

Welcome to Los Rios Community College District

Los Rios truly appreciates the contributions our employees make to cultivate a community of learning and success!

That's why we strive to provide a comprehensive, competitive benefits package that offers you and your family flexibility and security each year.

This presentation will walk you through the benefits available to you and provide directions on how to enroll in coverage.

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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.

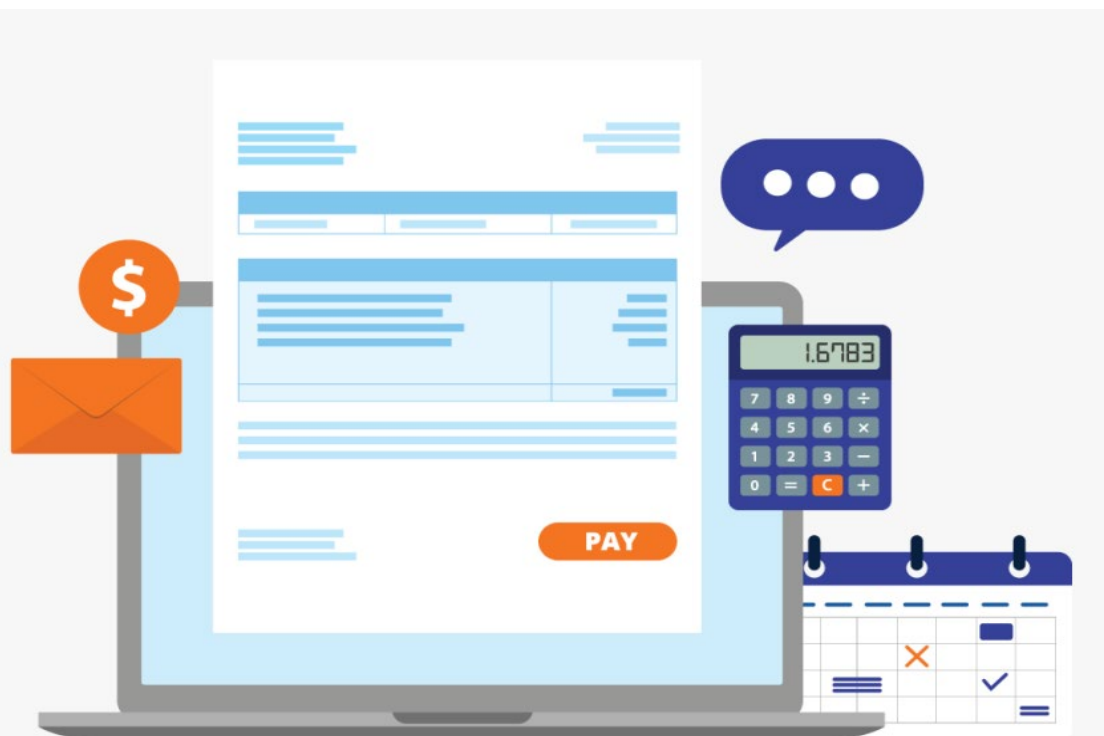


A calendar for July 2020. The days of the week are abbreviated as MO, TU, WE, TH, FR, SA, and SU. The dates are arranged in a grid. The 31st day is highlighted with a red box. The 5th, 12th, 19th, and 26th are highlighted in orange.

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		

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.

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.

Adjunct LRCFT
Benefits



Confidential
LRMA Benefits



LRCEA
Full-Time Benefits



LRCEA
Part-Time Benefits



LRCFT
Benefits



LRSA
Benefits



Management
LRMA Benefits



SEIU
Benefits



Temporary
ESA/PEX, TCL, Students Benefits



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 \(ONLINE FLIPBOOK\)](#)



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

Optavise is the 3rd party administrator of our Benefits Supersite. Although mails from Optavise 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.

Regular benefitted employees with a permanent assignment 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 Optavise
- 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 shows the Los Rios Resources for Employees website. The top navigation bar includes 'EMPLOYEE LOGIN', 'DIRECTORY', 'LOSRIOS.EDU', and a search icon. Below the navigation bar, there are several menu items: 'Employee Groups', 'HR & Benefits', 'Forms & Services', 'Our Organization', and 'Technical Support'. A dropdown menu is open under 'EMPLOYEE LOGIN', listing various services like 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. The main content area features a section titled 'Benefits by Employee' with a sub-header 'Benefits by Employee Group'. Below this, there are four blue buttons with white text and arrows, representing different employee groups: 'Adjunct LRCFT Benefits', 'Confidential Benefits', 'Full-time Benefits', and 'LRCEA LTT Benefits'. The text on the page mentions that Los Rios truly appreciates the contributions of employees and provides a comprehensive benefits package.

[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](#)

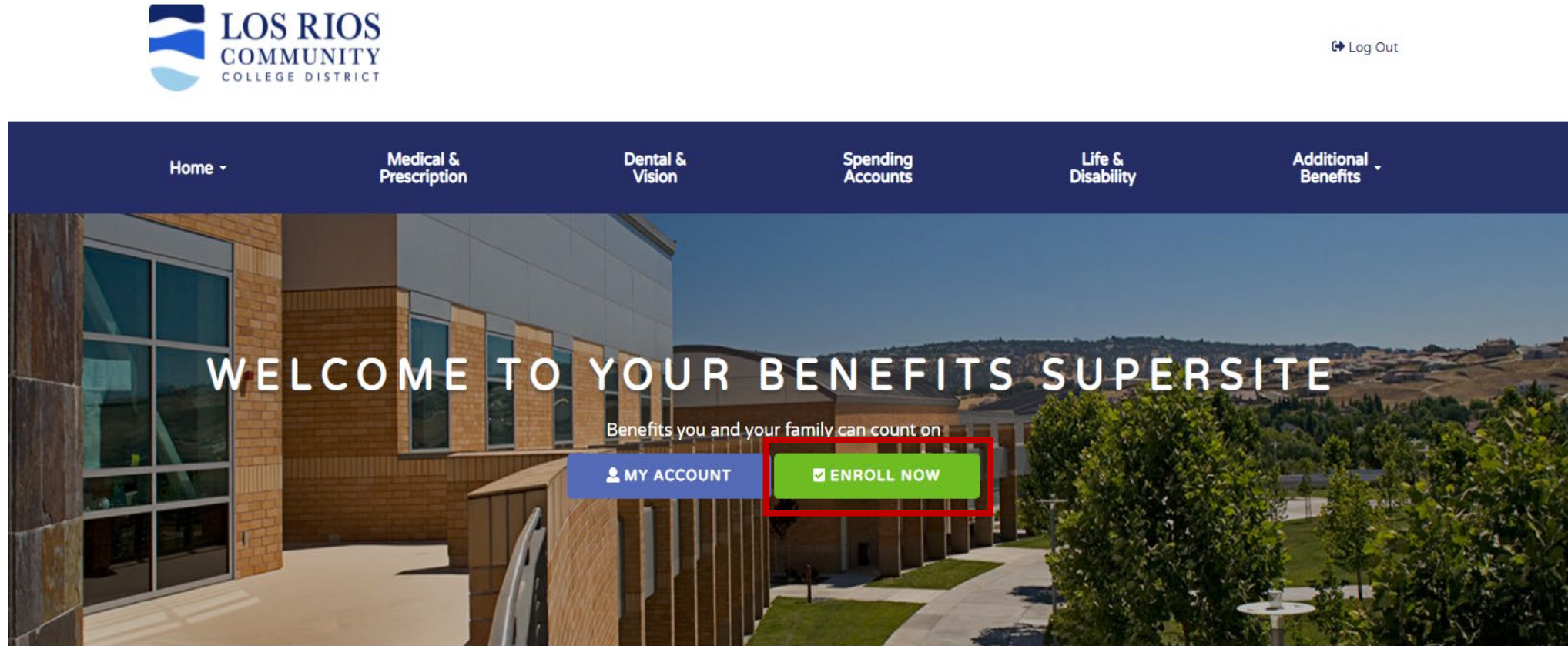
Is this a private computer/device?

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.



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

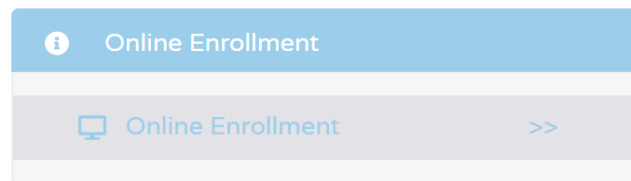


EMPLOYEE RIGHTS



CONTACTS

Enroll Now



 Log Out

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




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](#)

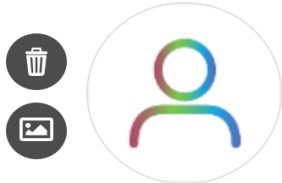


Supersite

Benefit summaries, comparisons, forms, videos, links, and contacts.

[View](#)

My Profile



[Redacted]

[Redacted]

Email: [Redacted]

Work Email:

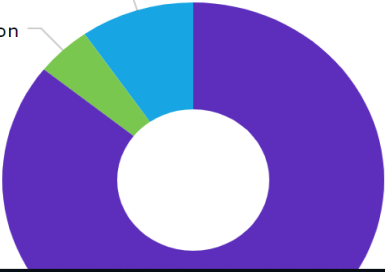
Primary Phone: [Redacted]

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 <input type="button" value="v"/>
Most Recent Hire Date:	<input type="text" value="mm/dd/yyyy"/>
Pay Group:	Select <input type="button" value="v"/>
User ID:	<input type="text"/>

Eligibility Information

** Indicates a required field*

Job Title:	<input type="text" value="Bookkeeper"/>
Benefit Status:	<input type="text"/>
Location:	ARC <input type="button" value="v"/>
Bargaining Unit:	LRCFT – Faculty/Non-Instructional <input type="button" value="v"/>
FTE:	<input type="text" value="1"/>

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

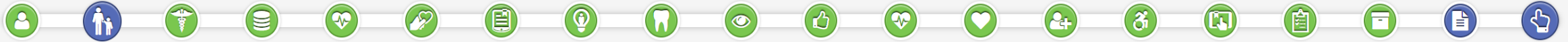


On this screen you will enter all eligible dependents that will be covered under your benefit plans.

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, and Hearing 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...

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

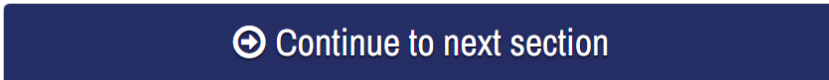
Spouse

 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.

 **Add Spouse**

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: *

* Birth Date: *

* Gender: Male Female

* Does Dependent Have Other Medical Insurance: Yes No

Medicare Eligible: Yes No

 **Add Child**

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

Edit Child

* Indicates a required field

Relationship: Child Domestic Child

* First Name: *

Middle Initial:

* Last Name: *

Suffix:

* SSN: *

* Birth Date: *

* Gender: Male Female

* Is student?

* Type of Dependent

* Does Dependent Have Other Medical Insurance: Yes No

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]	Choose File No file chosen	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	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.' If you are unable to upload this documentation, please email to Employee Benefits at Benefits@losrios.edu. Your enrollments will be processed upon receipt.

Children

Child Name	Date of Birth	Age	SSN	Documentation	Actions
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Document Approved	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Document Approved	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Document Approved	

Add Child



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.

Step 3: 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.

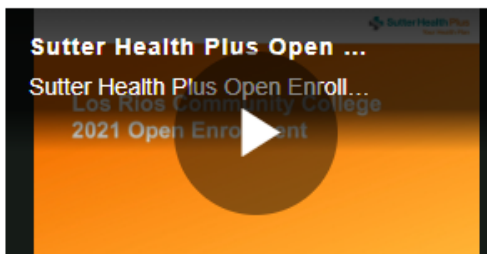


<input checked="" type="checkbox"/>	EE Tammy Tester						
<input checked="" type="checkbox"/>	<table border="1"><thead><tr><th>Primary Care Physician Name</th><th>PCP ID</th><th>Current Patient</th></tr></thead><tbody><tr><td><input type="text" value="Dr. Ed"/></td><td><input type="text" value="00000001"/></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 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.

As an employee of the District, you are required to either enroll or waive medical and dental 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

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 <i>Kaiser Permanente</i>	Monthly Cost
Employee Only	\$491 ⁹³
Employee + Family	\$491 ⁹³

Selected Plan

Learn More

Kaiser DHMO <i>Kaiser Permanente</i>	Monthly Cost
Employee Only	\$450 ³²
Employee + Family	\$450 ³²

Select Plan

Learn More

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

Select Plan

Learn More

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

Select Plan

Learn More

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

Select Plan

Learn More

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

Select Plan

Learn More

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

Select Plan

Learn More

If you select a High Deductible Health Plan (HDHP) option you can choose to enroll in a Health Savings Account (HSA).

You cannot enroll in an HSA if you choose a HMO or DHMO plan.

Online Employee Benefits System: Open Enrollment

Health Savings Account

nt Basic Pacific

any other non-HDHP medical plan (such as a spouse or covers any benefits covered by your HDHP plan)?

missible coverage, such as specific injury insurance or dental, vision or long-term care insurance.

Medicare?

Yes No

Do you receive health benefits under TRICARE?

Yes No

Have you received Veterans Administration (VA) benefits within the past three months (other than for a disability incurred or aggravated in the line of duty in active military, naval, or air service, or where services are limited to permissible coverage, such as dental or vision)? If you have a disability rating from the VA, any services you receive may be treated as for a disability incurred in the line of duty.

Yes No

If you do not wish to participate in the Health Savings Account, it is imperative that you leave the HSA Employee Annual Contribution as \$0.00.

A Health Savings Account (HSA) is available to employees enrolled in a High-Deductible Health Plan (HDHP). An HSA allows employees to set aside pre-tax money to pay for eligible medical and prescription drug expenses. If you don't need to use the funds immediately, you can maintain your account for years to come.

The HSA is owned by you. Unused funds accumulate over time and roll over from year to year; there are no "use-it-or-lose-it" rules. Since the HSA is your account, you keep the money if you choose a new health plan, when you retire, or if you leave.

Participation in the HSA Plan excludes you from participating in the general-purpose Health Care Flexible Spending Account Plan (FSA). You may participate in the Limited-Purpose Health Care FSA which covers eligible dental and vision expenses.

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.

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

KEY HSA BENEFITS

LOS RIOS MAY CONTRIBUTE FUNDS, TOO
Contributions vary based on your bargaining unit.

IT'S TRIPLE TAX ADVANTAGED
Pay no taxes on what you contribute, on interest you earn or when you withdraw money.

THE HSA IS 100% YOURS
Take funds with you if you retire or switch jobs.

LOWERS YOUR TAXABLE INCOME
Because money is added before taxes are taken out, you save money on what you would have paid in taxes.*

*HSA contributions are not deductible for California state income tax.

Please Note: For your HSA to be opened with Fidelity, you will need to follow the prompts in the HSA email from Optavise. You will receive this email after you have enrolled into the HSA via Optavise.

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

- Individual: \$4,150
- Family: \$8,300
- 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
\$ 1200.00	\$1,200.00	\$2,400.00	\$3,650.00

[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.

*Depending on your bargaining unit and medical plan that you choose the district may also make a monthly contribution.

Los Rios offers additional voluntary benefits through Voya for you and your eligible dependents. These benefits can help pay for your out-of-pocket expenses related to a hospital stay, accident, illness and/or injury. You pay the full cost of these plans on a post tax basis.

To select coverage, choose the coverage amount from the drop down. You can choose coverage for yourself, spouse/domestic partner, and your children.

Critical illness insurance pays a lump-sum benefit if you or a family member are diagnosed with a critical illness while covered by the plan.

Covered conditions include heart attack, stroke, heart failure, invasive cancer, benign brain tumor, skin cancer and many others, including several childhood illnesses.

You have the option of purchasing \$10,000, \$20,000 or \$30,000 with no medical questions asked, and there are no pre-existing conditions limitations.

Online Employee Benefits System: Open Enrollment

Critical Illness Insurance

Critical Illness Insurance by ReliaStar Life Insurance Company

Employee

Currently Enrolled/Approved for: \$0

\$10,000 (\$19.00 | Monthly Cost)

Spouse Critical Illness Insurance Options

Currently Enrolled/Approved for: \$0

\$5,000 (\$9.50 | Monthly Cost)

Child Critical Illness Insurance Options

Currently Enrolled/Approved for: \$0

Waive

Every day, thousands of people are diagnosed with a serious condition such as kidney failure, heart attack, stroke, paralysis, or the need for organ transplant. The costs associated with a serious illness can be catastrophic - even if you have medical insurance.

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

- ✓ The benefit amount you and your spouse may elect is displayed with the cost per paycheck
- ✓ Premiums are deducted from your paycheck on a post-tax basis
- ✓ Benefit payments are non-taxable

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

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.


Los Rios offers additional voluntary benefits through Voya for you and your eligible dependents. These benefits can help pay for your out-of-pocket expenses related to a hospital stay, accident, illness and/or injury. You pay the full cost of these plans on a post tax basis.

To select coverage, choose the coverage option which best fits your situation. Or choose to Waive Accident Insurance.

Accident insurance pays you cash benefits for specific injuries and events resulting from a covered off-the-job accident on or after your coverage effective date.

You can use this money however you like, including: deductibles, child care, housecleaning, groceries or utilities.

Online Employee Benefits System: Open Enrollment



Accident Insurance

Accident Insurance *ReliaStar Life Insurance Company*

	Monthly Cost
<input type="radio"/> Employee Only	\$5 ²⁹
<input type="radio"/> Employee and Spouse	\$10 ⁵⁸
<input type="radio"/> Employee and Child(ren)	\$11 ⁸²
<input checked="" type="radio"/> Employee and Family	\$17 ¹¹

Waive Accident Insurance

[Learn More](#)

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. You can use this money however you like, for example: deductibles, child care, housecleaning, groceries or utilities. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Expand the "Learn More" section for complete coverage details and plan information.

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.

Los Rios offers additional voluntary benefits through Voya for you and your eligible dependents. These benefits can help pay for your out-of-pocket expenses related to a hospital stay, accident, illness and/or injury. You pay the full cost of these plans on a post tax basis.

To select coverage, choose the coverage option which best fits your situation. Or choose to Waive Hospital Indemnity Insurance .

Hospital indemnity insurance pays a daily benefit for a covered stay in a hospital, critical care unit or rehabilitation facility, on or after your coverage effective date.

This coverage can be used to supplement medical insurance to help cover the medical plan deductible and coinsurance or to offset non-medical expenses, such as childcare or any of your regular household expenses.

Online Employee Benefits System: Open Enrollment

Hospital Indemnity Insurance

Hospital Indemnity Insurance *ReliaStar Life Insurance Company*

	Monthly Cost
<input type="radio"/> Employee Only	\$14 ²³
<input type="radio"/> Employee and Spouse	\$28 ⁷⁵
<input type="radio"/> Employee and Child(ren)	\$22 ⁸⁷
<input type="radio"/> Employee and Family	\$37 ³⁹

Waive Hospital Indemnity Insurance

[Learn More](#)

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. You can use this money for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Hospital Indemnity Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Expand the "Learn More" section for complete coverage details and plan information.

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.

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.



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.

The screenshot shows a web interface for selecting dental coverage. At the top is a navigation bar with various icons. The main heading is "Dental". Below it is a prompt: "Please select members to be covered. (Covered Under Plan if Checked)". There are four member selection cards, each with a checked checkbox and a name: "EE Tammy Tester", "SP Timothy Tester", "CH Tommy Tester", and "CH Tim Tester". Below these is an unchecked checkbox labeled "Waive Dental Coverage". A table shows two plan options: "Delta Dental PPO Plan" with "Employee Only" for \$0⁰⁰ and "Employee + Family" for \$0⁰⁰. The "Employee + Family" option is highlighted with a green bar and a "Selected Plan" button. At the bottom is a "Learn More" button.

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.

You have access to two voluntary vision plans through VSP. They give you the freedom to see any vision provider you choose, but you'll typically save money at an in-network provider.

Please note 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.

There is a monthly premium cost for vision coverage and the cost increases based on the number of dependents covered.

Below is an example of costs, rates may vary depending on bargaining unit.

Plan Costs	Monthly Premium	10thly Premium	Monthly Premium	10thly Premium
Individual Only	\$9.24	\$11.09	\$15.47	\$18.56
Individual +1	\$13.50	\$16.20	\$22.53	\$27.04
Individual + Family	\$24.20	\$29.04	\$40.42	\$48.50



Los Rios Community College District offers vision benefits through VSP. Your cost per paycheck is based on your plan choice and enrolled dependents. Select members to be covered or choose to Waive coverage.

Online Employee Benefits System: Open Enrollment



Vision

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

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

Waive Vision Coverage

Vision Basic Plan VSP	Monthly Cost
Employee Only	\$9 ²⁴
Employee + One	\$13 ⁵⁰
Employee + Family	\$24 ²⁰

Select Plan

Los Rios Community College District offers vision benefits through VSP. 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

Enrollment in a Los Rios vision plan is a two-year commitment, and you cannot cancel coverage until 24 months have passed (unless you have a qualified change in status event). Employees who cancel their vision coverage for any reason will have a required minimum 24-month waiting period before re-enrolling.

There are two plans to choose from:
Vision Basic Plan
and
Vision Buy-up Plan

Select the plan that best fits your situation.

Vision Basic Plan VSP	Monthly Cost
Employee Only	\$9 ²⁴
Employee + One	\$13 ⁵⁰
Employee + Family	\$24 ²⁰

Select Plan

[Learn More](#)

Vision Buy-up Plan VSP	Monthly Cost
Employee Only	\$15 ⁴⁷
Employee + One	\$22 ⁵³
Employee + Family	\$40 ⁴²

Selected Plan

[Learn More](#)

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

FSAs help you save money on healthcare and dependent care expenses by paying for eligible expenses with tax-free dollars. Enrollment for these plans is held in the fall for a January 1 effective date.

Medical FSA: Get reimbursed for eligible medical, dental and vision out-of-pocket expenses, like deductibles, copays, coinsurance and prescription drugs, as well as other qualified medical expenses that aren't covered by your health plans.

Limited Purpose FSA: If you're enrolled in one of our HDHP plan options with an HSA, you are only eligible for the limited purpose FSA, which can be used to pay for qualified dental and vision expenses.

Dependent Care FSA: Get reimbursed for eligible child and elder care expenses (such as day care) while you work, regardless of the medical plan you're enrolled in.

Keep in mind that any unused FSA balance at the end of the plan year will generally be forfeited.

To enroll in a Healthcare FSA or Limited Purpose FSA, designate an election amount. You can designate either an annual amount or a per paycheck amount up to the IRS maximum.

Online Employee Benefits System: New Hire



\$ Flexible Spending Account

Health Care Flexible Spending Account *Basic Pacific*

HealthCare

Insert your annual amount or per paycheck amount below.

Contributed So Far	New Annual Contribution	New Per Paycheck
\$0.00	\$ 0.00	\$ 0.00

[Learn More](#)

If you do not wish to participate in the Flexible Spending Account, it is imperative that you leave the New Annual Contribution and New Per Paycheck fields as \$0.00.

Healthcare FSA

Flexible Spending Accounts (FSA) allow you to set aside money on a pre-tax basis for expenses not covered under a traditional medical, dental, or vision plan. The maximum annual contribution is \$2,750.

Common expenses include copays, deductibles, orthodontics, hearing aids, laser eye surgery, eye glasses, infertility treatment, medical equipment, and over-the-counter drugs.

Limited Purpose FSA

Limited Purpose Flexible Spending Accounts (LPFSA) are offered if you are enrolled in a medical FSA or intend to enroll in one during next year's medical/dental/vision open enrollment period. These plans allow you to set aside money on a pre-tax basis for dental and vision expenses not covered under a traditional plan. The maximum annual contribution is \$2,750.

Common expenses include orthodontics, laser eye surgery, eye glasses and contacts.

Important: All funds must be used within the plan year. Unused funds will be forfeited. For important dates and deadlines to use funds and submit claims, contact Basic Pacific or your benefits department.

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

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

To enroll in a Dependent Care Spending Account you must have eligible dependents entered on the 'Dependents' screen.

You can designate either an annual amount or a per paycheck amount up to the IRS maximum.

Online Employee Benefits System: New Hire





Dependent Care Spending Account

Dependent Care Flexible Spending Account *Basic Pacific*

Dependent Care

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

Contributed So Far	New Annual Contribution	New Per Paycheck
\$0.00	<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>

 [Learn More](#) 

If you do not wish to participate in the Flexible Spending Account, it is imperative that you leave the New Annual Contribution and New Per Paycheck fields as \$0.00.

IMPORTANT: PLEASE READ BEFORE ELECTING THIS PLAN.

A Dependent Care Flexible Spending Account is a benefit plan that allows eligible Los Rios Community College District members to use pre-tax dollars to pay for expenses up to a specified limit for qualified dependents (children up to age 13 or elder care for qualified individuals) and qualified expenses in compliance with IRS rules (<https://www.irs.gov/pub/irs-pdf/p503.pdf>). Please note that this benefit is for dependent care expenses only **not** medical expenses.

Dependent Care Flexible Spending Accounts (FSA) allow you to set aside money on a pre-tax basis to pay for child care (children up to age 13) or elder care for qualified individuals. The maximum annual contribution is \$5,000.

Common expenses include before and after school care, summer camp, nannies, and babysitters. The expense must be directly tied to your need to work and therefore pay others to help care for your dependents.


Important: All funds must be used within the plan year. Unused funds will be forfeited. For important dates and deadlines to use funds and submit claims, contact Basic Pacific or your benefits department.

Dependent Care benefits elected offset the Federal Tax Credit on your Federal Tax Return.

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

Los Rios provides you with basic life and accidental death and dismemberment (AD&D) insurance through Unum at no cost to you. This coverage provides financial security for your beneficiaries should you pass away. Basic coverage is provided at \$50,000 automatically.

Online Employee Benefits System: Open Enrollment



Basic Life and AD&D

Basic Life and AD&D UNUM

In the event of your passing, your beneficiary would receive approximately **\$50,000**

If death is a result of an accident, your beneficiary will receive approximately **\$50,000** additional benefit.

Enrolled

[Learn More](#)

Los Rios Community College District provides Basic Term Life and Accidental Death and Dismemberment (AD&D) benefits as part of your overall benefits package.

Los Rios Community College District pays for this benefit 100% - there is no cost to you.

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

- ✓ Benefit summaries and plan documents
- ✓ Forms, resources, and links to provider website

[Continue to next section](#)

Learn more at: [District-Paid Life Insurance and AD&D Coverage Highlights](#)

You may purchase additional life insurance for yourself, your spouse or domestic partner and your child(ren). In order to purchase Life/AD&D coverage for your spouse/domestic partner and/or child, you must purchase Life/AD&D coverage for yourself.

Your Voluntary Term Life and Accidental Death & Dismemberment (AD&D) coverage options are:

Employee:
\$10,000 increments up to \$750,000

Spouse/Domestic Partner:
Up to 100% of employee amount in increments of \$5,000

Child (birth to 6 months):
\$1,000 total

Child (age 6 months to 26 years):
\$10,000 total

Online Employee Benefits System: Open Enrollment

Voluntary Life and AD&D

Voluntary Life and AD&D by UNUM

Employee

Currently Enrolled/Approved for: \$0

Waive

Learn More

Additional life insurance can be purchased for you and your family at low group rates.

- ✓ The amount of life insurance you may elect is displayed with the cost per paycheck
- ✓ Premiums are deducted from your paycheck on a post-tax basis
- ✓ Life insurance proceeds are not taxable
- ✓ For children less than 6 months old, benefits may be subject to reductions or restrictions
- ✓ For employees and spouses age 65 and older, benefits may be subject to reductions

Evidence of Insurability (EOI) Requirements

- ✓ If you select an amount that says "EOI Required", that means you've requested an amount in excess of the UNUM "Guarantee Issue" limit
- ✓ To be approved for the full requested amount, you and/or your spouse must complete an Evidence of Insurability (EOI) form and submit to UNUM for underwriting approval

Please Note: The EOI access code is: 26213ZC

In the event of a claim, all benefits require validation by Los Rios Community College District and UNUM and may be subject to Evidence of Insurability documentation requirements.

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

A life insurance beneficiary is the person or entity that will receive the money from your policy's death benefit when you pass away.

Whether you have the Basic Life or purchase additional Voluntary Life insurance, you need to choose the beneficiary of the policy. Your beneficiary may be, for example, a child or a spouse.

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Online Employee Benefits System: Open Enrollment



Beneficiary Information

Please complete your beneficiary information.

✓ In the event of your death, your Primary Beneficiary(ies) will receive the benefit proceeds.

If your Primary Beneficiary(ies) are no longer living, then benefit proceeds will go to the Contingent Beneficiary(ies). If you have no contingent beneficiary, and you have a spouse and/or child, the employee is automatically the beneficiary.

Info:

required.

on:	City:	State:	Percent:	= Make Equal	Actions

es) Info:

on:	City:	State:	Percent:	= Make Equal	Actions

⏪ Continue to next section

To add a beneficiary click the 'Add Beneficiary' button underneath 'Primary Beneficiary(ies) info' and/or 'Contingent Beneficiary(ies) info' as applicable.



Add Primary Beneficiary

** Indicates a required field.*

Name:

Relationship:

Date of Birth:

Social Security Number:

Country:

Street Address:

City:

State:

Postal Code:

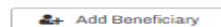
A pop-up window will appear for you to enter your beneficiary's information. In the 'Name' field you can choose one of your dependents from the drop down or you can choose to 'Add New'. If you do not choose a dependent from the list you will need to complete all fields marked with a red asterisk (*).

Name:	Relation:	City:	State:	Percent:	= Make Equal	Actions
Timothy Tester	Spouse	Orlando	FL	100	%	<input type="button" value="Edit"/> <input type="button" value="Remove"/>



Contingent Beneficiary(ies) Info:

Name:	Relation:	City:	State:	Percent:	= Make Equal	Actions
Tim Tester	Child	Orlando	FL	50	%	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Tommy Tester	Child	Orlando	FL	50	%	<input type="button" value="Edit"/> <input type="button" value="Remove"/>



If you enter multiple beneficiaries the system will calculate the percentages to balance equally for all. You can manually change the percentages if you choose to do so.

Los Rios provides eligible employees Unum LTD insurance at no cost. This coverage offers you and your family protection if you become disabled and are unable to work for an extended period.

This benefit begins either 90 days after the onset of the illness or injury, or after the exhaustion of 100% paid leave (whichever is greater).

LTD insurance pays you 66.67% of your monthly salary up to \$12,000 per month for two years, or up to the Social Security normal retirement age (depending on your class).

Online Employee Benefits System: Open Enrollment




Long Term Disability

Long Term Disability UNUM

Should you become disabled and qualify for benefits, your monthly benefit payment would be approximately: \$

**Please note, final benefit amounts are subject to verification of annual earnings.*

Enrolled

 Learn More




Long Term Disability (LTD) benefits provide partial income replacement in the event that you become sick or disabled for an extended period of time.

Los Rios Community College District provides LTD to cover non work-related illnesses and/or injuries.

- ✓ Once approved, the plan will pay up to 66.67% of your monthly salary
- ✓ The maximum monthly benefit is up to \$12,000
- ✓ Employees must exhaust sick leave or 90 day disability period whichever is greater
- ✓ Benefits will be paid through the later of age 65 or Social Security Normal Retirement Age (SSNRA)
- ✓ Exact benefit amount will be determined by the carrier

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

 Continue to next section

With an ARAG Legal Plan you get 100% paid-in-full coverage for most covered legal matters when you work with an ARAG legal attorney.



ARAG Legal

ARAG Legal Plan ARAG

Why should you get legal insurance?



Receive 100% paid-in-full coverage for most covered legal matters when you work with a Network Attorney.



Save an average of \$2,100 per legal matter.*



Access to more than **13,000 attorneys** within ARAG's network with an average of 20 years of experience.



Quickly address your covered legal situations with a Network Attorney who is only a **phone call away for legal help and representation.**



Use DIY Docs® to help you create any of **350+ legally valid documents**, including state-specific templates.

Monthly Cost

Legal is everywhere. Protect yourself and your family with legal insurance.

Have you ever stopped to think about how many events in your life have legal aspects to them? There are the joys — like having a baby or buying the house of your dreams — and the challenges — like when true love doesn't work out or your kid gets in trouble with the law.

We are excited to offer you a benefit that is there for the legal ups and downs: legal insurance from ARAG®. With legal insurance, your Network Attorney fees are 100% paid in full for a wide variety of covered legal matters.

What does legal insurance cover?

Count on a broad range of coverage and services, like:

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

- ✓ Wills and estate planning
- ✓ Real estate and home ownership
- ✓ Traffic tickets and license suspension
- ✓ Disputes with a landlord
- ✓ Family law matters
- ✓ Small claims court
- ✓ Consumer fraud
- ✓ Personal property disputes
- ✓ Student loan debt
- ✓ Bankruptcy
- ✓ Tax audit
- ✓ And more!

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

LTC insurance can help cover the cost of personal and medical services for those who can no longer care for themselves for a period of time. Services can be provided in a nursing home, residential care facility or at your own home. Your family may apply for this benefit, even if you don't enroll yourself. Benefit amounts range from \$3,000 to \$9,000 after 90 days.

Online Employee Benefits System: Open Enrollment



Long Term Care

Los Rios Community College District provides Long Term Care (LTC) Insurance through UNUM. A LTC policy may help you be prepared for the financial realities associated with losing the ability to perform basic activities of daily living like bathing, eating and dressing.

How Do I Enroll?

- ✓ Click [here](#) to enroll with UNUM


Questions Regarding LTC?

- ✓ Website: Click [here](#) to create an account and/or sign in to your existing account
- ✓ Phone: (800) 227-4165

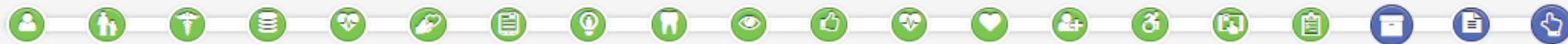
Learn More

- ✓ [Benefit Summary](#)
- ✓ [Things you should know](#)
- ✓ [Long Term Care Policy](#)
- ✓ [Schedule of Benefits - Class 1](#)
- ✓ [Schedule of Benefits - Class 2](#)
- ✓ [Schedule of Benefits - Class 3](#)
- ✓ [Provider Website](#)

Collapse Section ▾

 Continue to next section


Online Employee Benefits System: Open Enrollment

 COBRA Initial Notification


Please review the [COBRA Initial Notification](#) by clicking the link provided.

1. This information is **important** should you decide to enroll in a COBRA eligible benefit. This notice is intended to summarize your rights and obligations under the group health continuation coverage provision of COBRA.
2. If you are enrolling your spouse in benefits, you are required to provide this [COBRA Initial Notification](#) to your spouse as well.
3. You and your spouse (if enrolled) should take the time to read this notice carefully.
4. By submitting your online enrollment elections, you acknowledge receiving your [COBRA Initial Notification](#) and that you are responsible for providing this information to your enrolled spouse (where applicable).
5. A paper copy is available upon request. Please contact (888) 600-3440.


This notification is only applicable to all employees and dependents who elected a COBRA eligible benefit.


 [Learn More](#)



 Continue to next section

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.



 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.

Final Review

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 7-10 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](#)

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?

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.

As an employee of an educational institution, you may participate in a tax-deferred retirement savings program.

Through these programs, you can save a portion of your pay before federal and state income taxes. Funds are only taxed when withdrawn (usually at retirement – you may face penalties for early withdrawals). There is risk associated with 403(b) and 457 programs, as funds are not insured and are subject to earnings (or losses) based on investment choices and market performance.

– Investment Options

Your investment vendor must be listed on the CalSTRS website, [403bcompare.com](https://www.403bcompare.com).

For the 457 plan, specific companies are eligible for Los Rios' program: CalPERS, CalSTRS, Schools Financial Credit Union, and TIAA-CREF. CalPERS members may invest in the CalSTRS 457 program, and CalSTRS members may invest in the CalPERS 457 program.

Visit the [Envoy Plan Services website](#) for a list of eligible companies.

– How to Enroll

You must first establish a 403(b) or 457 account under Los Rios with one of the companies on the approved vendor list. Once you select a company, ask for information on their 403(b) or 457 plan. They will provide an account application for you to complete.

During this process, complete the online Salary Reduction Agreement (SRA) on the Envoy website. This form provides the necessary information for Los Rios to initiate your payroll deduction.

You may enroll or change your deduction any time by submitting a new online SRA form to Envoy, but are subject to month-to-month cut-off dates to meet specific IRS and payroll deadlines. Please keep copies of all forms you submit.

– Maximum Contribution

The 2022 maximum contribution for 403(b) and 457 plans is \$20,500 per calendar year for employees under age 50, and \$27,000 per calendar year for employees aged 50 or over as of the last day of the year. These plans have separate limits, so you may contribute twice the amount listed if contributing to both types of plans.

- SBC information: <https://employees.losrios.edu/>
Click on your Employee Groups, select your bargaining unit, and then scroll to Resources and select the carrier
- Initial COBRA notice: <https://employees.losrios.edu/lrccd/employee/doc/benefits/health-ins/cobra.pdf>
- ACA Marketplace Notice: <https://employees.losrios.edu/lrccd/employee/doc/benefits/notices/aca-marketplace-notice.pdf>
- Employee Assistance Program (EAP) flyer: <https://employees.losrios.edu/lrccd/employee/doc/benefits/eap/eap-info.pdf>
- Annual Notices: <https://employees.losrios.edu/lrccd/employee/doc/benefits/notices/health-plan-notices.pdf>
- 403(b) & 457 information: <https://employees.losrios.edu/lrccd/employee/doc/benefits/retirement/403b-457-instructions.pdf>
- Flexible Benefit Plan Summary Plan Description (SPD):
<https://employees.losrios.edu/lrccd/employee/doc/benefits/cafeteria/flex-spd.pdf>
- Vacation Balance Disposition Form (if applicable): <https://employees.losrios.edu/lrccd/employee/doc/bs/forms/bs-64.pdf>
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Sick Leave Transfer Form (if applicable):
<https://employees.losrios.edu/lrccd/employee/doc/bs/forms/bs-195.pdf>

Nicole Keller

Employee Benefits Supervisor

kellern@losrios.edu

(916) 568-3197

Benefits Department Main Line

E-Mail: benefits@losrios.edu

Phone: (916) 568-3070

Hours:

Monday through Friday

8:00 am to 4:30 pm

Internet address:

<https://employees.losrios.edu/benefits>

Mailing address:

Attn: Employee Benefits Department

1919 Spanos Ct

Sacramento, CA 95825