

Adjunct LRCFT Employees Open Enrollment FAQs

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Open Enrollment Dates

Fall Semester:

Open Enrollment Period: August 1st to August 23rd

Coverage period: September 1st through February 28th

Deadline for Form Submission: August 23rd

Spring Semester:

Open Enrollment Period: January 8th to January 29th

Coverage period: March 1st through August 31st

Deadline for Form Submission: January 29th

Eligibility

To be eligible for Medical and/or Dental Benefits you must meet the following requirements:

- Have a Tentative Class Schedule (TCS) with a FTE of .300 or greater for the upcoming semester.
- Have taught 2 of the last 5 semesters with a minimum .300 FTE
 - *Summer sessions are not included*
- Do not have other group Medical or Dental coverage
- Have completed and submitted all required enrollment forms to the Benefits Department by established deadlines.
- Will be working on September 1st or March 1st of each academic year based on an approved and processed TCS providing for a total of at least 30% full time (.300 FTE)
 - *Workload assignments of other types (for example, Employment Service Agreements, Personal Service Agreements, and so on) do not count toward the FTE requirement for medical and dental benefits.*

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

Re-Enrolling in Coverage

If you are continually employed by Los Rios but lose eligibility due to FTE of less than 0.30, you can reenroll the first semester you regain eligibility even if you do not continue coverage through COBRA or have other group health coverage during that same period.

However, if you do not re-enroll when you regain eligibility, you will be treated as if you voluntarily dropped coverage, and you will be ineligible to re-enroll until the enrollment period for March 1st or September 1st following 18 months from the initial loss of coverage.

To re-enroll: You must complete and submit a new enrollment during the open enrollment period. A re-enrollment is treated the same as a new enrollment.

Benefits will not be automatically reinstated. If you do not complete the enrollment process you will not have coverage.

Review page 8 of the [Adjunct Benefits Guide](#) for more information regarding termination of coverage.

No Change to Existing Coverage

If you currently have coverage (medical and/or dental) and are satisfied with your current elections, **No Action is Required.**

Your current benefits will continue for the 2022-2023 plan year, as long as you retain eligibility. However, we recommend that you visit the benefits enrollment supersite and review and update your information, if necessary, including dependent Social Security numbers.

Please note the following:

- Premium amounts are based on the FTE for each semester so there may be a change in your premium amount (higher or lower cost).
- If you teach at Sierra College you still need to submit a Request for Inclusion of Sierra FTE form.
- Adding or removing dependents requires a new enrollment form.
- Your next opportunity to enroll or make changes, with the exception of mid-year qualifying events, will be during the next semester's enrollment period.

Benefits Supersite

Eligible adjunct 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 shows the Los Rios Resources for Employees website. The top navigation bar includes 'EMPLOYEE LOGIN', 'DIRECTORY', 'LOSRIOS.EDU', and a search icon. Below this is a dark blue navigation bar with 'Employee Groups', 'HR & Benefits', 'Forms & Services', 'Our Organization', and 'Technical Support'. A dropdown menu is open under 'EMPLOYEE LOGIN', listing options 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 'Adjunct LRCFT Benefits' and a right arrow icon. Below this are four blue tiles with white text and right arrow icons: 'Confidential Benefits', 'Fu...', 'LRCEA LTT Benefits', and another 'LRCEA LTT Benefits' tile.

[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)

w1234567

[Forgot Login](#)

Password

.....

[Forgot Password](#)

Is this a private computer/device?

Yes **No**

Login

[? 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

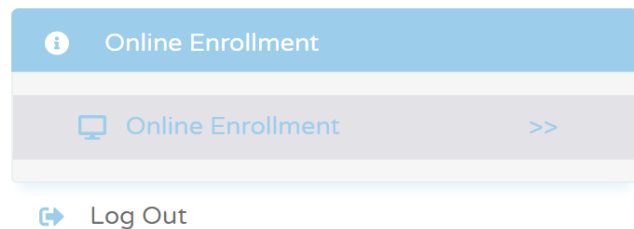


EMPLOYEE
RIGHTS



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




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]

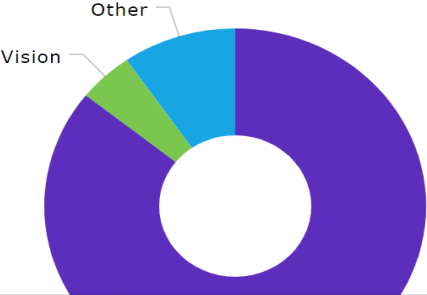
Work Phone:

[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.
Select 'Adjunct Employees Annual Enrollment' and click the 'Continue to next section' button.

Online Employee Benefits System

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

Adjunct Employees Annual Enrollment



What date did the above event occur?

08/01/2022

[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.

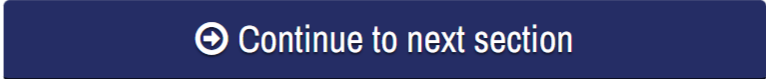
ACA Employment Classification:	Part-Time
Most Recent Hire Date:	mm/dd/yyyy
Pay Group:	ADJ
User ID:	w1234567

Eligibility Information

** Indicates a required field*

Job Title:	Adjunct
Benefit Status:	
Location:	01ARCMAN
Bargaining Unit:	Adjunct Employees
FTE:	.500

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, and Life insurance, 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.

 **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

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

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

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"/>	

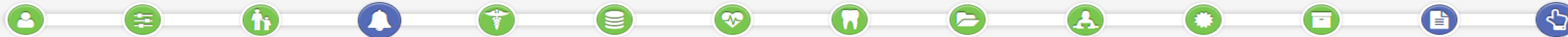
Joint Medical Insurance Program

If you also teach at Sierra College you may participate in the Joint Medical Insurance Program for a reduced FTE.

- You must file a [Request for Inclusion of Sierra College FTE form](#) **every semester** to the Los Rios Employee Benefits Department by August 23rd (for fall semester benefits) and January 25th (for spring semester benefits). The information is verified with Sierra College prior to final approval.
- Applies to medical insurance benefits only and does not affect dental premiums.
- Must have a minimum of .300 FTE with Los Rios and a combined FTE (LRCCD & Sierra) of greater than .600
- This form is now in the Benefits Supersite, and must be completed through that system.

We will no longer be accepting the Form: Request for Inclusion of Sierra College FTE BS-51




Online Employee Benefits System: Adjunct Employees Annual Enrollment

 Request for Inclusion of Sierra College FTE


Adjunct faculty members who are enrolled in the Los Rios medical insurance program and are teaching at Sierra College may be eligible to utilize their Sierra College FTE to reduce their cost for medical insurance, subject to the terms and conditions listed here.

- ✓ To include my Sierra College FTE, I understand that I **must submit this certification form EACH AND EVERY semester of insurance coverage**. I understand that this form is due each year by August 23rd for the fall semester and by February 10th for the spring semester (or the next available business day, if these dates fall on a weekend or holiday).
- ✓ Failure to ensure receipt of an original Request for Inclusion of Sierra College FTE form by the Employee Benefits Department by the due date(s) will result in the exclusion of Sierra College FTE for benefits purposes. Insurance coverage may not be canceled after August 23rd or February 10th due to non-receipt of this form and your premiums will be based on LRCCD FTE only.

* Indicates a required field

* Semester & Year (i.e., Fall 2019)	Fall 2022
* Los Rios FTE (i.e., .311) LRCCD FTE must be .300 or greater 	.450
* Sierra College FTE (i.e., .311)	.300
Sierra College ID number	12345
* Total FTE (Los Rios + Sierra)	.750 
* I have read and understand the plan provisions as shown here.	Acknowledge 

Total FTE
(LRCCD + Sierra)
must be Greater
than .600

 Continue to next section

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.

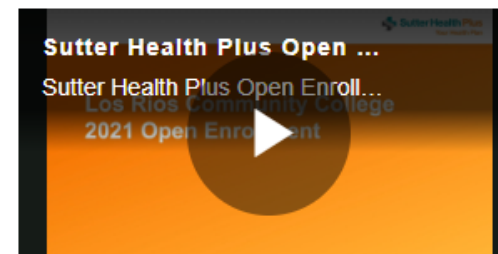


<input checked="" type="checkbox"/>	EE Tammy Tester						
<input checked="" type="checkbox"/>	<table border="1"><thead><tr><th>Primary Care Physician Name</th><th>PCP ID</th><th>Current Patient</th></tr></thead><tbody><tr><td><input type="text" value="Dr. Ed"/></td><td><input type="text" value="00000001"/>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

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

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 <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

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](#)

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.

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 BASIC, you are required to complete the [Employee Enrollment Form](#).

This form can be completed digitally and emailed to the benefits department at benefits@losrios.edu. **Do not include social security numbers on this form.**

Online Employee Benefits System: Open Enrollment

Health Savings Account

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

permissible 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


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.

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.

Learn more at: [Delta Dental Active Plan Resources](#)

Confirmation of FTE

The Employee Benefits Department will confirm all TCSs on file with the Human Resources Department on the last day of the Open Enrollment period. Monthly premiums are based on the posted FTE as of this date.

Spring Semester: January 29th

Fall Semester: August 23rd

FTE changes after the enrollment deadline will not affect monthly premiums unless the TCS is canceled in its entirety.

It is each employee's responsibility to monitor the cost for coverage each semester.

Employee's will not be permitted to terminate coverage based on cost and affordability after the semester's enrollment deadline.

Premium Calculator



Premium Contribution Calculator

The entered FTE must be between .300 and .600

- A FTE below .300 is not eligible for benefits
- A FTE above .400 will have the same premium amounts as a .400 FTE

requirements for participation, the following calculator will allow you to determine – based on FTE entered – your share of the monthly premium plans and dental plan offered at Los Rios.

medical and dental premium contribution calculator.

tribution is .600. Anything over .600 is treated as .600.

our premium costs will change from semester to semester with changes to your FTE or premium and/or district contribution changes. Premium changes generally have a July 1 effective date, which coincides with our medical plan year renewal.

**responsibility to monitor your cost for coverage each semester--you will not be permitted to terminate coverage based on cost and affordability
llment deadline.**

** Indicates a required field*

* I have reviewed the premium calculator and understand the cost of my benefits based on my current FTE.

Acknowledge

➔ Continue to next section

If you have an FTE of 0.400 or higher, then you will receive the full district contribution toward benefits for that semester.
If you have an FTE between 0.300 and 0.399, you will receive a pro-rated district contribution.

Adjunct Faculty Medical/Dental Premium Contribution Calculator

[Home](#) > [HR & Benefits](#) > [Employee Benefits](#) > Insurance Premium Contribution Calculator

Enter your FTE for the upcoming semester into the premium calculator box and hit 'Calculate'

The premiums listed for each carrier and plan is the monthly rate that will be deducted from your pay warrant each month. As an adjunct employee you pay the monthly rate over five pay periods for six months of coverage.

The monthly premium rates are composite rates. This means the cost is the same regardless of how many people are covered under the plan. The costs do not increase if you add covered dependents.

For participants for participation, the following outlines your share of the tenthly plans and dental plan offered at Los Rios based on your FTE entered. Your rate as of January 29, 2024, for the spring will be used to determine your premiums.

For FTEs of 0.300 or greater, then you will receive the full district contribution toward benefits for between 0.300 and 0.399, you will receive a pro-rated district contribution of 0.300. Changes in FTE will not affect your share of the tenthly premium or ability to participate in its entirety. It is your responsibility to ensure the TCS is in place by

Procedures

Premium Contributions Based on FTE

Health Insurance Certification

You must acknowledge that you have read and understand the plan provisions and eligibility requirements to continue with your enrollment. This replaces the [Health Insurance Certification for Adjunct Faculty Form BS-114](#) that was previously required for enrollment.

Online Employee Benefits System: Adjunct Employees Annual Enrollment

Health Insurance Certification

Adjunct faculty members are eligible to enroll in the District medical and dental insurance program, subject to the provisions of the Los Rios College Federation of Teachers (LRCFT) collective bargaining agreement.

1. I am not covered by other insurance as an employee, spouse, or dependent in a plan fully or partially paid by another employer.
2. If I become covered by another medical or dental insurance policy, I will notify the Employee Benefits Department within 30 days. I understand that if I fail to do so, I must repay the District for any insurance costs incurred by the District during the period of dual coverage.
3. I understand that I must file this certification when first applying for coverage, or when re-enrolling after a break in coverage.
4. I understand that my cost for this insurance will be deducted from my pay, and these costs and related payroll deductions will vary each semester as my FTE changes and as the insurance carrier changes the total premium cost. This certification constitutes my approval for the District to make such changes as provided for under the LRCFT agreement.
5. I understand that completion of this form alone does not automatically enroll me in a medical and/ or dental plan and that I have to complete specific medical/dental insurance carrier enrollment application forms as part of the enrollment process. I further understand that completion of a medical carrier application form only does not automatically enroll me in a dental plan, and completion of a dental form does not automatically enroll me in a medical plan.
6. [Click here](#) to read the Excerpt from the 2017-2020 Contract between the Los Rios College Federation of Teachers and the Los Rios Community College District.

** Indicates a required field*

* I have read the Excerpt from the 2017-2020 Contract between the Los Rios College Federation of Teachers and the Los Rios Community College District and understand the plan provisions and eligibility requirements.

Acknowledge

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 terminating.



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.



Premium Total
\$0⁰⁰

✓ 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.

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.

Benefit elections made during Open Enrollment will be effective on the first day of the upcoming coverage period for the semester (September 1st for the Fall and March 1st for the Spring)

 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.

Loss of Eligibility - COBRA

If you have coverage and are no longer eligible for the upcoming semester your benefits will be terminated effective the last date of the coverage period. Once benefits are terminated due to ineligibility you will have the option to continue coverage through COBRA.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a health insurance program that allows eligible employees and their dependents the continued benefits of health insurance coverage if the employee loses their job or experiences a reduction in work hours.

Download the [COBRA Continuation Coverage Information](#) to learn more.

If coverage is terminated due to ineligibility COBRA enrollment forms will be mailed to the residential address on file with the district after the open enrollment period has ended.

Contact Information

For more information regarding Adjunct employee benefits please refer to the

[ADJUNCT BENEFITS GUIDE](#)

or visit the Adjunct LRCFT Benefits page

[HTTPS://EMPLOYEES.LOSRIOS.EDU/EMPLOYEE-GROUPS/CERTIFICATED-EMPLOYEES/ADJUNCT-LRCFT-BENEFITS](https://employees.losrios.edu/employee-groups/certificated-employees/adjunct-lrcft-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.