



# 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 received by Risk Management after 30 days from your date of employment, or not received at all, 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](mailto:benefits@rcoe.us).

## DENTAL INSURANCE

**Delta Dental Premier PPO • GROUP# 7100-8901**  
[www.deltadentalins.com](http://www.deltadentalins.com)

Dental insurance coverage is provided through Delta Dental, administered by Riverside Employer/Employee Partnership (REEP) with a monthly employee contribution. This program is available to all certificated 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 annual maximum benefit per participant is \$2,200 for in-network dentist and \$2,000 for out-of-network. 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 online account and print an I.D. card. There is no employee contribution for this plan.

**10-month employees - \$1.28**  
**11-month employees - \$1.17**  
**12-month employees - \$1.07**

**Anthem Dental PPO • GROUP# 14641A**  
[www.anthem.com/ca/mydental](http://www.anthem.com/ca/mydental)

The Anthem plan is available to all benefit-eligible employees and 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](http://www.anthem.com/ca/calpers) • (855) 839-4524

## **Anthem Blue Cross Traditional HMO**

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers) • (855) 839-4524

## **Blue Shield Access + HMO**

[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers) • (800) 334-5847

## **Blue Shield Trio HMO**

[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers) • (800) 334-5847

## **Health Net of California: Salud y Mas HMO**

[www.healthnet.com/calpers](http://www.healthnet.com/calpers) • (888) 926-4921

## **Kaiser Permanente HMO**

[www.kp.org/calpers](http://www.kp.org/calpers) • (800) 464-4000

## **PERS Gold PPO**

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers) • (877) 737-7776

## **PERS Platinum PPO**

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers) • (877) 737-7776

## **Sharp Performance Plus HMO**

[www.sharphealthplan.com/calpers](http://www.sharphealthplan.com/calpers) • (855) 995-5004

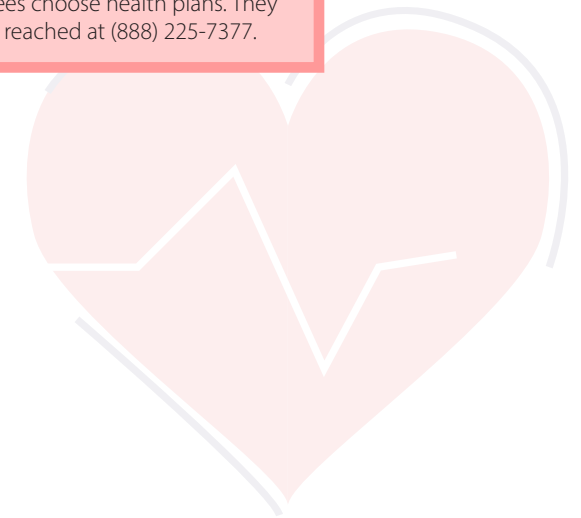
## **United Healthcare Alliance HMO**

[www.uhc.com/calpers](http://www.uhc.com/calpers) • (877) 359-3714

## **United Healthcare Harmony HMO**

[www.uhc.com/calpers](http://www.uhc.com/calpers) • (877) 359-3714

CalPERS offers several resources on the CalPERS website at [www.calpers.ca.gov](http://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](http://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		
				10M	11M	12M
<b>ANTHEM SELECT HMO</b>						
1 Party	10,093.56	0.00	10,093.56	0.00	0.00	0.00
2 Party	20,187.12	7,323.12	12,864.00	732.31	665.74	610.26
Family	26,243.28	13,379.28	12,864.00	1,337.93	1,216.30	1,114.94
<b>ANTHEM TRADITIONAL HMO</b>						
1 Party	12,152.04	0.00	12,152.04	0.00	0.00	0.00
2 Party	24,304.08	11,440.08	12,864.00	1,144.01	1,040.01	953.34
Family	31,595.28	18,731.28	12,864.00	1,873.13	1,702.84	1,560.94
<b>BLUE SHIELD ACCESS+ HMO</b>						
1 Party	9,079.80	0.00	9,079.80	0.00	0.00	0.00
2 Party	18,159.60	5,295.60	12,864.00	529.56	481.42	441.30
Family	23,607.48	10,743.48	12,864.00	1,074.35	976.68	895.29
<b>BLUE SHIELD TRIO HMO</b>						
1 Party	8,456.28	0.00	8,456.28	0.00	0.00	0.00
2 Party	16,912.56	4,048.56	12,864.00	404.86	368.05	337.38
Family	21,986.28	9,122.28	12,864.00	912.23	829.30	760.19
<b>HEALTH NET SALUD Y MAS HMO</b>						
1 Party	7,561.56	0.00	7,561.56	0.00	0.00	0.00
2 Party	15,123.12	2,259.12	12,864.00	225.91	205.37	188.26
Family	19,660.08	6,796.08	12,864.00	679.61	617.83	566.34
<b>KAISER PERMANENTE HMO</b>						
1 Party	10,384.92	0.00	10,384.92	0.00	0.00	0.00
2 Party	20,769.84	7,905.84	12,864.00	790.58	718.71	658.82
Family	27,000.84	14,136.84	12,864.00	1,413.68	1,285.17	1,178.07
<b>UNITED HEALTHCARE ALLIANCE HMO</b>						
1 Party	9,917.28	0.00	9,917.28	0.00	0.00	0.00
2 Party	19,834.56	6,970.56	12,864.00	697.06	633.69	580.88
Family	25,784.88	12,920.88	12,864.00	1,292.09	1,174.63	1,076.74
<b>UNITED HEALTHCARE HARMONY HMO</b>						
1 Party	8,817.12	0.00	8,817.12	0.00	0.00	0.00
2 Party	17,634.24	4,770.24	12,864.00	477.02	433.66	397.52
Family	22,924.56	10,060.56	12,864.00	1,006.06	914.60	838.38
<b>PERS GOLD PPO</b>						
1 Party	9,423.36	0.00	9,423.36	0.00	0.00	0.00
2 Party	18,846.72	5,982.72	12,864.00	598.27	543.88	498.56
Family	24,500.76	11,636.76	12,864.00	1,163.68	1,057.89	969.73
<b>PERS PLATINUM PPO</b>						
1 Party	13,577.64	713.64	12,864.00	71.36	64.88	59.47
2 Party	27,155.28	14,291.28	12,864.00	1,429.13	1,299.21	1,190.94
Family	35,301.84	22,437.84	12,864.00	2,243.78	2,039.80	1,869.82

\*Based on employer cap of \$1,072.00 per month



HEALTH INSURANCE CARRIER	ANNUAL PREMIUMS	*ANNUAL EMPLOYEE COST	ANNUAL EMPLOYER COST	EMPLOYEE COST PER PAY PERIOD		
				10M	11M	12M
<b>ANTHEM SELECT HMO</b>						
1 Party	9,692.52	0.00	9,692.52	0.00	0.00	0.00
2 Party	19,385.04	6,521.04	12,864.00	652.10	592.82	543.42
Family	25,200.60	12,336.60	12,864.00	1,233.66	1,121.51	1,028.05
<b>ANTHEM TRADITIONAL HMO</b>						
1 Party	12,412.56	0.00	12,412.56	0.00	0.00	0.00
2 Party	24,825.12	11,961.12	12,864.00	1,196.11	1,087.37	996.76
Family	32,272.68	19,408.68	12,864.00	1,940.87	1,764.43	1,617.39
<b>BLUE SHIELD ACCESS+ HMO</b>						
1 Party	10,429.68	0.00	10,429.68	0.00	0.00	0.00
2 Party	20,859.36	7,995.36	12,864.00	799.54	726.85	666.28
Family	27,117.12	14,253.12	12,864.00	1,425.31	1,295.74	1,187.76
<b>BLUE SHIELD TRIO HMO</b>						
1 Party	9,722.88	0.00	9,722.88	0.00	0.00	0.00
2 Party	19,445.76	6,581.76	12,864.00	658.18	598.34	548.48
Family	25,279.44	12,415.44	12,864.00	1,241.54	1,128.68	1,034.62
<b>HEALTH NET SALUD Y MAS HMO</b>						
1 Party	8,217.24	0.00	8,217.24	0.00	0.00	0.00
2 Party	16,434.48	3,570.48	12,864.00	357.05	324.59	297.54
Family	21,364.80	8,500.80	12,864.00	850.08	772.80	708.40
<b>KAISER PERMANENTE HMO</b>						
1 Party	10,859.40	0.00	10,859.40	0.00	0.00	0.00
2 Party	21,718.80	8,854.80	12,864.00	885.48	804.98	737.90
Family	28,234.44	15,370.44	12,864.00	1,537.04	1,397.31	1,280.87
<b>SHARP HMO</b>						
1 Party	9,998.88	0.00	9,998.88	0.00	0.00	0.00
2 Party	19,997.76	7,133.76	12,864.00	713.38	648.52	594.48
Family	25,997.04	13,133.04	12,864.00	1,313.30	1,193.91	1,094.42
<b>UNITED HEALTHCARE ALLIANCE HMO</b>						
1 Party	10,054.56	0.00	10,054.56	0.00	0.00	0.00
2 Party	20,109.12	7,245.12	12,864.00	724.51	658.65	603.76
Family	26,141.88	13,277.88	12,864.00	1,327.79	1,207.08	1,106.49
<b>UNITED HEALTHCARE HARMONY HMO</b>						
1 Party	9,511.80	0.00	9,511.80	0.00	0.00	0.00
2 Party	19,023.60	6,159.60	12,864.00	615.96	559.96	513.30
Family	24,730.68	11,866.68	12,864.00	1,186.67	1,078.79	988.89
<b>PERS GOLD PPO</b>						
1 Party	9,593.28	0.00	9,593.28	0.00	0.00	0.00
2 Party	19,186.56	6,322.56	12,864.00	632.26	574.78	526.88
Family	24,942.48	12,078.48	12,864.00	1,207.85	1,098.04	1,006.54
<b>PERS PLATINUM PPO</b>						
1 Party	13,818.00	954.00	12,864.00	95.40	86.73	79.50
2 Party	27,636.00	14,772.00	12,864.00	1,477.20	1,342.91	1,231.00
Family	35,926.80	23,062.80	12,864.00	2,306.28	2,096.62	1,921.90

\*Based on employer cap of \$1,072.00 per month

## VISION INSURANCE

EyeMed • GROUP# 1040684

[www.eyemed.com](http://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.

## TERM LIFE INSURANCE

Mutual of Omaha • GROUP# G000BM88

[www.mutualofomaha.com](http://www.mutualofomaha.com)

Forty-five thousand dollars (\$45,000) 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.**

## DISABILITY INSURANCE

RCOE does not participate in the State Disability Insurance (SDI) program. You may elect to participate in a voluntary disability plan by enrolling within 30 days of employment. For disability coverage and rate inquiries, you may contact:

- **The Standard**

[www.cta.org/thestandard](http://www.cta.org/thestandard)

(800) 522-0406

- **American Fidelity Assurance Company**

[www.americanfidelity.com/info/disability](http://www.americanfidelity.com/info/disability)

(800) 365-9180

## 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.

Risk Management • (951) 826-6824 • [benefits@rcoe.us](mailto:benefits@rcoe.us)

## 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 \$168,600 Social Security wage base for 2024, 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.

## FLEXIBLE SPENDING ACCOUNT

American Fidelity Assurance Company

[www.americanfidelity.com/info/fsa](http://www.americanfidelity.com/info/fsa)

If you are interested in enrolling in a Flexible Spending Account (FSA) or Dependent Care Account (DCA), or to pre-tax any of your voluntary plans, you must meet with a American Fidelity Assurance Company representative and complete the proper enrollment material within 30 days of employment. Please contact American Fidelity for additional information by calling (800) 365-9180.

2024 Certificated Employee Benefits