0.00	0.00	0.00
2 Party	18,150.72	4,350.72	13,800.00	217.54	197.76	181.28
Family	23,595.96	9,795.96	13,800.00	489.80	445.27	408.17
PERS GOLD PPO						
1 Party	10,417.80	0.00	10,417.80	0.00	0.00	0.00
2 Party	20,835.60	7,035.60	13,800.00	351.78	319.80	293.15
Family	27,086.28	13,286.28	13,800.00	664.31	603.92	553.60
PERS PLATINUM PPO						
1 Party	15,164.76	1,364.76	13,800.00	68.24	62.03	56.87
2 Party	30,329.52	16,529.52	13,800.00	826.48	751.34	688.73
Family	39,428.40	25,628.40	13,800.00	1,281.42	1,164.93	1,067.85

*Based on employer cap of \$1,150.00 per month



HEALTH INSURANCE CARRIER	ANNUAL PREMIUMS	*ANNUAL EMPLOYEE COST	ANNUAL EMPLOYER COST	EMPLOYEE COST PER PAY PERIOD		
				20 Pay	22 Pay	24 Pay
ANTHEM SELECT HMO						
1 Party	11,028.00	0.00	11,028.00	0.00	0.00	0.00
2 Party	22,056.00	8,256.00	13,800.00	412.80	375.27	344.00
Family	28,672.80	14,872.80	13,800.00	743.64	676.04	619.70
ANTHEM TRADITIONAL HMO						
1 Party	13,331.64	0.00	13,331.64	0.00	0.00	0.00
2 Party	26,663.28	12,863.28	13,800.00	643.16	584.69	535.97
Family	34,662.24	20,862.24	13,800.00	1,043.11	948.28	869.26
BLUE SHIELD ACCESS+ HMO						
1 Party	11,382.36	0.00	11,382.36	0.00	0.00	0.00
2 Party	22,764.72	8,964.72	13,800.00	448.24	407.49	373.53
Family	29,594.16	15,794.16	13,800.00	789.71	717.92	658.09
BLUE SHIELD TRIO HMO						
1 Party	10,909.20	0.00	10,909.20	0.00	0.00	0.00
2 Party	21,818.40	8,018.40	13,800.00	400.92	364.47	334.10
Family	28,363.92	14,563.92	13,800.00	728.20	662.00	606.83
HEALTH NET SALUD Y MAS HMO						
1 Party	9,881.88	0.00	9,881.88	0.00	0.00	0.00
2 Party	19,763.76	5,963.76	13,800.00	298.19	271.08	248.49
Family	25,692.84	11,892.84	13,800.00	594.64	540.58	495.54
KAISER PERMANENTE HMO						
1 Party	11,332.08	0.00	11,332.08	0.00	0.00	0.00
2 Party	22,664.16	8,864.16	13,800.00	443.21	402.92	369.34
Family	29,463.36	15,663.36	13,800.00	783.17	711.97	652.64
SHARP HMO						
1 Party	10,421.40	0.00	10,421.40	0.00	0.00	0.00
2 Party	20,842.80	7,042.80	13,800.00	352.14	320.13	293.45
Family	27,095.64	13,295.64	13,800.00	664.78	604.35	553.99
UNITED HEALTHCARE ALLIANCE HMO						
1 Party	10,687.92	0.00	10,687.92	0.00	0.00	0.00
2 Party	21,375.84	7,575.84	13,800.00	378.79	344.36	315.66
Family	27,788.64	13,988.64	13,800.00	699.43	635.85	582.86
UNITED HEALTHCARE HARMONY HMO						
1 Party	9,835.68	0.00	9,835.68	0.00	0.00	0.00
2 Party	19,671.36	5,871.36	13,800.00	293.57	266.88	244.64
Family	25,572.72	11,772.72	13,800.00	588.64	535.12	490.53
PERS GOLD PPO						
1 Party	10,377.00	0.00	10,377.00	0.00	0.00	0.00
2 Party	20,754.00	6,954.00	13,800.00	347.70	316.09	289.75
Family	26,980.20	13,180.20	13,800.00	659.01	599.10	549.18
PERS PLATINUM PPO						
1 Party	15,105.12	1,305.12	13,800.00	65.26	59.32	54.38
2 Party	30,210.24	16,410.24	13,800.00	820.51	745.92	683.76
Family	39,273.36	25,473.36	13,800.00	1,273.67	1,157.88	1,061.39

*Based on employer cap of \$1,150.00 per month



TERM LIFE INSURANCE

Mutual of Omaha • GROUP# G000BM88

www.mutualofomaha.com

Forty thousand dollars (\$40,000) of Life and Accidental Death and Dismemberment (AD&D) coverage by Mutual of Omaha, is provided to all regular employees working 20 or more hours per week. Benefits reduce on the policy anniversary commencing upon the following age attainments: 35% at age 65, 55% at age 70, 70% at age 75, and 80% at age 80. The life and AD&D premiums are fully paid by the employer. **To enroll in this plan, you MUST submit the Designation of Beneficiary form within 30 days of employment.**



VOLUNTARY LIFE BENEFIT

Supplemental life and accidental death and dismemberment coverage can also be purchased through Mutual of Omaha on a voluntary basis and paid for through a payroll deduction. Staff working a minimum of 20 hours per week may purchase this insurance coverage for themselves, their spouse, and eligible dependent children. A new employee wishing to enroll in this voluntary plan must do so within **30 days** of employment.



GROUP DISABILITY INSURANCE

American Fidelity Assurance • GROUP# G111-322

www.americanfidelity.com

Disability benefits are provided by American Fidelity Assurance, subject to an employee contribution. All benefit eligible classified employees are automatically enrolled into the group disability plan. Effective date of coverage is the first of the month following the initial day of active work. The employee contribution for this plan per pay period is as follows:

20-pay employees - \$3.39

22-pay employees - \$3.08

24-pay employees - \$2.83

Benefit Details: This program requires a 30-day waiting period before benefits may begin. The benefit is 60 percent of your monthly salary for a maximum of two years. Request claim forms from Risk Management. Your doctor will also have to complete a form for submission to the insurance company for a determination about eligibility for disability benefits.

RCOE does not participate in the State Disability Insurance (SDI) program.



VISION INSURANCE

EyeMed • GROUP# 1040684 • SUB GROUP# 1001

www.eyemed.com

Vision insurance is provided by EyeMed at no premium cost to the employee. Coverage is for the employee and all eligible enrolled dependents. You **MUST** submit the EyeMed enrollment form within 30 days of employment. An I.D. card will be issued for this plan; however, you may also create an online account and print an I.D. card, but it is not required to obtain services.



FLEXIBLE SPENDING ACCOUNT

American Fidelity Assurance Company

www.americanfidelity.com

If you are interested in enrolling in a Flexible Spending Account (FSA) or Dependent Day Care plan(s), or to pre-tax any of your voluntary plans, you must meet with an American Fidelity Assurance Company representative and complete the proper enrollment material within 30 days of employment.

You may set up an appointment by calling (800) 365-9180, ext. "0".



IRC 125 ENROLLMENT

Pre-taxing medical and dental premium payroll deductions is automatic for all employees enrolled in our group medical and dental plans. Each plan year for the IRC 125 Program is January 1 through December 31.

If you **DO NOT** wish to participate in this program, you must complete and return the Pre-Tax Premium Plan Enrollment Declination Form to Risk Management within **30 days** of employment. Your payroll deductions for medical and dental premiums will be paid after taxes are deducted from your pay.

Important things to consider:

Q: Why should I pay my monthly premium with pre-tax dollars?

A: You take home more money because taxes are calculated after the premiums are deducted from your pay. This reduces your taxable income, which lowers your taxes and saves you money.

Q: When would it benefit me not to have a pre-tax deduction?

A: If you are considering retiring within the next year or two **and** your **base salary** is less than the \$176,100 Social Security wage base for 2025, the pretax deduction will lower your yearly earnings. Since your Social Security benefit will be calculated using an average of your best income earning years, you could end up receiving a lower lifetime Social Security benefit. Your tax preparer or financial planner would be a resource for helping you determine if in your specific situation it is better to take advantage of the current tax savings or forgo pretax deduction in order to increase the future benefit.