

Welcome to LRCCCD Employee Benefits

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.

Table Of Contents

Miscellaneous

- [Terms to Know](#)
- [Benefits Online](#)
- [Eligibility](#)
- [Premium Deductions](#)

Enrolling and Making Changes

- [As a New Hire](#)
- [During Open Enrollment](#)
- [Qualifying Life Event](#)

Benefits Supersite

- [Welcome Screen](#)
- [Benefits Dashboard](#)
- [Elections](#)

Personal Information

- [My Profile](#)
- [Add Dependents](#)
 - [Spouse/Domestic Partner](#)
 - [Child](#)
- [Dependent Documentation](#)

Medical Benefits

- [Health Maintenance Organization \(HMO\)](#)
- [Deductible Health Maintenance Organization \(DHMO\)](#)

- [High Deductible Health Plan \(HDHP\)](#)
- [HMO vs HDHP How to Decide?](#)
- [Selecting Coverage](#)
 - [Add Covered Dependents](#)
 - [Select Plan](#)
- [Waive Medical Coverage](#)
 - [Cash-In-Lieu](#)

Health Savings Account (HSA)

- [Eligibility](#)
- [Enrollment](#)
- [Fidelity](#)

VOYA Voluntary Benefits

- [Critical Illness](#)
- [Accident Insurance](#)
- [Hospital Indemnity Insurance](#)

Dental Benefits

- [Delta Dental](#)

Vision Benefits

- [Vision Service Plan \(VSP\)](#)

Employee Assistance Program (EAP)

- [SupportLinc](#)

Flexible Spending Accounts (FSA)

- [HSA vs FSA](#)

- [Medical FSA](#)
- [Limited Purpose FSA](#)
- [Dependent Care FSA](#)

UNUM Life Insurance

- [Basic Life and AD&D](#)
- [Voluntary Life and AD&D](#)
- [Beneficiaries](#)

UNUM LTD

- [Long Term Disability](#)

ARAG

- [Legal Insurance](#)

UNUM LTC

- [Long Term Care](#)

Complete Enrollment/Submission

- [Final Review](#)
- [Benefit Confirmation Statement \(BCS\)](#)

MetLife

- [Pet Insurance](#)

Retirement Planning

- [403\(B\) and 457 Retirement Savings Plan](#)

Contacts

- [Carrier Contacts](#)
- [Employee Benefits](#)

Terms To Know

- **Premium:** The amount of money that's paid for your health insurance every month. Los Rios pays a portion of this amount and you pay the rest.
- **Deductible:** The amount of money you need to pay out-of-pocket before your insurance begins contributing money to your health care costs.
- **Network:** A group of doctors, hospitals, labs and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
- **Copay:** A predetermined dollar amount you pay for visits to the doctor, prescriptions and other health care (as specified by your plan).
- **Coinsurance:** The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 10%, you would pay 10% of the cost of the service and your insurance would pay the remaining 90%.
- **Out-of-Pocket Maximum:** The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.

Employee Benefits Online

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

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 an automatic benefit.

Select your employee group to learn more about the benefits available to you.

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



Benefits Guide (PDF)



Insurance Premiums Memo (PDF)

Eligibility

As a permanent employee with an assignment of 0.50 FTE or greater, you and your dependents are eligible for the benefits.

If you are a part-time employee, the District contribution for your medical benefits will be prorated based on your percentage to full-time.

Eligible dependents include your:

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

You are required to provide proof of dependent eligibility at the time of enrollment. (i.e., Marriage Certificate/Domestic Partnership Decree, Birth/Adoption Certificate) If your dependent becomes ineligible for coverage, then you must contact the Employee Benefits Department within 31 days.

Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Los Rios on behalf of your domestic partner are generally considered taxable income to you. [Domestic Partner Policies and Procedures](#)

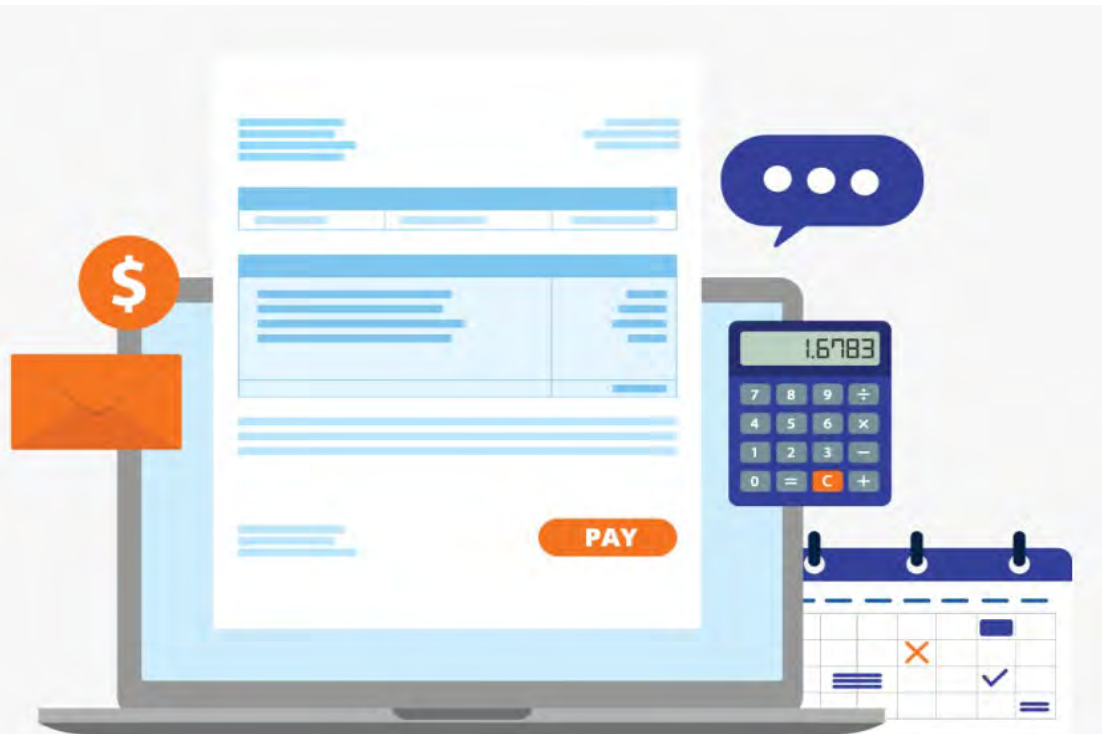
Premium Deductions

Benefit premiums are paid through payroll deductions.

Monthly premiums are paid a month in advance (ex. May payroll deductions pay for June coverage).

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.

For example: If your hire date is April 30th and you do not enroll in coverage until May 29th then you would have missed the April and May payroll dates and therefore your June pay would have triplicate deductions for May, June and July coverage.

Enrolling and Making Changes to Your Benefits

There are three opportunities to make changes to your benefits:

- [As a New Hire](#)
 - As a new hire, you can enroll in benefits effective the first of the month following your date of hire.
- [During Open Enrollment](#)
 - You can enroll in or make changes to your benefits each year during open enrollment (normally held in the fall) for benefits effective January 1 through December 31.
- [If You Have a Change in Status](#)
 - Your benefits elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event

As a New Hire

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		

**This is an IRS regulation; exceptions cannot be made for missed deadlines.*

During Open Enrollment

Each year during open enrollment (held in the fall), you can enroll in or make changes to your benefits effective January 1st – December 31st.

It is recommended that you visit the benefits site and review and update your information even if you are not making any changes to your current elections. Doing so allows you to review and/or update the following:

- Monthly Costs for Coverages for the Upcoming Plan Year
- Dependent Details such as Date of Birth and Social Security Numbers
- Beneficiary Details for Life Insurance

If you are satisfied with your elections and do not wish to make any changes you do not need to take any action during open enrollment.

However, please note that premium amounts are negotiated annually and subject to change. If you do not make changes during open enrollment your benefits will simply roll over to the new plan year, and the new premium amounts will be reflected on the first paycheck of the calendar year.

Voluntary coverages such as Flexible Spending Accounts do not roll over automatically and must be elected each year during open enrollment.

Qualifying Life Event

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

If you do not make changes during the open enrollment period, your next opportunity to do so would be during next year's open enrollment unless you experience a Qualifying Life Event.

Examples of qualified life events include (but are not limited to) a change in:

- **Marital Status:** including marriage, death of a spouse, divorce, annulment, or legal separation
- **Domestic Partnership Status:** including establishment or termination of the partnership
- **Number of Your Eligible Children:** including by birth, adoption, placement for adoption, or death
- **Change in Eligibility Status:** including aging out of coverage or a change of address

You must log into the supersite, complete the applicable enrollment changes and provide the required documentation within 31 days of the event.

Benefits Supersite

Regular benefitted employees with a permanent assignment of .5 FTE or greater can now manage their benefits 100% online.

Visit www.mybensite.com/losrios for Direct Access OR You Can Access the Benefits Supersite Through the Employee Self-Service (ESS)

- Step-by-step enrollment guidance
- Cost per paycheck is displayed for each benefit elected
- Add and manage covered dependents
- Update beneficiaries
- Review and submit final elections
- Print your Benefit Confirmation Statement (BCS) for your records

On the Supersite You Can Also Review Your Options With

- Benefit summaries
- Side-by-side comparisons
- Insurance carrier information
- Member service information
- Provider search directories
- Forms and plan documents

Employee Benefits



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

If you are enrolling or making changes during Open enrollment
You will need to make sure that **'Next Year's Benefits'** is selected.
Once you continue you will be taken through the Open Enrollment process.

Online Employee Benefits System

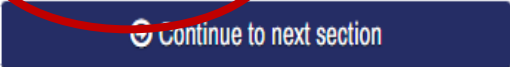
Welcome to your employee benefits management system.

To make (or change) benefit selections for next year's employee benefit offerings, select the "Next Year's Benefits" tab below. You have 22 days starting on October 7, 2024 and ending on October 28, 2024 to make your benefit selections for next year. This benefit selection period is commonly known as your "Open Enrollment Period." You can change your benefit selections at any time during this period by accessing this system. Next year's benefits will become active on January 1, 2025.

or

To make changes to your current benefit selections, select the "Current Benefits" tab below. (An approved, qualifying event may be required.)

Next Year's Benefits - 0 - Current Benefits

 Continue to next section

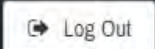
System Instructions!

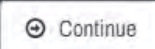
This should take approximately 10 minutes to complete.

If you close your browser or lose your internet connection, your changes will not be saved.

You must complete each step of the enrollment process and agree to the terms and conditions in order to be enrolled in your benefits.

Don't Show Again

 Log Out

 Continue

To make changes to your current benefit selections (outside of Open Enrollment), select the "Current Benefits" tab.

You will need to indicate in the system your reason for change.

If you are a New Hire you will choose that option from the dropdown menu.

If you have experienced a Qualifying Life Event you will choose the corresponding event.

Once you select your reason for change you will be asked to enter the date that the event occurred. (Must be within 31 days)

To make (or change) benefit selections for next year's employee benefit offerings, select the "Next Year's Benefits" tab below. You have 22 days starting on October 7, 2024 and ending on October 28, 2024 to make your benefit selections for next year. This benefit selection period is commonly known as your "Open Enrollment Period." You can change your benefit selections at any time during this period by accessing this system. Next year's benefits will become active on January 1, 2025.

or

To make changes to your current benefit selections, select the "Current Benefits" tab below. (An approved, qualifying event may be required.)


Next Year's Benefits - Or - Current Benefits

Reason For Update

Employee/Dependent Losing Other Coverag 

What date did the above event occur?

10/01/2024

 Continue to next section

My Profile

Review your personal information. This is the information that is on file with the district. You can only make changes to phone numbers and email addresses.

Premium Total

Online Employee Benefits System: Open Enrollment



My Profile

** Indicates a required field*

First Name:	<input type="text" value="Tammy"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text" value="Tester"/>
Suffix:	<input type="text"/>
Gender:	<input type="text" value="Female"/> ▼
Marital Status:	<input type="text" value="Single"/> ▼
Street Address 1:	<input type="text" value="123 Anyplace Rd"/>
Street Address 2:	<input type="text"/>
City:	<input type="text" value="Orlando"/>

For Name changes you need to complete a [Name / Address Change \(P-113\)](#) form and submit according to the instructions on the bottom of the form.

Address changes can now be submitted through [Employee Self Service \(ESS\)](#) under the 'Verify & Update My Information' tile.

Verify & Update My Information



Add Dependents

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

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 and/or Vision plan; it is important to understand that your coverage will be deducted as pre-tax and your domestic partner and domestic partner's children coverage is deducted as after-tax.

Confirmation of Dependent Information
I solemnly affirm that my covered dependents meet the definition of eligibility. I understand that my employer may request documentation and verification of this information at any time. If any of my dependent information should change in the future, it is my responsibility to notify my employer within 31 days from the date of change.

Spouse

Spouse Name	Date of Birth	Age	SSN	Documentation
Timothy Tester	01/01/1970	54	XXX-XX-1234	<input type="button" value="Choose File"/> No file

Children

Child Name	Date of Birth	Age	SSN	Questionnaire	Documentation
Tim Tester	05/02/2011	13	XXX-XX-1666	-	<input type="button" value="Choose File"/>

Eligible dependents include your:





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

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


Spouse

 Add Spouse

Children

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

 Add Child

 Continue to next section

For existing dependents:

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

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

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

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

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

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

[Domestic Partner Policies and Procedures](#)

Edit Spouse

* Indicates a required field

Relationship: Spouse Domestic Partner

* First Name: *

Middle Initial:

* Last Name: *

Suffix:

* SSN: XXX-XX-XXXX *

* Birth Date: mm/dd/yyyy *

* Gender: Male Female

* Does Dependent Have Other Medical Insurance: Yes No

Medicare Eligible: Yes No

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

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

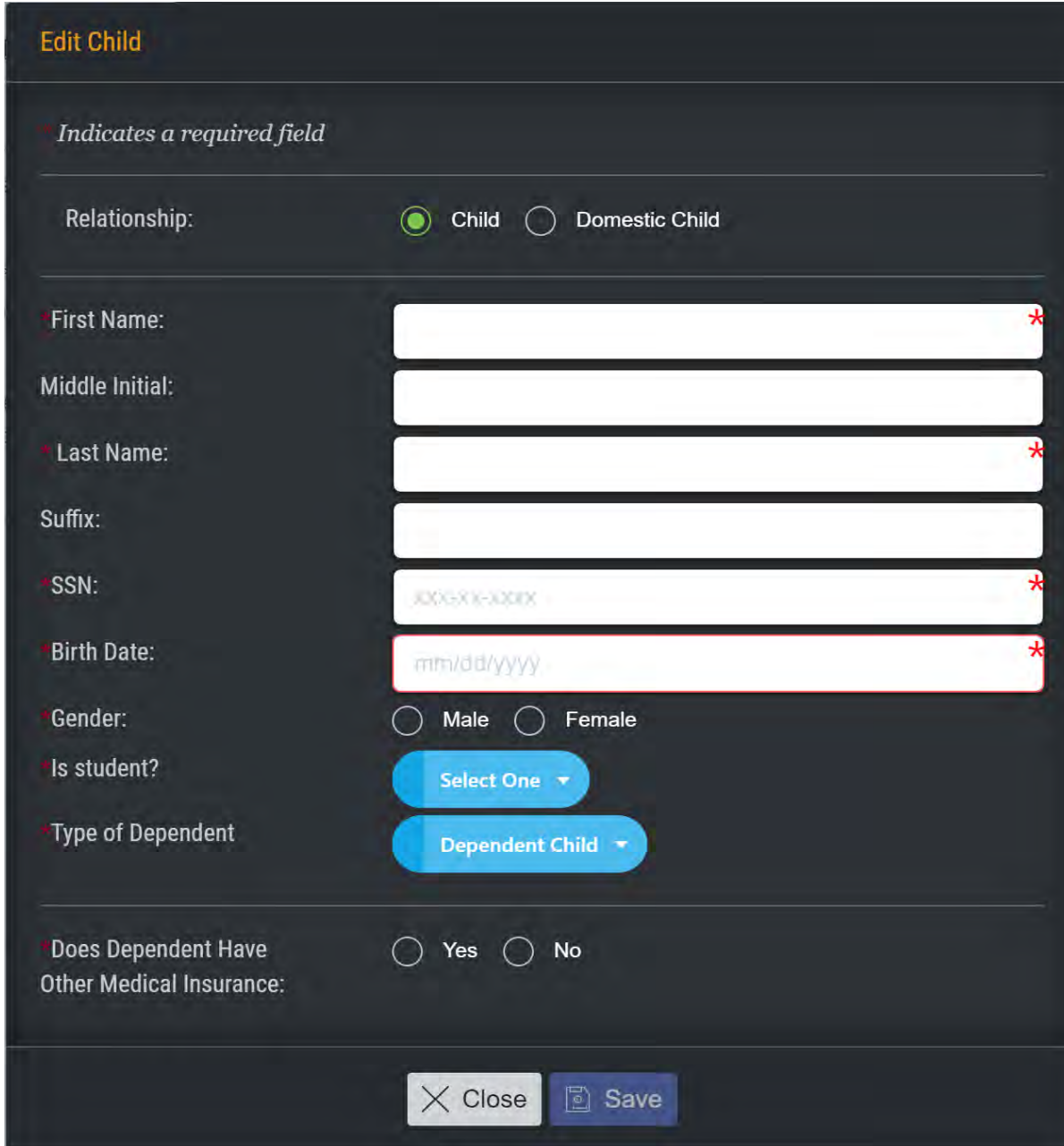
You must indicate the relationship, whether it is your child or the child of a domestic partner.

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

You will also need to indicate the Type of Dependent:

- Dependent Child
- Dependent Grandchild *
- Disabled Dependent

*Only Kaiser offers coverage for grandchildren and the parent of the child must be an eligible and covered dependent of yours.

A dark-themed form titled "Edit Child" in orange text. The form contains several fields with red asterisks indicating required fields. The fields are: Relationship (radio buttons for Child and Domestic Child), First Name (text input), Middle Initial (text input), Last Name (text input), Suffix (text input), SSN (text input with placeholder XXX-XX-XXXX), Birth Date (text input with placeholder mm/dd/yyyy), Gender (radio buttons for Male and Female), Is student? (dropdown menu with "Select One"), Type of Dependent (dropdown menu with "Dependent Child"), and Does Dependent Have Other Medical Insurance: (radio buttons for Yes and No). At the bottom right are "Close" and "Save" buttons.

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

Spouse

Spouse Name	Date of Birth	Age	SSN	Documentation	Actions
Timothy Tester	01/01/1970	54	XXX-XX-1234	<input type="button" value="Choose File"/> No file chosen	Edit Delete

Children

Child Name	Date of Birth	Age	SSN	Questionnaire	Documentation	Actions
Tim Tester	05/02/2011	13	XXX-XX-1666	-	<input type="button" value="Choose File"/> No file chosen	Edit Delete

When enrolling dependents in coverage you must provide the required documentation.

Documentation is required at the time of enrollment and without we are not able to approve coverage for your dependents. If documentation is not provided within 31 days of enrollment your dependents will not be added to your coverage and your next opportunity to enroll would be during the following year's open enrollment period.

Documentation can be uploaded to the site using the 'Choose File' button or emailed directly to the Employee Benefits Department at benefits@losrios.edu.

Medical Benefits

Los Rios Community College District offers comprehensive medical and prescription benefits. Your cost per paycheck is based on your plan choice and employee group. Los Rios Has Contracts With Kaiser Permanente, Sutter Health Plus, and Western Health Advantage to Provide Medical Coverage to Employees who live and/or work within the Northern California Service Area.

All Three Providers Offer both an HMO and a HDHP Option.
Kaiser Also Offers a DHMO Plan.

The Los Rios Insurance Review Committee (IRC) Meets with the Insurance Providers Annually to Negotiate the Rates and Services Provided. The IRC Includes a Representative From Each Bargaining Unit and works with EPIC, our insurance broker, who negotiates on our behalf.



**KAISER
PERMANENTE®**



Sutter Health Plus
Your Health Plan

Western Health
Advantage 

Health Maintenance Organization (HMO)

- Higher Monthly Premiums but No Annual Deductible Amount
- Services Provided for a Flat Fee (Co-Pay)
- Lower Out of Pocket Limits
- Composite Rates – Same Monthly Cost to Cover Dependents
- Eligible to Contribute to Flexible Spending Account (FSA)
- Not Eligible to Contribute to Health Savings Account (HSA)



[Kaiser Summary of Benefits and Coverage – Traditional](#)
[Sutter Health Plus Summary of Benefits and Coverage – HMO](#)
[Western Health Advantage Summary of Benefits and Coverage – Premier](#)

Deductible Health Maintenance Organization (DHMO)



- Lower Monthly Premium with an Annual Deductible Amount
- Some Services Provided for a Flat Fee (Co-Pay)
- Lower Out of Pocket Limits
- Composite Rates – Same Monthly Cost to Cover Dependents
- Eligible to Contribute to Flexible Spending Account (FSA)
- Co-Pays may be Waived with Double Coverage
- Not Eligible to Contribute to Health Savings Account (HSA)

Calendar Year Deductible	Individual: \$1,000 Family: \$2,000
Calendar Year Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000 (includes deductible)

High Deductible Health Plan (HDHP)

- Low or No Monthly Premium
- You Pay Up Front for Services Until you Reach the High Deductible Amount
- Composite Rates – Same Monthly Cost to Cover Dependents
- Eligible to Contribute to Health Savings Account (HSA)
- Depending on the Plan the District May Contribute to HSA
- Eligible to Contribute to a Limited Purpose and Dependent Care Flexible Savings Account
 - Cannot contribute to Medical Flexible Savings Account

- [Kaiser Summary of Benefits and Coverage – HDHP](#)
- [Sutter Health Plus Summary of Benefits and Coverage – HDHP](#)
- [Western Health Advantage Summary of Benefits and Coverage – HDHP Family](#)
- [Western Health Advantage Summary of Benefits and Coverage – HDHP Self](#)



**KAISER
PERMANENTE®**

Calendar Year Deductible	Calendar Year Out-of-Pocket Maximum
Individual: \$1,800 Individual w/ Family: \$3,300 Family: \$3,600	Individual: \$3,700 Individual w/ Family: \$3,700 Family: \$7,400 (includes deductible)



Sutter Health Plus
Your Health Plan

Calendar Year Deductible	Calendar Year Out-of-Pocket Maximum
Individual: \$1,650 Individual w/ Family: \$3,300 Family: \$3,300	Individual: \$3,300 Individual w/ Family: \$3,300 Family: \$6,600 (includes deductible)

**Western Health
Advantage**

Calendar Year Deductible	Calendar Year Out-of-Pocket Maximum
Individual: \$1,800 Individual w/ Family: \$3,300 Family: \$3,600	Individual: \$3,600 Individual w/ Family: \$3,600 Family: \$7,200 (includes deductible)

HMO vs HDHP How to Decide?

HMO might be a better choice if:

- You have a family with young children.
- You're planning to have a baby soon.
- You have a chronic condition that needs ongoing treatment.
- You take several prescription medications, or just one pricey drug.
- You or your children engage in high-risk sports or hobbies.
- You can't afford to pay a high deductible upfront before your health plan starts paying for nonpreventive services.

A HDHP can make sense for you if:

- You're healthy and rarely get sick or injured.
- You have no existing medical conditions.
- You can afford to pay the high deductible out of your pocket if an unexpected medical expense arises.
- You want to be eligible for the tax advantages of an HSA.

A sample fee list can help you understand your health care costs by showing the estimated amount you may pay for certain services. Keep in mind that this list doesn't include costs for hospital services, and the amount you're ultimately charged may vary based on the care you receive, the type of facility you visit, your plan details, and whether you've reached your deductible.

For the sample fee guides Click Here: [Kaiser](#) [Sutter Health Plus](#) [Western Health Advantage](#)

Selecting Covered Members

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.

Please carefully review your options to ensure that the dependent(s) you wish to enroll are selected (using the checkbox next to their name(s)). Your next opportunity to make changes to your benefits, including your dependents, will be during the next open enrollment period or within 31 days of a qualifying life event.

Name is checked so will have coverage.



The screenshot shows a navigation bar with various icons at the top. Below it, the 'Medical' section is active. A message reads: 'Please select members to be covered. (Covered Under Plan if Checked)'. There are three member cards:

- Tammy Tester (EE):** The selection checkbox is checked. Below the name is a form with three columns: 'Primary Care Physician Name' (with 'Dr. Ed' entered), 'PCP ID' (with '00000001' entered), and 'Current Patient' (with 'Yes' selected via a radio button).
- Tommy Tester (CH):** The selection checkbox is checked. Below the name is a form with three columns: 'Primary Care Physician Name' (with 'Dr. Ed' entered), 'PCP ID' (with '00000001' entered), and 'Current Patient' (with 'Yes' selected via a radio button).
- Tim Tester (CH):** The selection checkbox is unchecked.

On the right side of the page, there are two video thumbnails. The top one is titled 'Sutter Health Plus Open ...' and the bottom one is titled 'Los Rios Community College District'. Below the videos, there is a text block: 'Los Rios Community College District offers comprehensive medical and prescription benefits. Your cost per paycheck is based on your plan choice and enrolled dependents.'

Name is NOT checked so will NOT be covered.



Select Plan

As an employee of the District, you are required to either enroll or waive medical and dental coverage. If you choose to enroll in medical, under the plan of your choice click the 'Select Plan' button.

Kaiser HMO
Kaiser Permanente Monthly Cost

Employee Only

Employee + Family

Selected Plan

[Learn More](#)

Kaiser DHMO
Kaiser Permanente Monthly Cost

Employee Only

Employee + Family

Select Plan

[Learn More](#)

Kaiser HDHP HMO (HSA Compatible)
Kaiser Permanente Monthly Cost

Employee Only

Employee + Family

Select Plan

[Learn More](#)

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

WHA Premier 20 HMO
Western Health Advantage Monthly Cost

Employee Only

Employee + Family

Select Plan

[Learn More](#)

WHA 1800/0 HDHP HMO (HSA Compatible)
Western Health Advantage Monthly Cost

Employee Only

Employee + Family

Select Plan

[Learn More](#)

SHP HDHP HMO (HSA Compatible)
Sutter Health Plus Monthly Cost

Employee Only

Employee + Family

Select Plan

[Learn More](#)

SHP ML52 HMO
Sutter Health Plus Monthly Cost

Employee Only

Employee + Family

Select Plan

[Learn More](#)

If you have already been assigned a Primary Care Physician (PCP) and you are looking to change providers, please contact your medical carrier directly to make a change. If you are enrolling yourself or any dependents into a medical plan for the first time or changing medical carriers (i.e. Kaiser to SHP), you can designate your PCP here or directly with the medical carrier.

*Designating your PCP in the Optavise System is still subject to carrier approval. If after you receive your medical card you wish to change the provider, please contact the appropriate carrier.

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

Cash-In-Lieu Program

Participating Bargaining Units: LRCFT*, Confidential, LRCEA (FT), LRMA, SEIU,
Contract Managers, Board Members

*LTT and Adjunct employees not eligible for CIL

Receive cash-in-lieu in the form of \$100 in taxable monthly income if you waive medical coverage and provide documentation of other coverage

To Participate You Must:

- Waive Medical Coverage Through the Benefits Supersite
- Provide Proof of Other Coverage Either by Uploading to Benefits Supersite or Submitting via Email to Benefits@LosRios.edu
 - Documentation must Clearly Show: Names of Those Covered, Effective Dates of Coverage, and the Type of Coverage.
 - If a Covered Dependent of Another Los Rios Employee (i.e. Spouse) You Can Download a Benefits Confirmation Statement From The Supersite to Submit
- **Must Resubmit Documentation Annually**
- **Cash-In-Lieu is Not Retro-Active**
- **Cash-In-Lieu Payments Begin with the Payroll Following Submission of Proof of Other Coverage**

Health Savings Accounts (HSA)

HSA ELIGIBILITY

You must meet several IRS eligibility requirements in order to establish and contribute to an HSA. It is your responsibility to determine if you are eligible:

- You must be enrolled in an HSA-eligible health plan on the first day of the month. For example, if your coverage is effective on May 15, you are not eligible to contribute to or take a distribution from your HSA until June 1.
- You cannot be covered by any other health plan that is not an HSA-eligible health plan.
- You cannot currently be enrolled in Medicare. (Contributions must be stopped 6 months prior to enrolling in Medicare)
- You cannot be claimed as a dependent on another person's tax return.

If you open an HSA and do not meet the above criteria, your contributions, any investment earnings, and distributions may be subject to income taxes, penalties, and/or excise taxes. Additionally, in order to open and contribute to a Fidelity HSA®, you must have a valid U.S. address.

COVERED EXPENSES

Distributions from an HSA used to pay for qualified medical expenses for you, your spouse, and dependents are tax free provided they meet the IRS definition of a qualified medical expense. The good news is that a lot of expenses qualify for payment or reimbursement, such as:

- Health plan deductibles and coinsurance
- Most medical care and services
- Dental and vision care
- Prescription drugs, over-the-counter medications, and insulin
- Medicare premiums (if age 65 or older)

Note that these expenses must not already be covered by insurance and that health insurance premiums generally do not qualify. For more information about HSAs and qualified medical expenses, refer to IRS Publications 969 and 502 at www.irs.gov or consult a tax professional.

- You Choose How Much to Contribute From Each Paycheck
- Depending on Medical Carrier the District May Also Contribute
- Pay no taxes on what you contribute, on interest you earn or when you withdraw money.
- Contribution Amounts Can be Updated at any Time Throughout the Year
- Funds Roll Over From Year to Year and if You Retire or Switch Jobs You Take The Funds With You
- Money is Added Before Taxes are Taken Out, You Save Money on What You Would Have Paid in Taxes

Enrolling in an HSA

Online Employee Benefits System: Open Enrollment

Health Savings Account

Health Savings Account Fidelity

Yes, I consent to Los Rios Community College District opening a Health Savings Account on my behalf.

No, I am not eligible or prefer not to open a Health Savings Account.

[Learn More](#)

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.

Please note that if you enroll in an HSA mid-year, your annualized contribution amount will be divided among 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.

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.

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

- ✓ Individual: \$4,300
- ✓ Family: \$8,550
- ✓ If you are age 55+: \$1,000 additional "catch up" contribution

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

Are you covered by any other non-HDHP medical plan (such as a spouse or parent's plan), that covers any benefits covered by your HDHP plan?

Exceptions include permissible coverage, such as specific injury insurance or accident, disability, dental, vision or long-term care insurance.

Yes No

Are you enrolled in 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

Can you be claimed as a dependent on another person's tax return?

Yes No

Will you or your spouse have health care flexible spending account (FSA) at the same time as your HSA (other than a "limited purpose" health FSA)?

Yes No

Will you be covered by a health reimbursement account (HRA) at the same time as your HSA?

Yes No

If you select a HDHP plan for your medical coverage you are eligible to contribute to an HSA plan.

If you wish to contribute to an HSA select the corresponding option. You will then be prompted to answer the eligibility questions.



Health Savings Account

Health Savings Account *Fidelity*

Yes, I consent to Los Rios Community College District opening a Health Savings Account on my behalf.

No, I am not eligible or prefer not to open a Health Savings Accounts.

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
\$ 0.00	\$0.00	\$0.00	\$9,550.00

Contribution amounts can be updated at any time throughout the year by logging into the Benefits Supersite and choosing 'Change HSA Election' as your reason for update.

Reason For Update

Change HSA Election

What date did the above event occur?

mm/dd/yyyy

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.

Please note that if you enroll in an HSA mid-year, your annualized contribution amount will be divided among 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.

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.

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

- ✓ Individual: \$4,300
- ✓ Family: \$8,550
- ✓ If you are age 55+: \$1,000 additional "catch up" contribution

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

The Benefits site asks for an annual amount. Each payroll, PeopleSoft reviews this amount in the context of the number of paychecks remaining in the calendar year and computes the per paycheck value to ensure you meet your annual goal. Because of this, the amount can fluctuate slightly per paycheck.

Online Employee Benefits System: Open Enrollment



Health Savings Account

You have not elected an HSA eligible medical plan.
You may go back to the medical step and elect an HSA eligible plan if you'd like to contribute to the savings account otherwise click "Continue to next section" to continue with your enrollment.

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.

Please note that if you enroll in an HSA mid-year, your annualized contribution amount will be divided among 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.

If you choose to enroll in either an HMO or DHMO plan on the Medical screen you will not be given the option to contribute to a Health Savings Account (HSA) and you will see the following message:

**You have not elected an HSA eligible medical plan.
You may go back to the medical step and elect an HSA eligible plan if you'd like to contribute to the savings account otherwise click "Continue to next section" to continue with your enrollment.**

A) is available to employees enrolled in a HDHP). An HSA allows employees to set aside pre-tax dollars to pay for eligible medical and prescription drug expenses. If you elect an HSA immediately, you can maintain your account

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 own account, you can contribute to it if you choose a new health plan, when you

enrollment in an HSA excludes you from participating in the general-use Health Care FSA (FSA). You may still use your Health Care FSA which covers eligible

election amount. The IRS maximum annual contribution for 2014 is as follows:

Individual: \$1,300 additional "catch up" contribution

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

⏪ Continue to next section

Fidelity Account

If you wish to contribute to a Health Savings Account, you will need to set-up your HSA account via [Fidelity's NetBenefits](#) platform. You can also reach the Fidelity Contact Center at 800-343-0860 should you have any questions or encounter any issues when accessing the site: <https://netbenefits.fidelity.com/>.

1. If you have an existing Fidelity account, please login with your Fidelity username and password.
2. If you're new to Fidelity, please click on 'Register as a new user' below the Log In button. You will enter some basic information to verify your identity and then setup your username and password.
3. Once you are logged into NetBenefits, click on the tile that says, 'Open a Health Savings Account'. The system will then walk you through the steps to open your HSA account, which should only take a few minutes to complete.

*Contributions to an HSA cannot begin until you have created an account with Fidelity. Your first contribution will occur on the payroll cycle following your creation of your Fidelity account. If you do not create an account with Fidelity, we cannot contribute to your HSA through payroll deductions and contributions cannot be made retroactively.

Online Employee Benefits System: Open Enrollment



Fidelity - Account Opening Terms and Conditions

By selecting "I Agree" below, you agree to the following:

- ✓ I am eligible to open a health savings account. I am a U.S. citizen or tax resident with a valid U.S. street address, and I am of legal age to enter into an agreement in my state of residence. I request to open a new Fidelity HSA® with Fidelity Brokerage Services LLC ("Fidelity") for which Fidelity Personal Trust Company, FSB will serve as custodian. I understand that this request will be processed as soon as administratively feasible upon Fidelity's receipt of required information. A Fidelity HSA opened through this Simple HSA Service will accept contributions and allow me to request distributions, but will otherwise be restricted, and I will not have the ability to place trades, designate beneficiaries, and indicate my communication preferences, until I go to Fidelity's website and provide additional information that is accepted by Fidelity, and will promptly do so. If I already have or open a non-managed Fidelity HSA prior to Fidelity receiving this request, notwithstanding my election below, my request to open a Fidelity HSA through this Simple HSA Service shall be disregarded. I authorize my employer to disclose information about me to Fidelity as needed to open my account. I have provided my employer with current and accurate information about me and agree to promptly update Fidelity with changes thereto. Fidelity may communicate with me based on this information, including electronically to my employer email address.
- ✓ I can access, retain, have read, understand and agree to be bound by these terms and the [Fidelity HSA Documents](#), the [Electronic Delivery Agreement](#) and the [Terms and Conditions](#). I have internet access and a web-browser that is Java-script enabled. I can access documents provided in HyperText Markup Language (HTML), Portable Document Format (PDF) or other compatible formats. If I do not have the ability to access or retain these documents, or do not consent to receive them electronically, I will contact Fidelity at (800) 544-3716 for a free paper copy. By proceeding I confirm my device is equipped to access these documents.
- ✓ My name, legal address, date of birth, and government issued identification number are required by federal law to verify my identity. Fidelity may not open, or may restrict and/or close my Fidelity HSA if it cannot obtain and verify information to confirm my identity. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if my account is restricted or closed.
- ✓ I agree to notify Fidelity if I am or become employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA) or a municipal securities dealer. Absent such notice from me, I represent and warrant to Fidelity that this does not apply. If I am so affiliated, I understand that Fidelity must obtain consent and report my trading activity and other account data to my employer or other affiliated company. I understand that my account will continue to be restricted until such consent is received by Fidelity.
- ✓ I agree to notify Fidelity if I am or become, or an immediate family/household member is or becomes, a director, corporate officer, or 10% shareholder of a publicly held company or a control person of a public traded company under SEC Rule 144. Absent such notice from me, I represent and warrant to Fidelity that this does not apply.
- ✓ Contributions to my Fidelity HSA will be deposited into the FDIC-Insured Deposit Sweep Program, which will generally sweep funds to one or more Program Banks assigned to this account from the HSA Program Bank List provided in the Fidelity HSA Documents above. I understand that such Program Banks may change between the time I request this account and the HSA is actually opened, and if a Program Bank is not available, my funds may be swept to a money market mutual fund as described in the Fidelity HSA Documents.

* Indicates a required field

Agreement with the Terms & Conditions is not needed if you are not eligible for a Health Savings Account.

Continue to next section

VOYA - Voluntary Benefits

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.

CRITICAL ILLNESS INSURANCE

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.

ACCIDENT INSURANCE

Accident insurance pays you cash benefits for specific injuries and events resulting from a covered off-the-job accident. You can use this money however you like.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance pays a daily benefit for a covered stay in a hospital. Can be used to help cover the medical plan deductible or to offset non-medical expenses.

WELLNESS BENEFITS

If you enroll in the accident or critical illness insurance, you have access to a Wellness Benefit. The annual benefit is easy to earn by getting your health screening test. The Wellness Benefit is designed to encourage you to maintain a healthy lifestyle, since the tests screen for a wide range of potential illnesses and diseases.



*VOYA Premiums are deducted from your paycheck on a post-tax basis

Critical Illness Insurance

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

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.

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

Accident Insurance

Online Employee Benefits System: Open Enrollment



Accident Insurance

Accident Insurance *ReliaStar Life Insurance Company*

Monthly Cost

Employee Only

\$5²⁹

Employee and Spouse

\$10⁵⁸

Employee and Child(ren)

\$11⁸²

Employee and Family

\$17¹¹

Waive Accident Insurance

[Learn More](#)

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, childcare, housecleaning, groceries or utilities.

Hospital Indemnity Insurance

Online Employee Benefits System: Open Enrollment



Hospital Indemnity Insurance

Hospital Indemnity Insurance *ReliaStar Life Insurance Company*

Monthly Cost

Employee Only

\$14²³

Employee and Spouse

\$28⁷⁵

Employee and Child(ren)

\$22⁸⁷

Employee and Family

\$37³⁹

Waive Hospital Indemnity Insurance

[Learn More](#)

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.

Delta Dental

Los Rios Offers Dental Coverage Through Delta Dental.

This is a PPO Plan and Currently Does Not Have a Monthly Premium Cost for Full Time Employees.

- In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services during the first year of eligibility.
- The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year.
- If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year.
- If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

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).



Dental

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

EE Tammy Tester

SP Timothy Tester

CH Tim Tester

Waive Dental Coverage

Delta Dental PPO Plan Delta Dental

Monthly Cost

Employee Only \$0⁰⁰

Employee + Family \$0⁰⁰

Selected Plan

[Learn More](#)

Please carefully review your options to ensure that the dependent(s) you wish to enroll are selected (using the checkbox next to their name(s)). Your next opportunity to make changes to your benefits, including your dependents, will be during the next open enrollment period or within 31 days of a qualifying life event

Los Rios Community College District offers dental benefits through Delta Dental.

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.

Please note that Delta Dental does not send out Insurance ID Cards. Coverage is verified using the members SSN.

You can also create an online account at deltadental.com

Create an account

Here are the benefits of creating an account

Member	Dentist
• View plan information	• Check patient eligibility
• Download forms	• Download claim forms
• View claims	• Check national ERA
• Track dental activity	• See dental official deals

[Create an account](#)

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.

Employees must have coverage for dependents to be covered.

Vision Benefits

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.

Plan Highlights Include:

VSP Basic Plan

- \$150 Allowance for Frames or \$120 for Contact Lenses Every Other Year
- \$10 Well Vision Exam Co-Pay and \$20 Prescription Glasses Co-Pay
- Up to \$60 Co-Pay for Contact Lens exam

VSP Buy-Up Plan

- \$200 Allowance for Either Frames or \$150 for Contact Lenses Every Year
- \$25 Well Vision Exam Co-Pay Includes Prescription Glasses Co-Pay
- Up to \$60 Co-Pay for Contact Lens exam

VSP Basic Plan

Monthly Premium Amounts

Individual Only:	\$9.24
Individual +1:	\$13.50
Individual + Family:	\$24.20

VSP Buy-Up Plan

Monthly Premium Amounts

Individual Only:	\$15.47
Individual +1:	\$22.53
Individual + Family:	\$40.42



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.

- [VSP Base Plan Summary](#)
- [VSP Buy-Up Plan Summary](#)

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

Select the plan that best fits your situation.

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

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.

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

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

Employee Assistance Program

We believe that a healthy work/life balance is critical to your mental health. Which is why we provide SupportLinc Employee Assistance Program (EAP) to you and your loved ones, at no cost to you.

This 100% confidential plan can help you and your family with a wide array of resources, including:

- In-the-moment support - reach a licensed clinician 24/7/36
- Short-term counseling - you and your family have access to five counseling sessions, in person or virtual, per person, per issue per year, for resolution of stress, depression, work or relationship issues, or substance abuse
- Financial and legal expertise - consult with a financial counselor or local attorney
- Referrals - get resources for child and elder care, home repair, housing needs, education, pet care and more
- Easy, convenient access via the mobile app or web - you can conveniently access the program from your home or on-the-go
- Textcoach and Animo - access to personalized coaching via text and self-guided resources

You may access this benefit 24/7 by calling 888.881.5462 or visiting supportlinc.com (group code los rios). Get started with the short mental health navigator survey.

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 ▾

- Download the [EAP Informational Flyer](#) for more information about benefits available.
- Watch the SupportLinc [EAP Orientation Video](#).
- Visit [WellBeing Place](#) for tips, tools and resources to improve your overall health and well-being.

➡ Continue to next section

Flexible Spending Accounts (FSA)

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.

Learn More: [FSA Flyer](#)

A pre-tax benefit plan that enables the employee to save up to 30-40% on eligible expenses. By enrolling in this plan, the participant saves on state, federal and FICA taxes.

Pay deductibles and copayments, but not for insurance premiums.

Common expenses include :

- Orthodontics, laser eye surgery, eyeglasses and contacts.
- Prescription medications, as well as over-the-counter medicines
- Cover costs of medical equipment like crutches, supplies like bandages, and diagnostic devices like blood sugar test kits.

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 P&A Group

HSA vs FSA

Health Savings Account (HSA):

- Requires enrollment in High-Deductible Health Plan (HDHP)
- Funds available as you contribute
- Funds accumulated remain with you for life (even into retirement)
- Can use as investment tool

Flexible Spending Account (FSA):

- Requires annual enrollment
- Full amount of funding is available as of January 1st
 - DCAP funds available as you contribute (not front-loaded)
- Use it or lose it
- Only limited-use FSA can be used with HSA (dental and vision expenses only)

Medical FSA

Enroll in a Health FSA to save money on medical, dental and vision expenses that are only partially covered or not covered at all by insurance.

Eligible expenses include:

- braces
- eyeglasses/prescription sunglasses
- insurance deductibles, co-payments
- OTC medications

An FSA Sample Eligible Expense List can be found on page 12 of the [P&A Group FSA Brochure](#)

Important:

- Flexible Spending Account elections do not roll over year to year
- All funds must be used within the plan year. Unused funds will be forfeited.
- A new election must be made each year during Open Enrollment to continue to participate.

\$ Flexible Spending Account

Health Care Flexible Spending Account P&A Group

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 enroll in a Health FSA, the total amount you elect will be available for use beginning on the first day of your plan year. You will be entitled for reimbursement of claims up to the entire elected amount even if the total salary reduction contributions are less than the total amount of claims that you have submitted.

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 \$3,200.

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 HDHP with a HSA or are enrolling in one during the current 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 \$3,200.

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 P&A Group 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:

- ✓ FSA expense calculator
- ✓ Eligible and ineligible expense chart
- ✓ Forms, resources, and links to carrier website

Limited Purpose FSA

Limited Purpose Flexible Spending Accounts (LPFSA) are offered **if you are enrolled in a HDHP with an HSA or are enrolling in one during the current 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.

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

Important:

- Flexible Spending Account elections do not roll over year to year
- All funds must be used within the plan year. Unused funds will be forfeited.
- A new election must be made each year during Open Enrollment to continue to participate.

Health Care Flexible Spending Account P&A Group

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 enroll in a Health FSA, the total amount you elect will be available for use beginning on the first day of your plan year. You will be entitled for reimbursement of claims up to the entire elected amount even if the total salary reduction contributions are less than the total amount of claims that you have submitted.

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 \$3,200.

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 HDHP with an HSA or are enrolling in one during the current 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 \$3,200.

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 P&A Group 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:

- ✓ FSA expense calculator
- ✓ Eligible and ineligible expense chart
- ✓ Forms, resources, and links to carrier website

Dependent Care FSA

Set aside money into this account to pay for dependent daycare expenses for your eligible dependents. Childcare expenses are only eligible until the date your dependent child turns 13.

Eligible expenses include:

- after school programs
 - babysitters
- caregivers/eldercare
 - daycare centers

See page 15 of the [P&A Group FSA Brochure](#) for details on eligible dependents.

Important:

This benefit is for dependent care expenses only **not** medical expenses. You can contribute to a Dependent Care FSA regardless of the medical plan you choose. You must have eligible dependents listed in the 'My Family' section in order to enroll. Election amounts are accrued on a per pay deduction basis.

Flexible Spending Accounts P&A Group

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	\$ 0.00	\$ 0.00

Expenditures that are prohibited for reimbursement include the following:

1. Babysitting for social events;
2. Educational expenses;
3. Charges for overnight camp
4. Expenses that you will take as a childcare tax credit on your income tax return; and
5. Expenses for services provided by your spouse, by a parent of your under-age-13 qualifying child or by a person for whom you or your spouse is entitled to claim a personal exemption on a federal income tax return.

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 P&A Group 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.

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

- ✓ FSA expense calculator
- ✓ Eligible and ineligible expense chart
- ✓ Forms, resources, and links to provider website

Online Employee Benefits System: Open Enrollment

Dependent Care Spending Account

2024 Flexible Spending Accounts P&A Group

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	\$ 0.00	\$ 0.00

[Learn More](#)

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

IMPORTANT: PLEASE READ BEFORE ELECTING THIS BENEFIT.

A Dependent Care Flexible Spending Account is a benefit plan that allows eligible Los Rios Community College District members 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, day care, nannies, and babysitters. The expense must be directly related to work and therefore pay others to help care for your dependent.

Important: All funds must be used within the plan year. Unused funds will be forfeited. For important dates and deadlines to use funds, please contact P&A Group 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 if you have dependents.

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 childcare (children up to age 13) or elder care for qualified individuals. The maximum annual contribution is \$5,000.

Important:

- Dependent Care elections do not roll over year to year. A new election must be made each year during Open Enrollment to continue to participate.
- All funds must be used within the plan year. Unused funds will be forfeited.

Unum - Basic Life and AD&D

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 upon initial eligibility as a new hire.

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

Continue to next section

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

BENEFIT REDUCTIONS

The basic and voluntary life and AD&D benefits are reduced at:

- Age 70: reduce by 35%
- Age 75: reduce by 50%
- Retirement: benefits terminate at this point (conversion option is available)

Learn more at: [Life and Accidental Death & Dismemberment Insurance Coverage Highlights](#)

Unum - Voluntary Life and AD&D

The Guaranteed Issue (GI) has been increased for you and/or your spouse. This Open Enrollment (OE) the carrier is granting us a one-time special OE to increase your coverage up to GI without an Evidence of Insurability (EOI) form. Once enrolled, employees may increase coverage by one increment (\$10,000) each year at Open Enrollment up to the GI without an EOI.

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 aged 65 and older, benefits may be subject to reductions

The screenshot shows the 'Voluntary Life and AD&D' enrollment page. At the top, there is a heart icon and the text 'Voluntary Life and AD&D'. Below that, a section titled 'Voluntary Life and AD&D by UNUM' contains a checkbox labeled 'Employee'. Underneath, there is a field for 'Currently Enrolled/Approved for:' with a value of '\$0'. A dropdown menu is set to 'Waive'. At the bottom of the form, there is a 'Learn More' button with an external link icon and a refresh icon.

Please carefully review your options to ensure that the dependent(s) you wish to enroll are selected (using the checkbox next to their name(s)). Your next opportunity to make changes to your benefits, including your dependents, will be during the next open enrollment period or within 31 days of a qualifying life event.

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.

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

- **Employee:**

\$10,000 increments up to \$750,000 (not to exceed five (5) times your annual salary) If you enroll when initially eligible, evidence of insurability (EOI) is only required for coverage over \$300,000. If you enroll at any other time, all amounts are subject to EOI. Once you're enrolled, you may increase your coverage by \$10,000 at each annual open enrollment without EOI, up to \$300,000.

- **Spouse/Domestic Partner:**

\$5,000 increments up to \$150,000 (not to exceed 100% of your personal amount) If your spouse enrolls when initially eligible EOI is only required for coverage over \$50,000. If enrolled at any other time, all amounts are subject to EOI.

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

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

EOI details can be found at <https://securehealth.unum.com/generichome> (access code: 26213ZC).

Please Note:

You and your eligible family members may only be covered once under life and AD&D insurance.

No one may be covered as both an employee and as a dependent.

If you and your spouse or child work for Los Rios, be sure to coordinate your life insurance coverage so no one is covered more than once.

Learn more at: [Voluntary Term Life Insurance and AD&D Coverage Highlights](#)

Beneficiary Information

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 elect coverage on your spouse and/or child, the employee is automatically the beneficiary.

Primary Beneficiary(ies) Info:

*Primary beneficiary is required.

Name:	Relation:	City:	State:	Percent:	= Make Equal	Actions
Timothy Tester	Spouse	Orlando	FL	100	%	Edit Remove

[Add Beneficiary](#)

Contingent Beneficiary(ies) Info:

Name:	Relation:	City:	State:	Percent:	= Make Equal	Actions
Tommy Tester	Child	Orlando	FL	33	%	Edit Remove
Tim Tester	Child	Orlando	FL	33	%	Edit Remove

[Add Beneficiary](#)

Make sure to keep your beneficiary(ies) up to date. A life insurance beneficiary is the person or entity that will receive the money from your policy's death benefit when you pass away.

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:

[Cancel](#) [Save](#)

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.

Long Term Disability (LTD)

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.

The screenshot shows the Unum website interface for Long Term Disability (LTD) insurance. At the top, there is a navigation bar with various icons. Below the navigation bar, the page title is "Long Term Disability". The main content area is titled "Long Term Disability Unum". It features a summary box stating: "Should you become disabled and qualify for benefits, your monthly benefit payment would be approximately: **\$4,722.46**". Below this, a note reads: "*Please note, final benefit amounts are subject to verification of annual earnings." A green bar indicates the user is "Enrolled". A "Learn More" button is visible. To the right, a detailed description of the LTD benefits is provided, including a list of key features: "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)", and "Exact benefit amount will be determined by the carrier". A "Continue to next section" button is located at the bottom of the page.

Long Term Disability

Long Term Disability Unum

Should you become disabled and qualify for benefits, your monthly benefit payment would be approximately: **\$4,722.46**

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

Enrolled

Learn More

Continue to next section

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.

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).

LTD is an automatic benefit, you do not to take any action to enroll in coverage.

ARAG Legal Insurance

Everything in your life is connected by legal — from the everyday to once-in-a lifetime. Some legal situations are planned, like creating a will, and others are more unexpected, like dealing with a traffic ticket.

With ARAG's insurance plans, network attorney fees are 100% paid-in-full for most covered matters.

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.

 ARAG Legal

ARAG Legal Plan ARAG

Choose between two plans:

YOUR CONTRIBUTION		
ARAG Legal Plan	Monthly Premium	10thly Premium
Ultimate Advisor	\$18.25	\$21.90
Ultimate Advisor Plus	\$22.00	\$26.40

[Learn More](#)

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!

Learn more at: [ARAG Plan Information](#)

Long Term Care (LTC)

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.

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 ▾

You'll be subject to medical underwriting if you purchase more than the \$6,000 guarantee issue as a new hire, or if you apply after the initial eligibility period (within 31 days of hire or gaining eligibility) for any amount elected.

Learn more at: [Guide to Long-Term Care](#)

IMPORTANT: All enrollments are made directly with UNUM. Premium information will not display in the shopping cart. Please review your pay stub to view your premium. No action is required by you on this enrollment step.

Final Review

Please carefully review your benefit selections below ensuring that the dependent(s) you wish to enroll are selected. If any corrections need to be made, simply click the edit button in the section that you would like to change. Your next opportunity to make changes to your benefits, including your dependents, will be during the next open enrollment period or within 31 days of a qualifying life event.

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.

D.O.B.	01/01/1970
Court Order	No
Children Info:	
Name	Tim Tester
SSN	XXX-XX-1666
Gender	M
D.O.B.	05/02/2011
Court Order	No

[Quick Edit](#)

Health Savings Account

HSA Plan:	Health Savings Account Fidelity
Total Annual Contribution:	\$8,550.00 As of 01/01/2025 Pending

Costs:
Your Cost
\$795.83 Monthly

[Quick Edit](#)

...ing Other
verage. dependents are now enrolled in the benefits you are requesting to terminate.
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.
...ing Other
verage.
...se contact the Employee Benefits Department for assistance in determining if additional life events are considered to be qualifying events.

Medical

Plan:	Kaiser HDHP HMO (HSA Compatible) Kaiser Permanente
Option:	EE+ Family As of 01/01/2025 Your account is currently under review.

Individuals Covered:

Tammy Tester As of 01/01/2025
Your account is currently under review.

Tim Tester As of 01/01/2025
Your account is currently under review.

Costs:	
Your Cost	Employer Cost
\$230.65 Monthly	\$1,250.00 Monthly

[Quick Edit](#)

Fidelity - Account Opening Terms and Conditions

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 confirmation statement.

Benefit elections made during Open Enrollment will have a January 1st effective date.

All changes will show as either "Pending" or "Under Review" until after the Open Enrollment period ends and the Benefits Department has processed all changes for all Employees.

Benefit Confirmation Statement (BCS)

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

The benefit confirmation statement is your confirmation that your enrollment has gone through, you do not need to reach out to the benefits department to confirm as long as the details on the BCS are correct.

Open Enrollment Date: 01/01/2025

Dependents				
Timothy Tester (SP) Tim Tester (CH)				
Benefits	Elections	Employee Cost	Employer Cost	
Medical:	Kaiser HDHP HMO (HSA Compatible): Employee + Family As of 1/1/25 (Pending)	\$230.65	\$1,250.00	
Covered Dependents: Tim Tester				
Health Savings Account:	Annual Contribution: \$9,549.96 As of 1/1/25 (Pending)	\$795.83	\$0.00	
I understand that in order to receive cash in lieu funds I must provide proof of other coverage:	(Waive)			
Critical Illness Insurance:	(Waive)	\$0.00	\$0.00	
Spouse Critical Illness Insurance:	(Waive)	\$0.00	\$0.00	
Child Critical Illness Insurance:	(Waive)	\$0.00	\$0.00	
Accident Insurance:	(Waive)	\$0.00	\$0.00	
Hospital Indemnity Insurance:	(Waive)	\$0.00	\$0.00	
Dental:	Delta Dental PPO Plan: Employee Only	\$0.00	\$123.00	
Vision:	Vision Buy-up Plan: Employee + One Covered Dependents: Tim Tester	\$22.53	\$0.00	
Employee Assistance Program:		\$0.00	\$1.67	
Flexible Spending Account:	(Waive)	\$0.00	\$0.00	
Dependent Care Spending Account:	(Waive)	\$0.00	\$0.00	
Basic Life and AD&D:	\$50,000	\$0.00	\$4.75	
Voluntary Life and AD&D:	(Waive)	\$0.00	\$0.00	
Voluntary Spouse Life and AD&D:	(Waive)	\$0.00	\$0.00	
Voluntary Child Life and AD&D:	(Waive)	\$0.00	\$0.00	
Long Term Disability:	\$4,722.46	\$0.00	\$10.77	
ARAG Legal:	(Waive)	\$0.00	\$0.00	
Total Benefits Cost Per Pay Cycle:		\$ 1,049.01	\$ 1,390.19	

The One-Page Benefits Summary lists all available benefits, whether you have elected coverage, who is covered and the costs of the coverage.

Please review this carefully for accuracy.

If you need to make changes or corrections after you have submitted your elections email Employee Benefits at benefits@losrios.edu for assistance.

Pet Insurance

Get Pet Insurance for your fur family provided by MetLife.

Enrolling in Pet Insurance through Los Rios will give you access to preferred pricing and reimbursement for covered vet visits, accidents, illness and more.

This coverage can be purchased at any time throughout the year.

How much will it cost?

The premium will be unique based on the age, breed, location, and coverage amount that you select. There is no age-requirement or breed restrictions associated with starting coverage for your pet.

All costs for this coverage will be paid by the employee directly to MetLife.



- Enroll by contacting MetLife directly at 800.438.6388, or visit quote.metlifepetinsurance.com/pet.
- Download the MetLife Pet Mobile App to manage your policy, access health records and locate nearby services.
- Take your pet to receive care. Submit any claims using the mobile app and receive your reimbursement via check or direct deposit from MetLife.

Retirement Planning

403(B) and 457 Retirement Savings Plan

As an employee of an educational institution, you may participate in a tax-deferred retirement savings program as authorized by Sections 403(b) and 457 of the Internal Revenue Code.

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.

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'll provide an account application for you to complete.

During this process, complete the online Salary Reduction Agreement (SRA) form 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 anytime by submitting a new online SRA form to Envoy, but are subject to month-to-month cutoff dates to meet specific IRS and payroll deadlines

Carrier Contacts

Plan	Group #	Telephone	Website
MEDICAL			
Kaiser Permanente	233	800.464.4000	www.kp.org
Sutter Health Plus	030007	855.315.5800	www.sutterhealthplus.org
Western Health Advantage	107423	888.563.2250	www.westernhealth.com
DENTAL			
Delta Dental PPO Plan	6632	888.335.8227	www.deltadentalins.com
VISION			
Vision Service Plan (VSP)	12221829	800.877.7195	www.vsp.com
Legal Plan			
ARAG	N/A	800.247.4184	ARAGlegal.com/myinfo (access code: 18542los)
FLEXIBLE SPENDING ACCOUNT AND DEPENDENT CARE ACCOUNT			
P&A Group	Los Rios	716.852.2611	www.padmin.com
HEALTH SAVINGS ACCOUNT			
Fidelity Investments	Los Rios	800.544.3716	www.NetBenefits.com
LIFE AND DISABILITY INSURANCE			
Unum	800795	866.679.3054	www.unum.com
ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY INSURANCE			
Voya	721778	877.236.7564	www.Voya.com/Claims
PET INSURANCE			
MetLife		800.GET.MET8	www.metlife.com/getpetquote
403(b), 457 & SPECIAL PAY PLAN (SPP)			
Envoy Plan Services - 403(b) & 457	Los Rios	866.873.4240 800.248.8858	https://envoy.tsacg.com/index.php?e=3835
MidAmerica - Special Pay Plan	Los Rios	800.430.7999	www.midamerica.biz
OTHER BENEFITS			
Employee Assistance Program - SupportLinc	Los Rios	888.881.5462	https://www.supportlinc.com/
Claims Issues & Plan Questions - EPIC	Los Rios	877.374.2151	csr@epicbrokers.com
LongTerm Care Insurance & Caregiver Resources - Unum	145431	800.227.4165	www.LosRiosLTC.com

Contacts

Employee Benefits Department

Hours: Monday through Friday

8:00 am to 4:00 pm

Location: We are located inside the Employee Benefits building at the District Office.

1919 Spanos Court
Sacramento, CA 95825

Email: Benefits@LosRios.edu

Phone: (916) 568.3070

Nicole Keller

Employee Benefits Supervisor

kellern@losrios.edu

(916) 568-3197

Devan Ivaska

Employee Benefits
Specialist

devan.ivaska@losrios.edu

(916) 568-3051

Gina de la Torre

Employee Benefits
Specialist

delatog@losrios.edu

(916) 568-3060

Brittini Conley

Employee Benefits
Technician

brittini.conley@losrios.edu

(916) 286-3712

Marisela Nix

Employee Benefits
Technician

NixM@losrios.edu

(916) 286-3747

[Benny Fitz](#)

Employee Benefits Mascot

benefits@losrios.edu

(916) 568-3070