

Certificated Long-Term Temporary Employee Benefits Enrollment FAQs

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Eligibility

You're eligible for the benefits outlined here as a regular employee with an assignment of .50 FTE or greater.

Eligible dependents include your:

- Spouse or domestic partner
- Unmarried children to age 25 for dental insurance, regardless of student status
- Children to age 26, regardless of marital or student status for all other plans
- Unmarried children of any age if they are incapable of self-support due to mental or physical disability

You may be required to provide proof of dependent eligibility. If your dependent becomes ineligible for coverage, then you must contact the Employee Benefits Department within 31 days.

For more information regarding eligibility visit the [LRCFT LTT Benefits](#) page.

Enrolling and Making Changes to Your Benefits

There are three opportunities to make changes to your benefits:

– As a New Hire

As a new hire, you can enroll in benefits effective the first of the month following your date of hire. However, if you are hired on the first work day of the month, your benefits are effective as of the first of that month. If you miss your initial enrollment window (31 days from your date of hire), then your next opportunity to enroll will be the annual open enrollment period.

– During Open Enrollment

You can enroll in or make changes to your benefits each year during open enrollment (normally held in the spring) for benefits effective July 1 through June 30 of the following year.

– If You Have a Change in Status

Your benefits elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event (in accordance with Internal Revenue Code rules).

You must request an election change and submit associated forms to the Employee Benefits Department within 31 days. Examples of qualified status change events include (but are not limited to) a change in:

- Marital status, including marriage, death of a spouse, divorce, annulment, or legal separation
- Domestic partnership status, including establishment or termination of the partnership
- Number of your eligible children, including by birth, adoption, placement for adoption, or death
- Eligibility status of your children (for example, due to age)

Enrollment Window/Effective Date

Each new employee has 31 calendar days from their date of hire to enroll in benefits. If you do not enroll within the 31 day window you will not be able to enroll in benefits until the following open enrollment period.

The effective date of benefits is the 1st of the following month following the date of hire. For example, if your hire date is May 5th then your benefits will become effective on June 1st.

The exception to this is if your date of hire falls on the 1st business day of the month, then your benefits will be effective retroactive to the 1st of the current month.

For example, if your hire date is July 1st then your benefits will be effective as of July 1st.



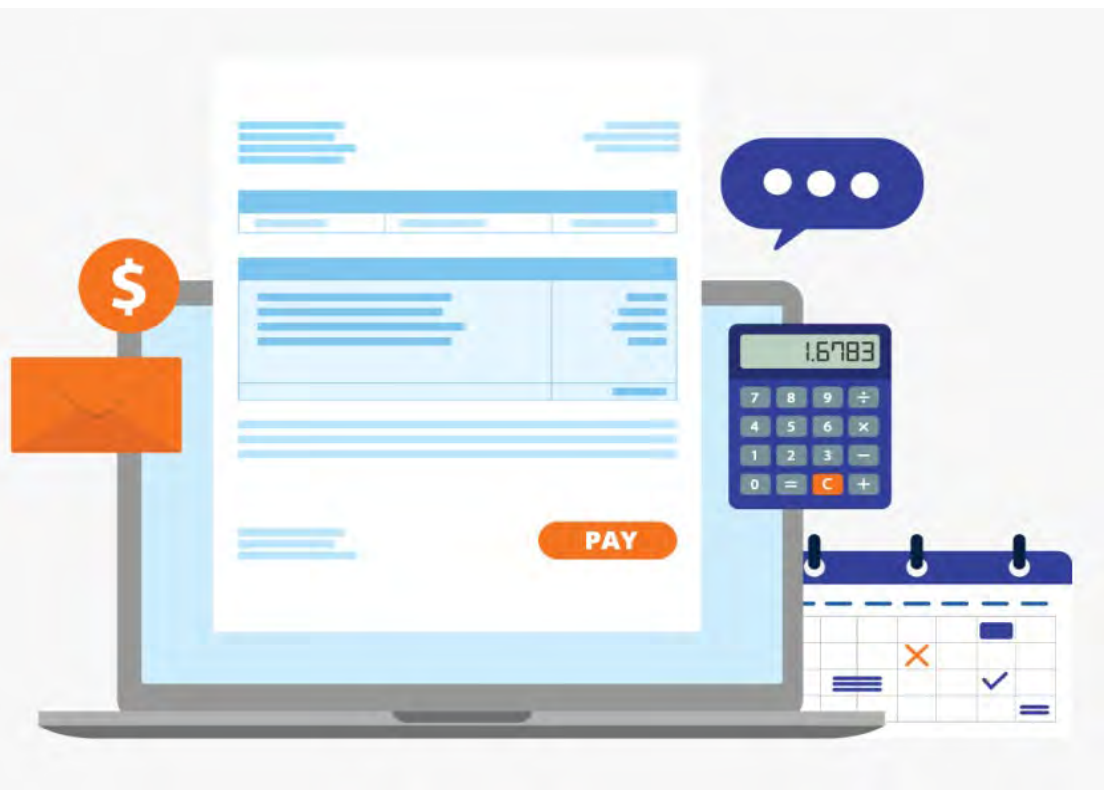
A calendar for July 2020. The days of the week are abbreviated as MO, TU, WE, TH, FR, SA, and SU. The dates are arranged in a grid. The 31st is highlighted with a red box. The 5th, 12th, 19th, and 26th are highlighted in orange.

JULY / 2020						
MO	TU	WE	TH	FR	SA	SU
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Premium Deductions

Benefit premiums are paid through payroll deductions. Monthly premiums are paid a month in advance (ex. June premiums are deducted from the May payroll).

Nine- and ten-month employees do not have deductions taken during the summer months. Because of this the annual amount is divided over ten months instead of twelve, this is referred to as the 10thly amount versus the monthly amount.



Because premiums are paid in advance your first pay warrant with deductions could be duplicate or even triplicate depending on your hire date, when you enroll, and when payroll closes for the month.

Benefits Online

As an employee of the District, you are required to either enroll or waive medical and dental coverage. This is all done through the [Benefits Supersite](#). All other benefits are available only upon enrollment, unless it is District paid and automatic benefit.

To learn more about the benefits offered to Los Rios employees, please visit the Benefits website (<https://employees.losrios.edu/benefits>).

From there, you can click on your respective Bargaining Unit (LRCFT, LRCEA, etc.) at the top of the page to learn about benefits that are offered specific to your bargaining unit.



At the top of each page you will find the Employee Benefits Guide. This guide is published for each fiscal/benefit year and includes detailed information on all benefits available to our employees and their eligible dependents

[2021-2022 FULL-TIME BENEFITS GUIDE \(PDF\)](#) ▶

[2021-2022 FULL-TIME BENEFITS GUIDE \(ONLINE FLIPBOOK\)](#) ▶

WBD Email Notification

By now you should have received an email sent to your Los Rios email address from notification@wbdcorp.com

WBD (Web Benefits Design) is the 3rd party administrator of our Benefits Supersite. Although mails from WBD will be distinguished as originating outside of Los Rios, these are legitimate emails and any links within the email are safe to follow.

*If you have not yet received this email and it has been more than 10 business days since your hire date, please reach out to the Benefits Department.



Online Enrollment Notification <notification@wbdcorp.com>

Action required – Employee benefits enrollment

To

If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: This email originated from outside of Los Rios. Do not click links or open attachments unless you recognize the sender and know the content is safe. To mark the message as SPAM, right click the message, select "Junk", and then select "Block Sender".



LOS RIOS
COMMUNITY
COLLEGE DISTRICT

Action required – Employee benefits enrollment

Dear Test NewHire,

The benefits of Los Rios Community College District are generous. You have 31 days from your date of hire

Benefits Supersite

Eligible employees can now manage their benefits 100% online on the benefits supersite.

The benefits supersite can be accessed in the following ways:

- Clicking the link in the email from WBD
- By Logging into Employee Self-Service (ESS) and choosing the 'Benefits' tile
- Clicking on the links at employees.losrios.edu/benefits

New! Manage Your Benefits Online

Regular benefitted employees with a permanent assignment of .5 FTE or greater can now manage their benefits 100% online on the [benefits supersite](#). See [instructions on how to use the benefits supersite during open enrollment \(PDF\)](#).

The screenshot displays the Los Rios Resources for Employees website. The top navigation bar includes 'EMPLOYEE LOGIN', 'DIRECTORY', and 'LOSRIOS.EDU'. A dropdown menu is open, listing various services such as Canvas, Class Schedule Review and Archives, Crystal Reports, Employee Benefits Supersite, Employee Email (Exchange Online), Employee Self-Service, Google Apps, PeopleSoft Campus Solutions, PeopleSoft Financials, Socrates and OGS, and Starfish. Below the navigation, the 'Benefits by Employee' section is visible, featuring four blue tiles with white text and arrows: 'Adjunct LRCFT Benefits', 'Confidential Benefits', 'Fu Benefits', and 'LRCEA LTT Benefits'. The text above the tiles partially reads: 'Los Rios truly appreciates the contributions our employees make to cultivate a positive work environment. We strive to provide a comprehensive, competitive benefits package to our employees each year. ... your employee group to learn more about the benefits available to you. ... anent assignment can now manage their benefits 100% online on the ... ed employees with a ...'.

[Benefits Supersite](#)

The benefits supersite uses a single sign on, so you will need your LRCCD employee ID (W number) and your unified password.



Login to Los Rios SSO

Login (Enter your 'W' + ID)

[Forgot Login](#)

Password

[Forgot Password](#)

Is this a private computer/device?

Yes **No**

[? Help](#)

Los Rios Community College District SSO

After logging in you will be taken to the 'Welcome Screen' from this screen you can access your account and enroll in benefits.

LOS RIOS
COMMUNITY
COLLEGE DISTRICT

Log Out

Home Medical & Prescription Dental & Vision Spending Accounts Life & Disability Additional Benefits

WELCOME TO YOUR BENEFITS SUPERSITE

Benefits you and your family can count on

MY ACCOUNT ENROLL NOW

EMPLOYEE RESOURCES

Benefits are a major component of your overall compensation. We take pride in being able to offer comprehensive and affordable benefits to you and your family.



NEW
HIRE



HEALTH
& WELLNESS

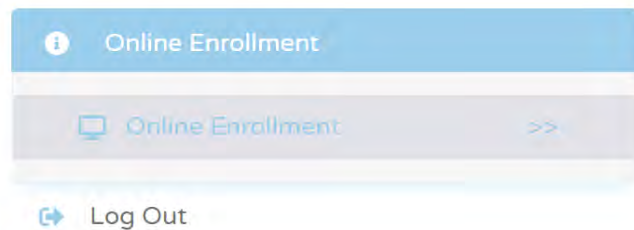


EMPLOYEE
RIGHTS



CONTACTS

Enroll Now



Welcome to your benefit enrollment system!

Los Rios Community College District is happy to introduce our new automated enrollment system. As you navigate through this easy-to-use enrollment process, you will have the ability to elect or change your benefit elections for yourself and your family members.

Before You Begin:

1. Please note that you must complete the entire enrollment process for any of your selections to be saved. If you stop in the middle of this process, you will lose your information and have to start over again.
2. If you are enrolling your spouse and/or children additional information may be required to enroll dependents or to elect voluntary life amounts. You will be notified during the online process of any of these requirements.

Enrollment Navigation:

The enrollment navigation steps shown must be completed in the order shown. Clicking "Continue" at the end of each step will confirm your selection(s) and move you to the next step.

Confirming Your Elections:

The last step in the enrollment process will allow you to review and print a summary of your employee benefit elections. If you are satisfied with your elections, print a copy for your records. Otherwise, you may return to any of the proceeding steps to make changes.


If you have questions or need additional assistance, please contact the Employee Benefits Department at benefits@losrios.edu or (916) 568-3070.

Please note that personally identifiable information you give us will be used specifically for the purposes of enrollment in your employee benefits. All information contained within our systems is private and confidential. Strict policies and procedures are enforced to protect the security and privacy of all employee and dependent information. Our systems are protected by SSL encryption technology to prevent unauthorized access to your personal information.

 CONTINUE

Under 'Elections' Click on the 'View' Link


LOS RIOS COMMUNITY COLLEGE DISTRICT

Welcome  [Log Out](#)

My Benefits Dashboard

- BCS**
View, print, save or download your benefit confirmation statement.
[View](#)
- Elections**
Enroll, change, or edit your benefits information.
[View](#)
- Supersite**
Benefit summaries, comparisons, forms, videos, links, and contacts.
[View](#)

My Profile

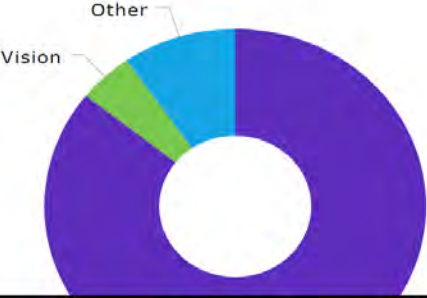


Email: [Redacted] **Work Email:** Missing information

Primary Phone: [Redacted] **Work Phone:** [Redacted]

My Costs

Per Paycheck Total [Redacted]



Category	Color
Vision	Green
Other	Blue
Unlabeled	Purple

You will need to indicate in the system your reason for change. Since you are a New Hire you will choose that option from the dropdown menu.

Once you select 'New Hire' you will be asked to enter the date that the event occurred. You will enter your Hire Date and click the "Continue to next section" button.

What brings you to the online enrollment system today?

[View/Print Your
Benefit Statement](#)



Please indicate in the drop down menu, the reason you are in the system to request a change.

Reason For Update

New Hire



What date did the above event occur?

mm/dd/yyyy

[Continue to next section](#)



Premium Total

Online Employee Benefits System: Open Enrollment



My Profile

** Indicates a required field*

First Name:

Tammy

Middle Name:

Last Name:

Tester

Suffix:

Gender:

Female



Marital Status:

Single



Street Address 1:

123 Anyplace Rd

Street Address 2:

City:

Orlando

Welcome to your employee benefits enrollment system.

Please review your personal information for accuracy and make changes as necessary.

Please contact your Employee Benefits Department at (916) 568-3070 if you need to make changes to your personal information.

Note: you can only make changes to phone numbers and email addresses. All other information, including residential address is uploaded by the district. You will need to contact the benefits department at benefits@losrios.edu to make any changes or corrections.



ACA Employment Classification: Full-Time

Most Recent Hire Date: mm/dd/yyyy

Pay Group: Select

User ID:

Eligibility Information

** Indicates a required field*

Job Title: Bookkeeper

Benefit Status:

Location: ARC

Bargaining Unit: LRCFT – Faculty/Non-Instructional

FTE: 1

Once you have reviewed your personal details click 'Continue to next section'

Continue to next section

Dependents

Coverage for eligible dependents is not automatic.

To add or remove dependents from your coverage you must complete and submit a new enrollment form during the open enrollment period.

Dependent Documentation is required at the time of enrollment.

Acceptable documentation includes :

- Marriage Certificate
- Domestic Partnership Decree
- Birth Certificate
- Adoption Certificate

If documentation is not provided at the time of enrollment, dependents will not be added to coverage.

On this screen you will enter all eligible dependents that will be covered under your benefit plans.

Online Employee Benefits System: Open Enrollment

Premium Total

My Family

Please only include your "eligible dependents" that will be covered under employee benefit plans.

Dependent Data Validation
Validate each family member's date of birth, social security number, and correct spelling. If they are currently missing their SSN or changes need to be made, please edit the dependent(s) information.

When adding newborns or dependents who do not have a Social Security Number (SSN) yet, please enter 000-00-0000 to proceed. You are responsible for updating the correct SSN as soon as it is available. Failure to do so may affect coverage.

Domestic Partner
If adding a domestic partner or children of a domestic partner to your Medical, Dental, Vision, Life, and Disability coverage, your domestic partner and domestic partner's children coverage is deducted as after.

Confirmation of Dependent Information
I solemnly affirm that my covered dependents meet the definition of eligibility. I understand that if any of my dependent information should change in the future, it is my responsibility to update it.

Eligible dependents include your:

- Spouse or domestic partner
- Unmarried children to age 25 for dental insurance, regardless of student status
- Children to age 26, regardless of marital or student status for all other plans
- Unmarried children of any age if they are incapable of self-support due to mental or physical disability





To add a Spouse or Domestic Partner click the 'Add Spouse' button

To add a Child, Domestic Partner's Child, or a Grandchild click the 'Add Child' button


Spouse

 Add Spouse

Children

Child Name	Date of Birth	Age	SSN	Documentation	Actions
Tim Tester	05/02/2011	10	XXX-XX-1666	<input type="button" value="Choose File"/> No file chosen	 
Tommy Tester	04/12/2020	2	XXX-XX-1111	<input type="button" value="Choose File"/> No file chosen	 

 Add Child

 Continue to next section

For existing dependents:

Validate each family member's date of birth, social security number, and correct spelling. If they are currently missing their SSN or changes need to be made, please edit the dependent(s) information by clicking on the pencil icon.

All dependents must have a valid Date of Birth and Social Security Number entered. When adding newborns or dependents who do not have a Social Security Number (SSN) yet, please enter 000-00-0000 to proceed. You are responsible for updating the correct SSN as soon as it is available. Failure to do so may affect coverage.

A blue rectangular button with a white person icon on the left and the text "Add Spouse" in white.

All fields with a red asterisk (*) must be completed. Failure to enter this information will affect coverage and may cause the dependent to not be eligible.

You must indicate the relationship, whether the dependent is a spouse or a domestic partner.

Note: If adding a domestic partner to your Medical, Dental and/or Vision plan; it is important to understand that your coverage will be deducted as pre-tax and your domestic partner's is deducted as after-tax.

[Domestic Partner Policies and Procedures](#)

Edit Spouse

* Indicates a required field

Relationship: Spouse Domestic Partner

* First Name: *

Middle Initial:

* Last Name: *

Suffix:

* SSN: XXX-XX-XXXX *

* Birth Date: mm/dd/yyyy *

* Gender: Male Female

* Does Dependent Have Other Medical Insurance: Yes No

Medicare Eligible: Yes No

A blue rectangular button with rounded corners. On the left is a white person icon. To the right of the icon, the text "Add Child" is written in white, sans-serif font.

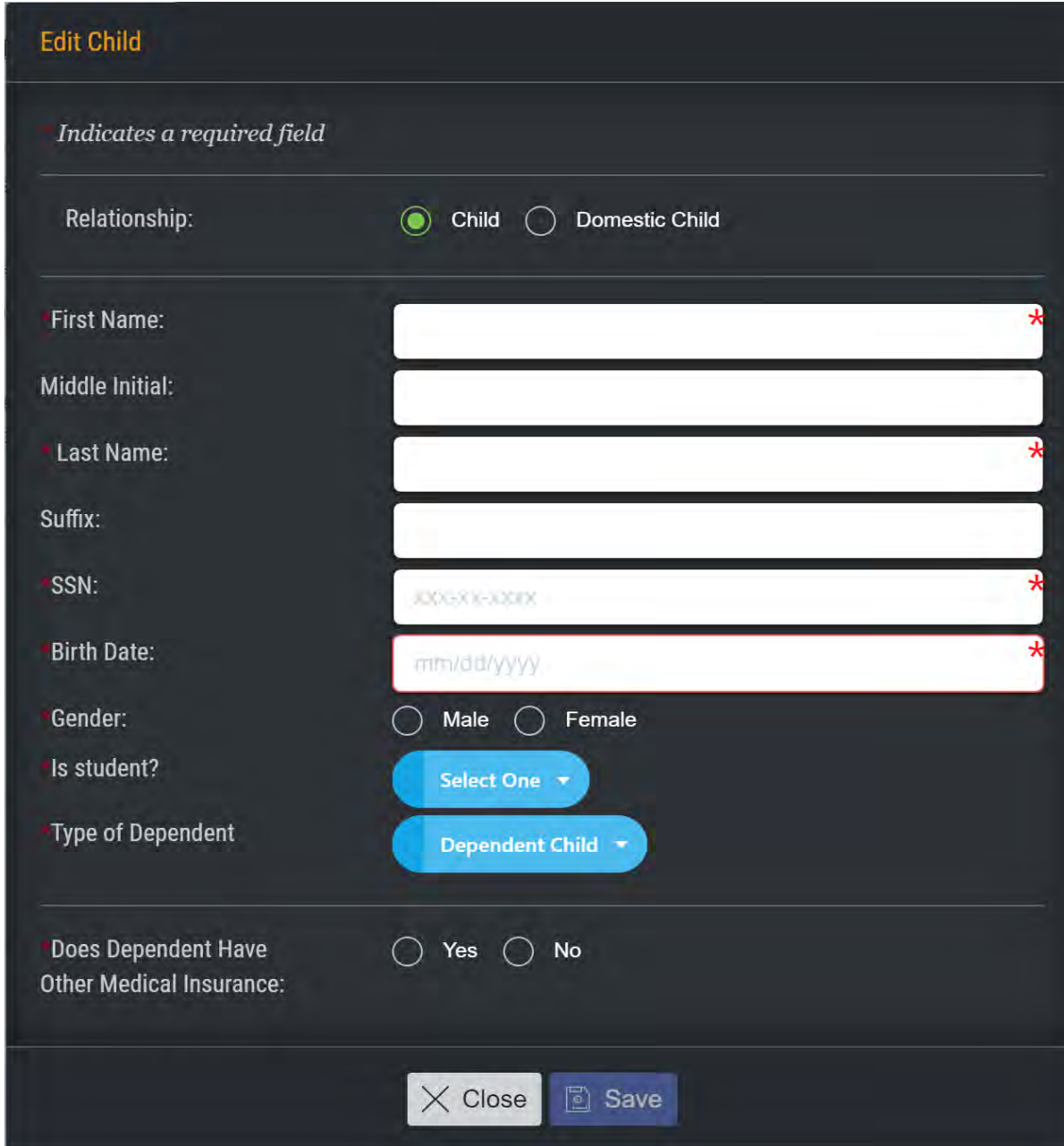
All fields with a red asterisk (*) must be completed. Failure to enter this information will affect coverage and may cause the dependent to not be eligible.

You must indicate the relationship, whether it is your child or the child of a domestic partner.

Note: If adding a domestic partner's children to your Medical, Dental and/or Vision plan; it is important to understand that your coverage will be deducted as pre-tax and your domestic partner's children is deducted as after-tax.

You will also need to indicate the Type of Dependent:

- Dependent Child
- Dependent Grandchild
- Disabled Dependent

A dark-themed form titled "Edit Child" in orange text. The form contains several fields with red asterisks indicating they are required. At the top, there is a legend: "* Indicates a required field". The fields include: "Relationship:" with radio buttons for "Child" (selected) and "Domestic Child"; "First Name:" (text input with asterisk); "Middle Initial:" (text input); "Last Name:" (text input with asterisk); "Suffix:" (text input); "SSN:" (text input with asterisk and placeholder "XXX-XX-XXXX"); "Birth Date:" (text input with asterisk and placeholder "mm/dd/yyyy"); "Gender:" with radio buttons for "Male" and "Female"; "Is student?" with a blue "Select One" dropdown; "Type of Dependent" with a blue "Dependent Child" dropdown; and "Does Dependent Have Other Medical Insurance:" with radio buttons for "Yes" and "No". At the bottom, there are two buttons: a grey "Close" button with an 'X' icon and a blue "Save" button with a floppy disk icon.

Dependent Documentation

You are required to provide proof of eligibility for your dependents. Examples of acceptable documentation include:

- Marriage Certificate
- Domestic Partnership Decree
- Birth Certificate (if newborn, document from hospital will suffice)
- Adoption Certificate

If you have not previously uploaded documentation into the supersite you will need to do so by clicking on the 'Choose File' button in the Documentation column. You will then be able to search for the file on your computer and upload. Once uploaded the 'Choose File' button changes to a yellow 'Document Pending Review'.

Children

Child Name	Date of Birth	Age	SSN	Documentation	Actions
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Choose File"/> No file chosen	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Choose File"/> No file chosen	

If you have already provided/uploaded documentation then under 'Documentation' you will see a green box which reads 'Document Approved'

Children

Child Name	Date of Birth	Age	SSN	Documentation	Actions
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Document Approved"/>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Document Approved"/>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Document Approved"/>	



KAISER
PERMANENTE®



Sutter Health Plus
Your Health Plan

Western Health
Advantage 

Kaiser Permanente - HMO, DHMO; or HDHP with HSA;
Sutter Health Plus - HMO or HDHP with HSA;
Western Health Advantage - HMO or HDHP with HSA

*Note: Our medical plan rates are composite, which means the rate you pay will not increase when you cover eligible family members.

Medical

On the Medical page you will need to select the members (employee and dependents) you wish to have coverage.

Employees must have coverage in order for dependents to be covered.

Only the individuals whose names are checked will be covered under the plan. If a dependents name is not checked they will not be covered.

Online Employee Benefits System: Open Enrollment



Medical

Please select members to be covered. (Covered Under Plan if Checked)

Name is checked so will have coverage.

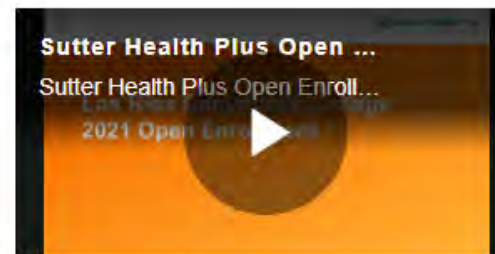


<input checked="" type="checkbox"/>	EE Tammy Tester						
<input checked="" type="checkbox"/>	<table border="1"><thead><tr><th>Primary Care Physician Name</th><th>PCP ID</th><th>Current Patient</th></tr></thead><tbody><tr><td><input type="text" value="Dr. Ed"/></td><td><input type="text" value="00000001"/></td><td><input checked="" type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table>	Primary Care Physician Name	PCP ID	Current Patient	<input type="text" value="Dr. Ed"/>	<input type="text" value="00000001"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Primary Care Physician Name	PCP ID	Current Patient					
<input type="text" value="Dr. Ed"/>	<input type="text" value="00000001"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No					

Name is NOT checked so will NOT be covered.



<input checked="" type="checkbox"/>	CH Tommy Tester						
<input checked="" type="checkbox"/>	<table border="1"><thead><tr><th>Primary Care Physician Name</th><th>PCP ID</th><th>Current Patient</th></tr></thead><tbody><tr><td><input type="text" value="Dr. Ed"/></td><td><input type="text" value="00000001"/></td><td><input checked="" type="radio"/> Yes <input type="radio"/> No</td></tr></tbody></table>	Primary Care Physician Name	PCP ID	Current Patient	<input type="text" value="Dr. Ed"/>	<input type="text" value="00000001"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Primary Care Physician Name	PCP ID	Current Patient					
<input type="text" value="Dr. Ed"/>	<input type="text" value="00000001"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No					
<input type="checkbox"/>	CH Tim Tester						



Los Rios Community College District offers comprehensive medical and prescription benefits. Your cost per paycheck is based on your plan choice and enrolled dependents.

Select Plan

Three medical providers to choose from: Kaiser, Western Health Advantage, and Sutter Health Plus. Under the plan of your choice click the 'Select Plan' button.

Under each plan choice you can also expand the 'Learn More' section for additional plan information such as:

- Benefit summaries
- SPD's and SBC's
- Forms and documents
- Provider search directories
- Links to provider website

Kaiser HMO Kaiser Permanente	Monthly Cost
Employee Only	\$491 ⁹³
Employee + Family	\$491 ⁹³

Selected Plan

[Learn More](#)

Kaiser DHMO Kaiser Permanente	Monthly Cost
Employee Only	\$450 ³²
Employee + Family	\$450 ³²

Select Plan

[Learn More](#)

Kaiser HDHP HMO (HSA Compatible) Kaiser Permanente	Monthly Cost
Employee Only	\$0 ⁰⁰
Employee + Family	\$0 ⁰⁰

Select Plan

[Learn More](#)

WHA Premier 20 HMO Western Health Advantage	Monthly Cost
Employee Only	\$108 ⁹⁰
Employee + Family	\$108 ⁹⁰

Select Plan

[Learn More](#)

WHA 1800/0 HDHP HMO (HSA Compatible) Western Health Advantage	Monthly Cost
Employee Only	\$0 ⁰⁰
Employee + Family	\$0 ⁰⁰

Select Plan

[Learn More](#)

SHP HDHP HMO (HSA Compatible) Sutter Health Plus	Monthly Cost
Employee Only	\$88 ⁹⁰
Employee + Family	\$88 ⁹⁰

Select Plan

[Learn More](#)

SHP ML52 HMO Sutter Health Plus	Monthly Cost
Employee Only	\$288 ²⁰
Employee + Family	\$288 ²⁰

Select Plan

[Learn More](#)

Waive Medical Coverage

If you choose to waive medical coverage you will need to provide a reason for waiving and proof of other coverage.

Click the box next to 'Waive Medical Coverage'

Once you have checked the box a new set of options will appear asking you to provide your reason for waiving.

You will also need to upload waive documentation or proof of other coverage. Documentation can include:

- A copy of your membership card.
- Letter on that employer's/group's letterhead, dated and signed by a company official within the last 30 days.
- Medicare coverage: A copy of your membership card showing both Parts Medicare A and B effective dates.
- Medicaid: Official Medicaid letter dated within the last 30 days.

Waive Medical Coverage

Reason For Waiving

- I have other coverage through a spouse/domestic partner
- I have other coverage through a parent
- I am enrolled in individual coverage
- I am enrolled in Medicare/Medicaid
- I have other coverage through the Exchange
- I am currently covered as a retiree through a former employer.

Waive Documentation

If waiving coverage, you need to provide waive documentation.

No File Selected

Health Savings Account (HSA)

If you enroll in the HDHP, you'll have access to a health savings account (HSA). With a HSA you choose how much to contribute from each paycheck to save for qualified health care expenses, such as deductibles, coinsurance, prescriptions and dental/vision care.

There are certain HSA eligibility requirements. You may not participate if you are:

- Covered as a dependent on another health plan
- Age 65 or older and enrolled in Medicare or Social Security (HSA contributions need to stop 6 months prior to retirement.)
- Enrolled in or covered by a flexible spending account (FSA) for health expenses (dependent care and limited purpose FSA are excluded)
- Covered by any other health coverage (e.g., under a military or college health plan)

[HSA Enrollment Form](#)


To enroll, please designate an election amount. The IRS maximum annual contribution amounts are as follows:

- Individual: \$3,650
- Family: \$7,300
- If you are age 55+: \$1,000 additional "catch up" contribution


Health Savings Account

Insert your annual amount below. The per paycheck amount will be automatically rounded to the nearest penny, which may change your annual amount slightly.

HSA Employee Annual Contribution	HSA Employer Annual Contribution	Annual Total:	Total Annual Allowed
\$ 200.00	\$0.00	\$200.00	\$4,650.00

 [Learn More](#)



 [Continue to next section](#)

Please note that if you enroll in an HSA mid-year, your annualized contribution amount will be divided amongst the remaining pay warrants in the current calendar year (through November). Should you wish to change your amount in the next calendar year, you can do so at any time.

Dental Benefits

With our Delta Dental plan, you can access a network of dental care providers with discounted services. You have the freedom to see any dental provider you choose, but you'll typically save money with a PPO dentist.

This is an incentive plan that requires at least one visit per year, per covered person to be eligible for an increased benefit of 10% coverage (lower copay) each calendar year.

There is a two-year commitment with this plan.

You cannot cancel during that time, unless you have a qualified status change.

If you cancel for any reason, there is also a 24-month waiting period to re-enroll and the benefit level starts over at 70% (unless you're continuously enrolled under a different Delta Dental incentive plan).

*Note: Our dental plan rates are composite, which means the rate you pay will not increase when you cover eligible family members.

The monthly premium amount is covered by the district for full-time employees, so you do not pay monthly for dental coverage.



Delta Dental

Select the members (employee and dependents) you wish to have coverage. Employees must have coverage in order for dependents to be covered. Only the individuals whose names are checked will be covered under the plan. If a dependents name is not checked they will not be covered.

If you choose to waive Dental coverage you do not need to provide a reason.

Employees can elect both Medical and Dental coverage, can choose to enroll in one and waive the other, or waive both coverages. Medical and Dental benefits are not dependent on each other.

Dental

Please select members to be covered. (Covered Under Plan if Checked)

- EE Tammy Tester
- SP Timothy Tester
- CH Tommy Tester
- CH Tim Tester

Waive Dental Coverage

Delta Dental PPO Plan Delta Dental	Monthly Cost
Employee Only	\$0 ⁰⁰
Employee + Family	\$0 ⁰⁰

Selected Plan

[Learn More](#)

Los Rios Community College District offers dental benefits through Delta Dental. Your cost per paycheck is based on your plan choice and enrolled dependents.

Expand the "Learn More" section for additional plan information:

- ✓ Benefit summaries and summary plan descriptions
- ✓ Forms and documents
- ✓ Provider search directories
- ✓ Links to provider website

Please Note: If you enroll in the dental plan, you are making a two-year commitment and will not be permitted to cancel coverage until 24 months has passed, unless you have a qualified change-in-status event. Employees who cancel their dental coverage for any reason will have a required minimum 24-month waiting period before re-enrolling and the benefit level will restart at 70% due to the break in coverage under this incentive plan unless the employee remained continuously enrolled under a non-Los Rios Delta Dental incentive plan.

Employee Assistance Program

The Employee Assistance Program (EAP) is an automatic benefit made available to all employees and their eligible dependents at no cost to you. This 100% confidential plan can help you and your family with a wide array of concerns, including finding elder care, relationship and family issues, general stress, depression, personal loss, legal support, financial hardship and parenting.

Online Employee Benefits System: Open Enrollment

Employee Assistance Program

Please note: Dependents will not be displayed on this screen even though they are eligible for the benefit.

Los Rios Community College District recognizes that personal and family problems can impact your life both at home and at work. When you face these challenges in life and need help balancing work, home, personal or family issues, your EAP plan is available to you 24/7/365.

Some of the issues that your EAP may help you with include:

- ✓ Family problems
- ✓ Stress and emotional disorders
- ✓ Relationship issues
- ✓ Financial stress
- ✓ Referrals to community resources
- ✓ Work life balance issues
- ✓ Legal and financial resources

When you call your EAP Member Services, you will be directed to a counselor who will help clarify your issue, identify options, offer support and professional guidance, and help you develop an action plan.

All calls are 100% confidential. Information will not be shared with your employer or your family. Los Rios Community College District pays for this benefit 100% - there is no cost to you.

Learn More



- ✓ Employee Assistance Program Benefit Summary
- ✓ COVID-19 Flyer
- ✓ Wellness Coaching Flyer
- ✓ Detailed Benefit Summary
- ✓ Provider Website

Collapse Section

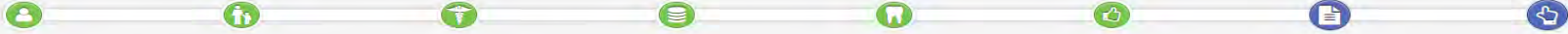
Continue to next section


Final Review


On the final review screen review your benefit selections. If any corrections need to be made, simply click the edit button in the section that you would like to change.


Welcome
Jill Baker
Log Out 

Online Employee Benefits System: New Hire



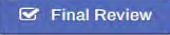
 Premium Total
\$198³⁴

 Medical **\$198³⁴**

 **Review Your Information**

Please review your benefit selections below. If any corrections need to be made, simply click the edit button in the section that you would like to change.

Once your information is correct, please scroll to the bottom of the page to confirm your selections. After confirming your selections you will have an option to print a copy of your benefits.



My Profile

Name:	Jill Baker
Birth Date:	04/28/1970
Gender:	F
Marital Status:	Married
Address:	43226 Highgrove Terrace Ashburn VA 20148
Primary Phone:	(703) 724-7663
Work Phone:	
Mobile Phone:	
Email:	Jill.Baker@testemployee.com
Alternate Email:	
Employee ID:	194

Employment Information

Date Of Hire:	01/19/2021
Original Date Of Hire:	02/01/2020

Qualifying Life Event Eligibility

Need to make a change to your benefits during the plan year?

All benefit elections made during Open Enrollment or upon hire will remain in effect for the entire plan year, unless you experience a qualifying life event.

A **qualifying life event** is an event in your life that has made you eligible to change your benefit selections, such as; getting married, having a baby, losing health coverage, etc..

If you experience a qualifying life event, you must update your elections within **31 days** of the event or you will not be able to make changes until the next annual open enrollment period.

Documentation must be provided within 31 days of the qualifying event. Please [click here](#) to send documentation via email to the Employee Benefits Department.

Examples of qualifying events include, but are not limited to:

Qualified Life Event	Approved Documentation
Marriage	Marriage Certificate. If adding children, please provide birth certificates.

Clicking the 'Quick Edit' button at the bottom of each benefit will take you back to the page where you made your elections for that benefit.

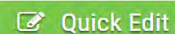
My Family

Spouse Info:

Name	Spouse NewHire
SSN	XXX-XX-9999
Gender	M
D.O.B.	01/31/2000
Court Order	No

Children Info:

Name	Child NewHire
SSN	XXX-XX-5555
Gender	F
D.O.B.	05/05/2005
Court Order	No
Student	Yes

 Quick Edit

Gaining Other Coverage

Provide documentation that shows you and applicable dependents are now enrolled in the benefits you are requesting to terminate.



Premium
\$0

Losing Other Coverage

Provide documentation that shows you and applicable dependents, were previously enrolled in the benefits you are now requesting to enroll. You will also be required to provide proof of dependent relationship for any dependents you may be adding.

Please contact the Employee Benefits Department for assistance in determining if additional life events are considered to be qualifying events.

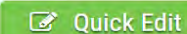
Medical

Plan: Waive Medical Coverage

 Quick Edit

Health Savings Account

HSA Plan: Waive

 Quick Edit

Once your information is correct, scroll to the bottom of the page to confirm your selections, and ‘Continue to Complete Enrollment’. Your enrollment will then be sent to the benefits department for a final approval. It can take up to 7 business days for your enrollment to be approved and completed by all the carriers.

- ✔ Sutter Health Plus handles and resolves member disputes through grievance, appeal and independent medical review processes. However, in the event a dispute is not resolved in those processes, Sutter Health Plus uses binding arbitration as the final method for resolving all such disputes.
- ✔ As a condition of your membership in Sutter Health Plus, you agree that any and all disputes between yourself (including any heirs or assigns) and Sutter Health Plus, including claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for small claims court cases and claims subject to ERISA, shall be determined by binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. You and Sutter Health Plus, including any heirs or assigns to this Agreement, 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 binding arbitration.
- ✔ I hereby agree to give up my/our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Group Subscriber Contract and EOC.



Premium Total
\$0⁰⁰

BASIC Health Savings Account (HSA) Acknowledgement

- ✔ For your HSA to be opened with BASIC, you are required to complete the Employee Enrollment Form.
- ✔ [Click here](#) to download the Employee Enrollment Form.
- ✔ Submit the completed form to BASIC via fax at (269) 327-0716 or mail BASIC CDA, PO Box 6278, Monona, WI 53716

I have read and agree to these terms


- I Have Completed My Benefit Selections
- Discard My Benefit Selections Made During this Session


[➔ Continue to Complete Enrollment](#)

Benefit Confirmation Statement (BCS)

Once you complete your enrollment you will be taken to the benefit confirmation statement. You will have the option to print/download or have a summary of your benefits sent to you via email.

 Print / Download Summary

 Email Summary

 Close Window

Please keep a copy of this benefit confirmation statement for your records. Remember, if you have any questions, please contact your Employee Benefits Department at benefits@losrios.edu or (916) 568-3070.

My Profile

Name: |

Birth Date: |

Gender: |

Marital Status: |

Address: |

Primary Phone: |

Work Phone: |

Mobile Phone: |

Qualifying Life Event Eligibility

Need to make a change to your benefits during the plan year?

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If you experience a qualifying life event, you must update your elections within **31 days** of the event or you will not be able to make changes until the next annual open enrollment period.

Contact Information

For more information regarding LRCFT LTT employee benefits please refer to the

[2022-2023 LTT BENEFITS GUIDE](#)

or visit the LRCFT LTT Benefits page

[HTTPS://EMPLOYEES.LOSRIOS.EDU/CERTIFICATED-LONG-TERM-TEMPORARY-EMPLOYEE-BENEFITS/CERTIFICATED-LONG-TERM-TEMPORARY-EMPLOYEE-BENEFITS/CERTIFICATED-LONG-TERM-TEMPORARY-EMPLOYEE-BENEFITS](https://employees.losrios.edu/certificated-long-term-temporary-employee-benefits/certificated-long-term-temporary-employee-benefits/certificated-long-term-temporary-employee-benefits)

For any additional questions that are not answered in this FAQ please email the benefits department at benefits@losrios.edu or call us at (916) 568-3070.