SACRAMENTO COUNTY

BENEFITS ENROLLMENT FOR NEW HIRES

2014

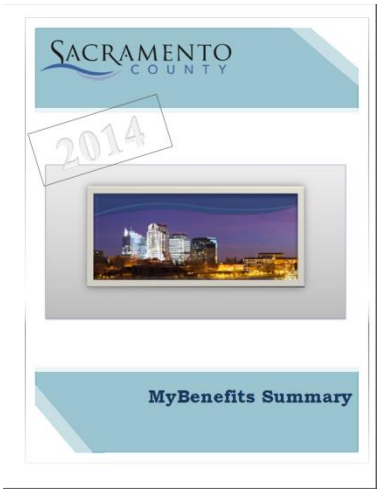
RESOURCES

If you have additional benefits questions you can access the following resources:

WEBSITE

http://www.personnel.saccounty.net/Benefits

MYBENEFITS SUMMARY



BENEFITS OFFICE STAFF

The Benefits Office staff can be reached Monday through Friday, 8am to 5pm

700 H Street, Suite 4667, Sacramento, CA 95814

http://personnel.saccounty.net/benefits

(916) 874-2020 Phone Email: MyBenefits@saccounty.net

(916) 874-4621 Fax Mail Code: 09-4667

ENROLLING IN BENEFITS

Enrolling in benefits is a 2-part process:

****PART 1****

Submit your enrollment online:

www.benefitbridge.com/saccounty

All employees must submit benefit elections using the online system. You must get through the system and click the "SUBMIT" button at the end of the interview in order for your elections to be submitted.

****PART 2****

Submit documentation

[Employees who enroll in single coverage will skip this step.]

- If you enroll a spouse, domestic partner or child to medical, dental, or vision coverage, you **MUST** submit documentation to the Benefits Office. Failure to submit documentation will result in your dependent(s) not being enrolled.
- If you are waiving County medical coverage you must also submit documentation.

The following pages will provide additional information on what documents are required and how to send them to the Benefits Office and instructions on how to navigate through BenefitBridge.

IMPORTANT INFORMATION

COVERAGE TAKES EFFECT THE FIRST DAY OF THE MONTH FOLLOWING YOUR COMPLETED ENROLLMENT

New employees must enroll in benefits within the first 30 days of hire or rehire

If you do not enroll within the first 30 days of hire, you will be default enrolled into the Kaiser High Deductible and Delta Dental single coverage plans and Basic life insurance coverage. You will not be able to make changes to your coverage until Open Enrollment, or within 30 days of notifying our office of a qualifying event.

If you are enrolling dependents to coverage OR waiving your medical plan, documentation is required

STEP 1. You must first complete the online enrollment, and
STEP 2. You must submit dependent documentation within 7 days of completing your online enrollment. Documentation for dependents must show legal relation to you:

SPOUSE-Marriage Certificate **DOMESTIC PARTNER**-State Registration

CHILD-Birth Certificate **CHILD'S LEGAL GUARDIAN**-Court Order

STEPCHILD-Childs birth cert and marriage cert to child's parent

WAIVING MEDICAL-Proof of enrollment in another **group** plan

If you are not able to obtain the required documentation you MUST contact our office before the deadline to request an extension.

SUBMIT DOCUMENTS TO:

700 H Street, Room 4650, Sacramento CA 95814

916.874.4621 Fax **09-4650** Mail Code **MyBenefits@saccounty.net**

If the online system does not recognize you and will not allow you to enroll it is most likely a timing issue

Not to worry, this is common for employees hired later in the month. BenefitBridge loads new hires once a week, usually on Friday afternoon. If you are unable to enroll, you should complete the paper enrollment form and submit it to our office as a placeholder for coverage. Then check back Friday afternoon to complete your online enrollment. The paper form can be found on the Documents and Forms section of the Benefits Office website at:

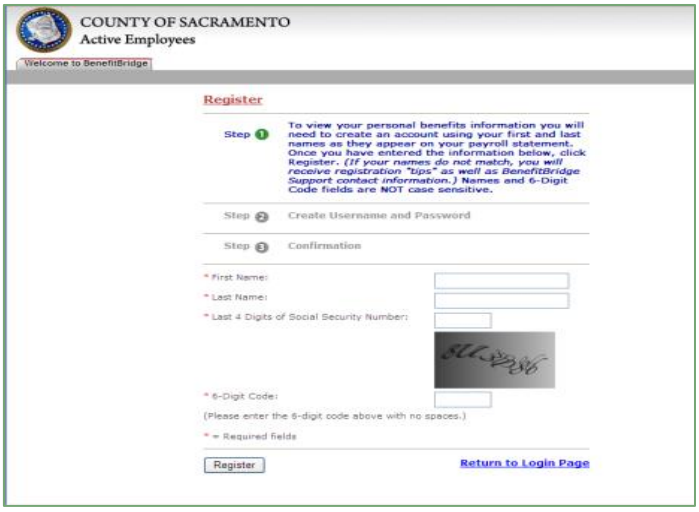
http://www.personnel.saccounty.net/Benefits/Pages/Documents.aspx

NEW USER REGISTRATION

If you have not used BenefitBridge previously, you need to register before you can enroll. If you already have a username and password, you can skip the registration process.

Go to **www.benefitbridge.com/saccounty**

Click on "Register"

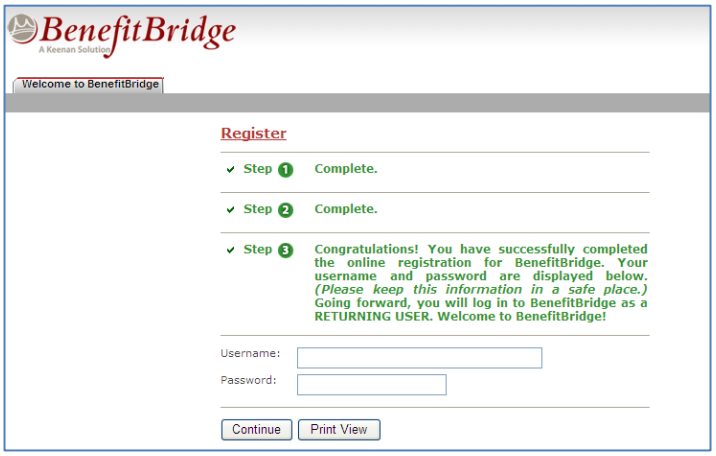


STEP 1

- Enter your first and last name—
  Exactly as they appear on your master file
- Type the last four digits of your social security number
- Enter the 6 digit code in the shaded box on your screen
- Click on "Register"

STEP 2

- Create a username
- Create a password
  (must be at least 8 characters and include one number)
- Verify the password
- Enter your email address
- Click Save



STEP 3

Congratulations, you have successfully registered!
Your username and password should be displayed

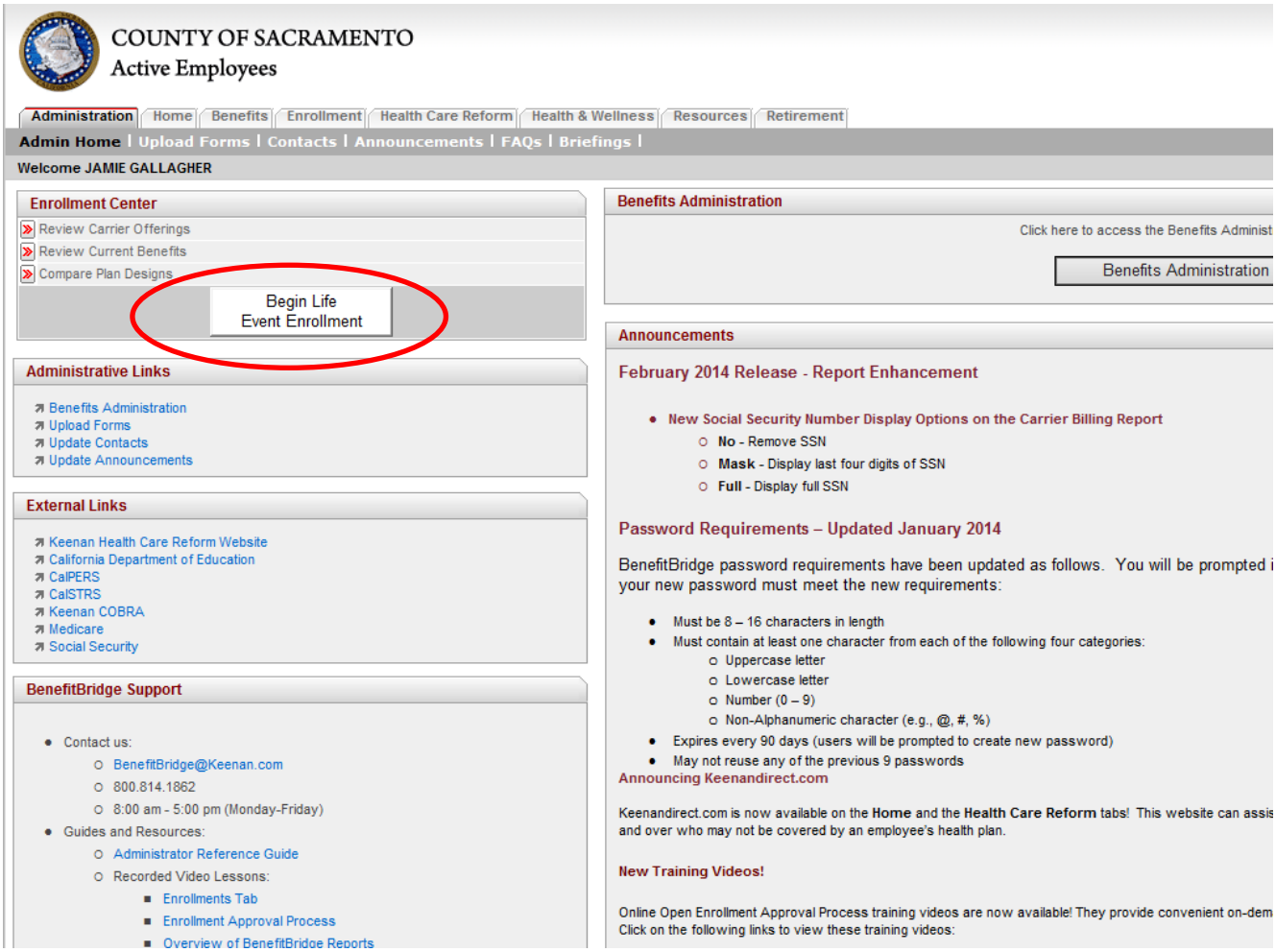
- Keep them for future use

ENROLLING IN BENEFITS

After you register you are ready to begin the online part of the enrollment process.

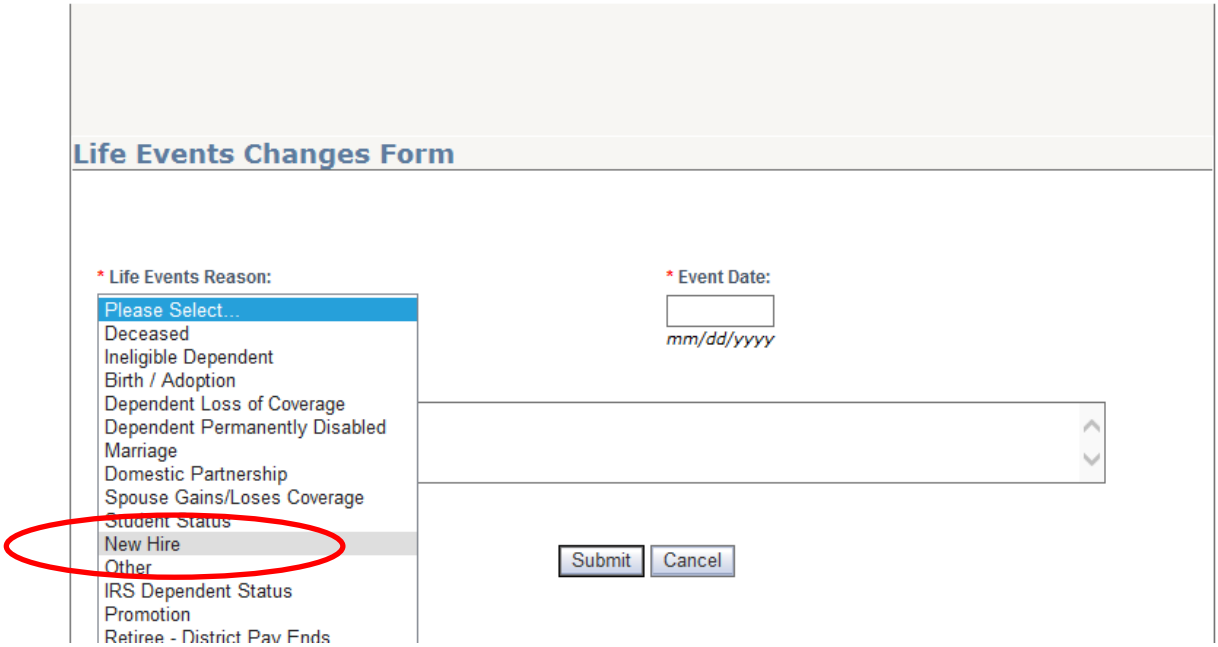
If you are enrolling dependents to any coverage or you are waiving your medical coverage, remember, the enrollment process is two steps—**you must also submit documentation**.

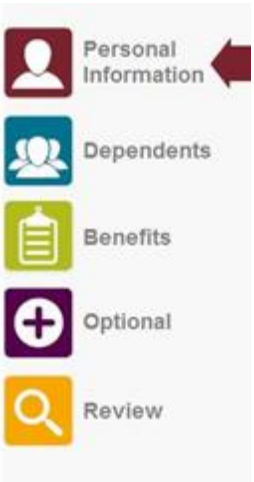
Click "Begin Life Event Enrollment"



ENROLLING IN BENEFITS

- From the dropdown select **New Hire**. You should select New Hire if you are a rehire.
- Enter the date you were hired in the **Event Date** field, or the date you went to permanent status.
- You can enter notes in the comments section also.
- Click **Submit**



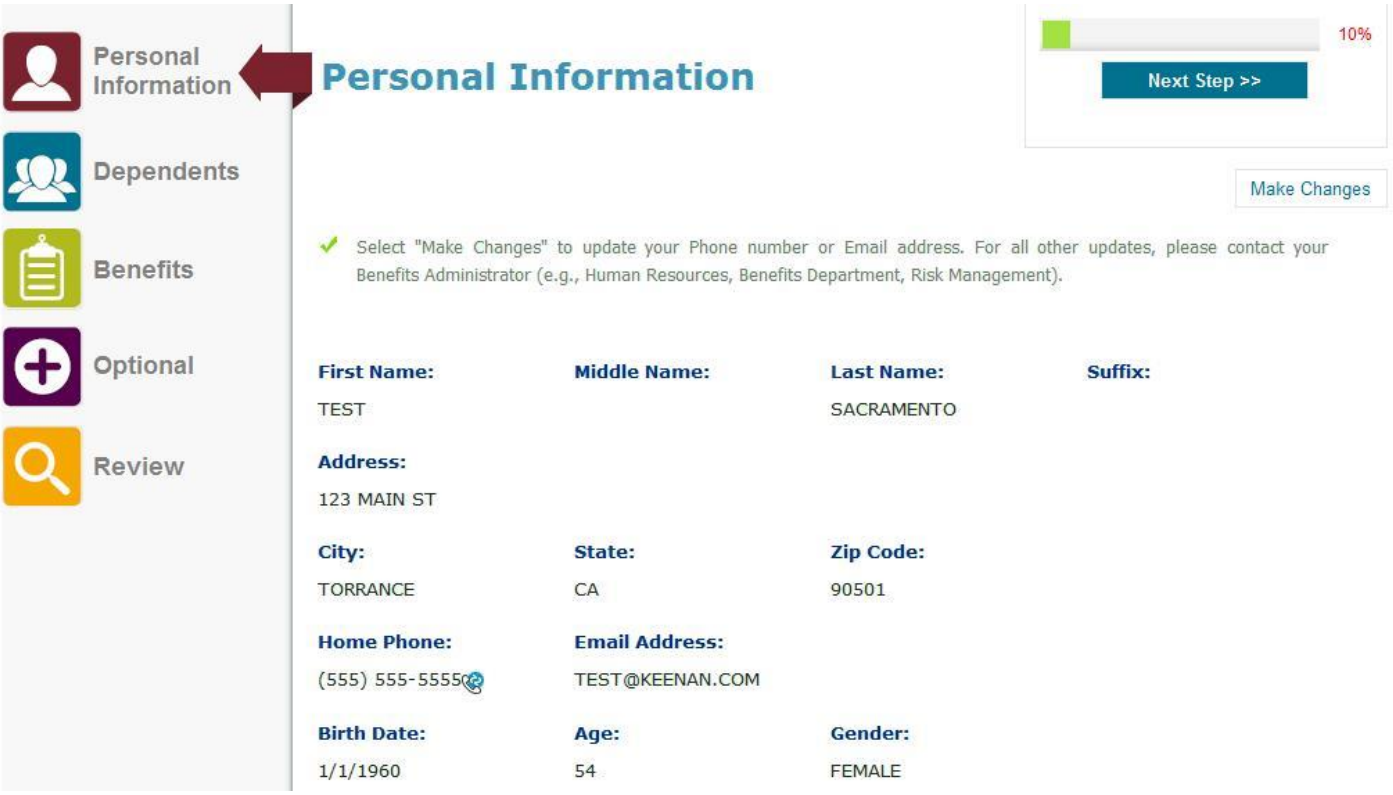


There are 5 tabs in the enrollment process—**Personal, Dependents, Benefits, Optional**, and **Review**. **Your enrollment is not complete until you get to the Review tab at the end of your enrollment and check the "I agree" box and click submit.**

PERSONAL TAB

A summary of your personal information will be displayed, if it is accurate, click **Next Step**.

NOTE: THE EMAIL ADDRESS YOU ENTER HERE WILL BE THE ADDRESS USED TO NOTIFY YOU IF YOUR ENROLLMENT IS APPROVED. You will not receive any other notification. Please be sure the address is accurate if you would like to be notified of the status of your enrollment.



- If you need to make changes to your phone number or email address, click on the **Make Changes** button, make the changes and click **Save Changes**.
- For name and address changes, you must contact your Department of Personnel Services Service Team representative.
- Once you are satisfied with Personal details, click **Next Step**.

DEPENDENTS TAB

You should list any eligible dependent that will be enrolled in coverage here. If the dependent(s) listed are the dependents you are enrolling, or you are not enrolling dependents click **OK, continue to Benefits.**

IMPORTANT:

Adding a dependent to this screen DOES NOT enroll them in any coverage. Dependents are enrolled to coverage on the Benefits tab.

- **IF YOU NEED TO ADD A DEPENDENT**:

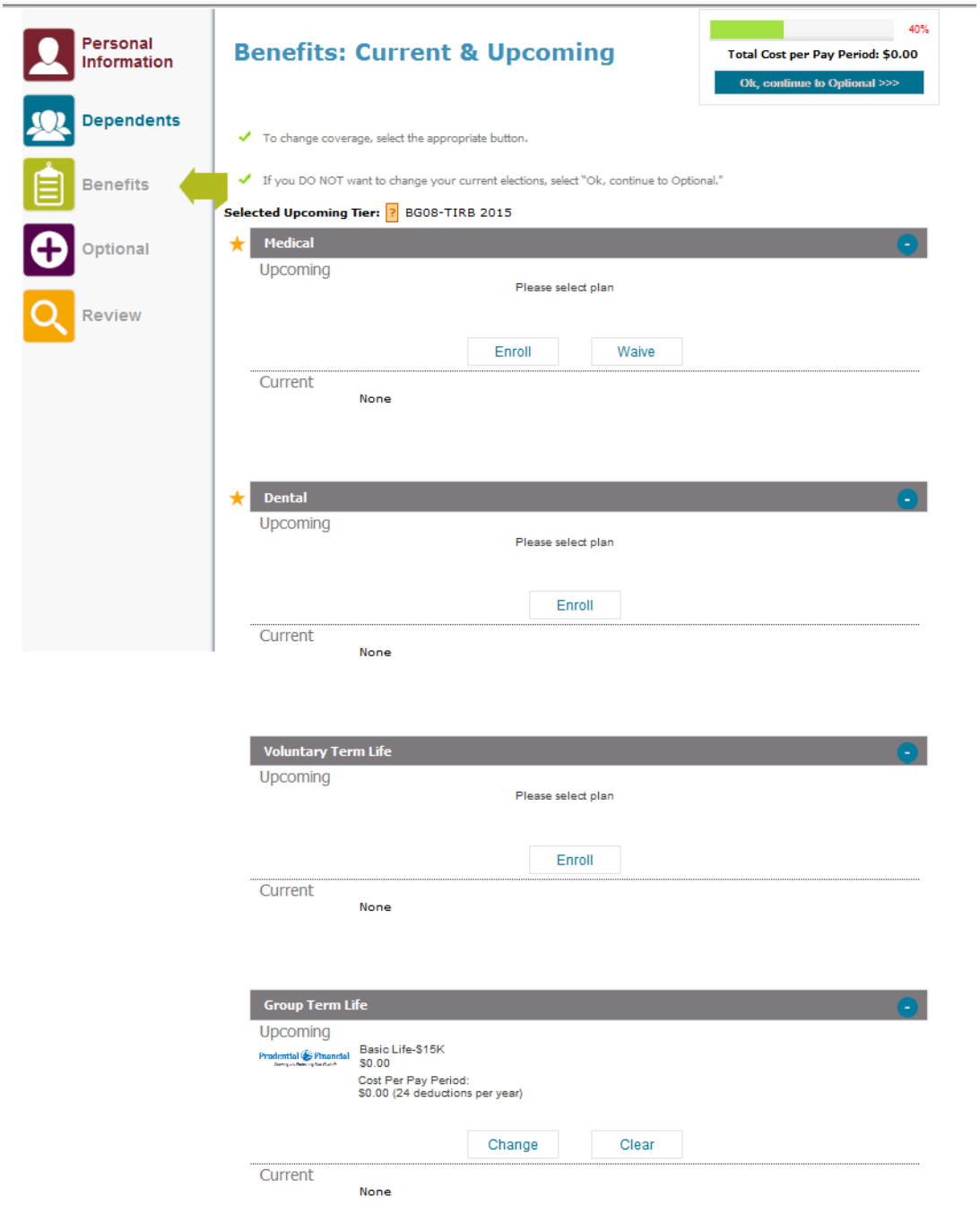
Click **Add a Dependent** and enter the required dependent information-- repeat for each family member (SSN is required, and be sure to submit dependent documentation to the Benefits Office). When you are finished with dependents, click **OK, continue to Benefits.**

- **IF YOU NEED TO EDIT EXISTING DEPENDENTS:**

Click **Edit Dependent**, make the changes, click **Save Changes**, then **Back to All Dependents**

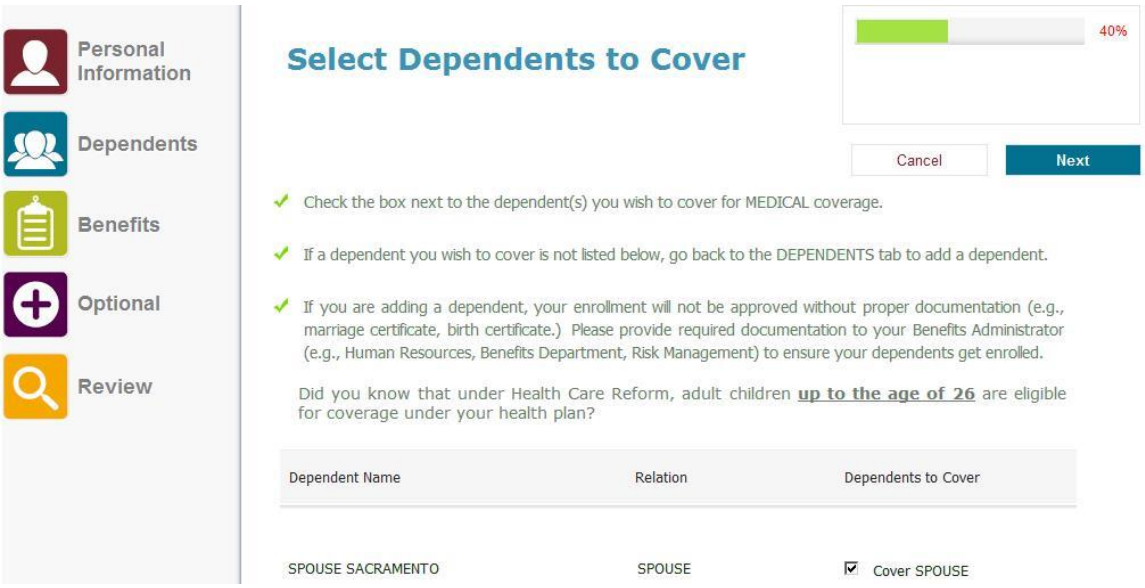
BENEFITS TAB

This is where you choose your plans and add dependents to coverage. The left column shows the Coverage Type--you select your options for **MEDICAL, DENTAL, VOLUNTARY OPTIONAL LIFE INSURANCE AND HEALTH SAVINGS ACCOUNT** on this screen. Select **Enroll** next to each coverage type to begin. (Your screen will look slightly different)



BENEFIT TAB-Medical Coverage

After clicking Enroll, this screen will pop up if you have eligible dependents. If you do not have dependents skip this page.



Check the box for dependents that should be enrolled to the medical plan. If the box is not checked the dependent will not be enrolled into this plan. Click **OK, Next** when you are finished.

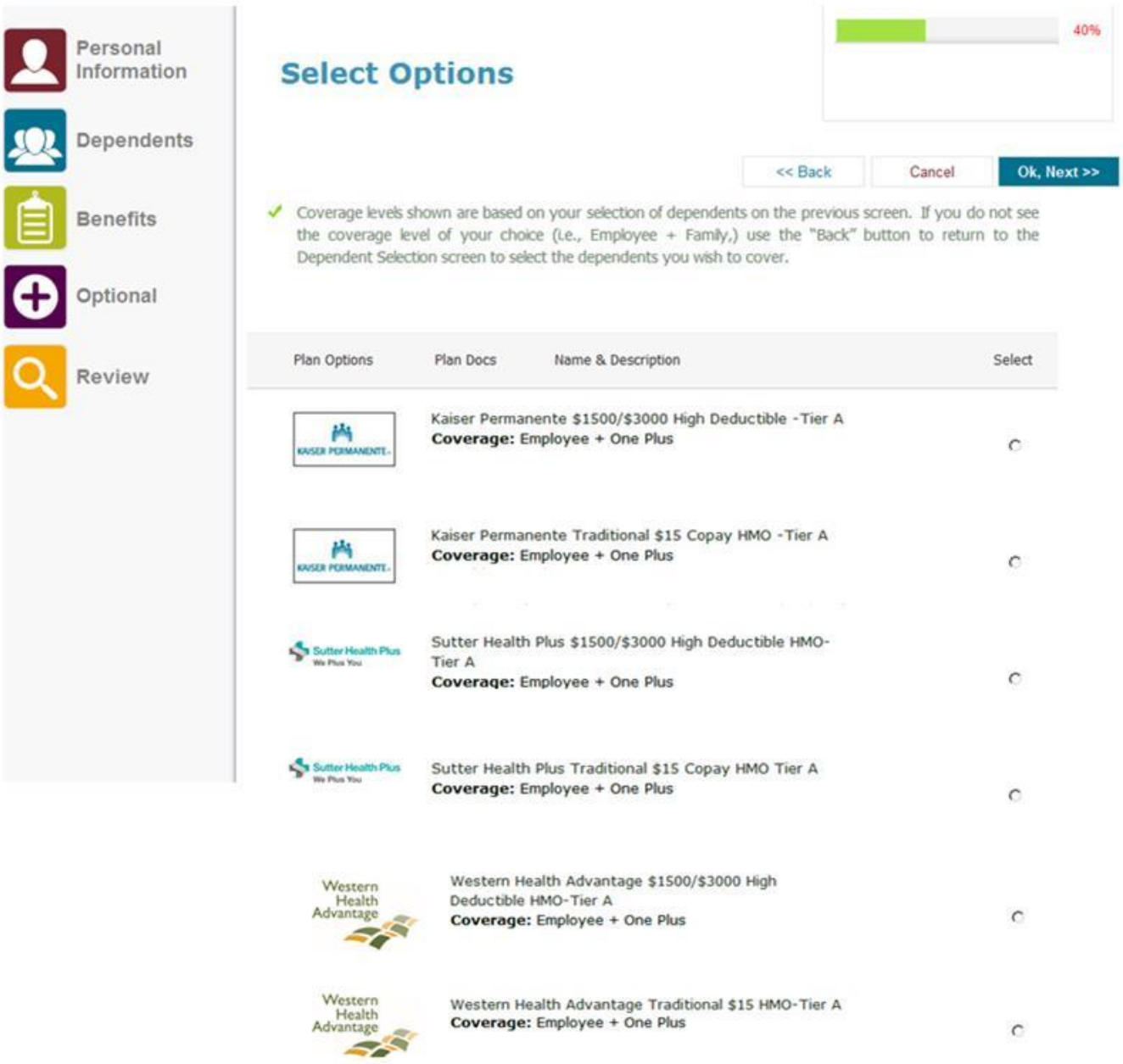
Documentation is required for any dependent that is checked on this screen, even if you provided it previously.

You have independent enrollment options for your dependents between medical, dental, and vision coverage.

BENEFIT TAB-Medical Coverage

Choose the medical plan you wish to enroll in.

There are six plans to choose from, please be sure the one you select is what you intend to enroll in. Then click **OK, Next**.

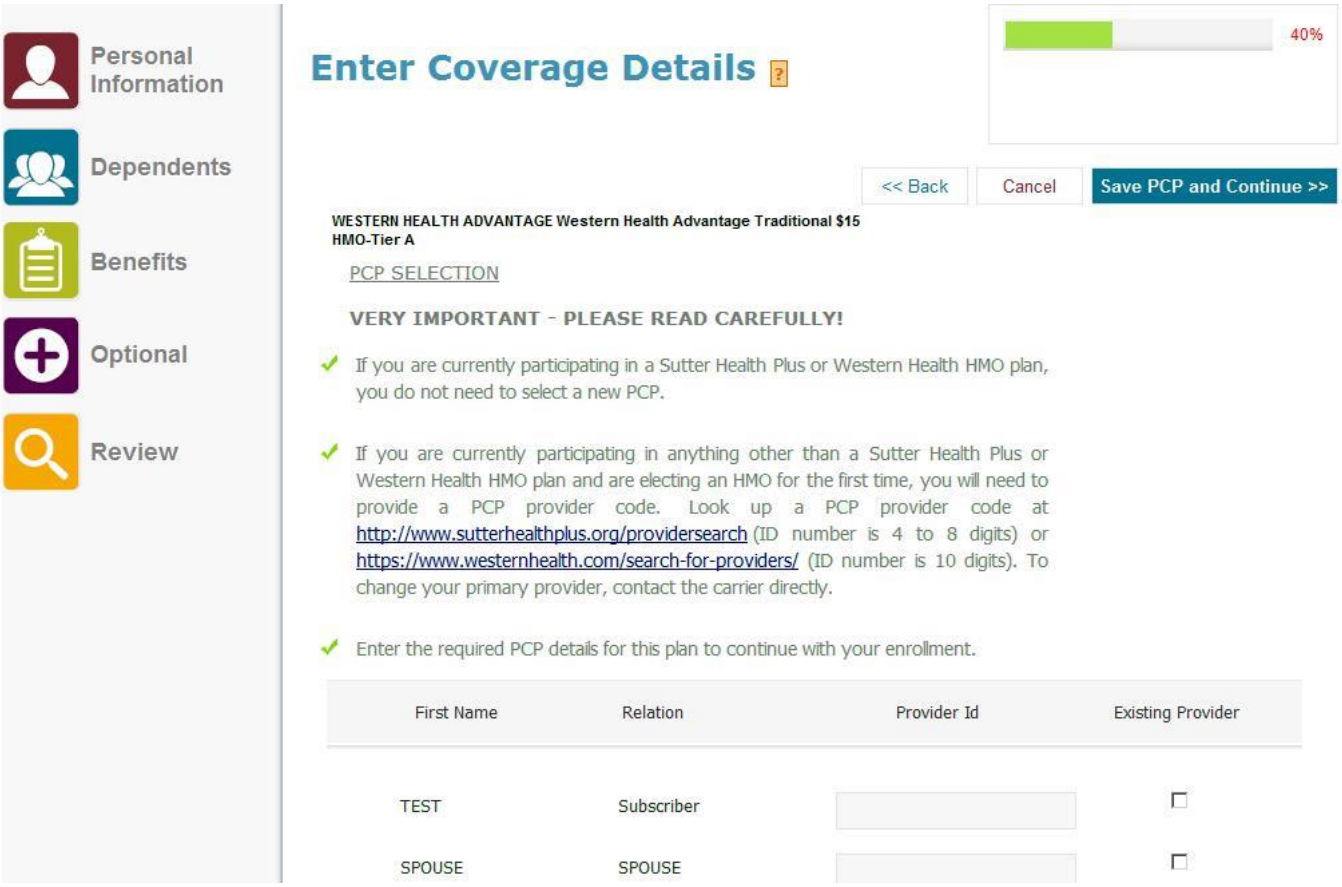


BENEFIT TAB-Medical Coverage

If you have a primary care doctor that you or your dependents want assigned for your care you must enter the Provider ID in the spaces below. The Provider ID can be found by visiting the website for the plan you are enrolling and completing the doctor search:

SUTTER HEALTH http://www.sutterhealthplus.org/providersearch
WESTERN HEALTH https://www.westernhealth.com/search-for-providers/

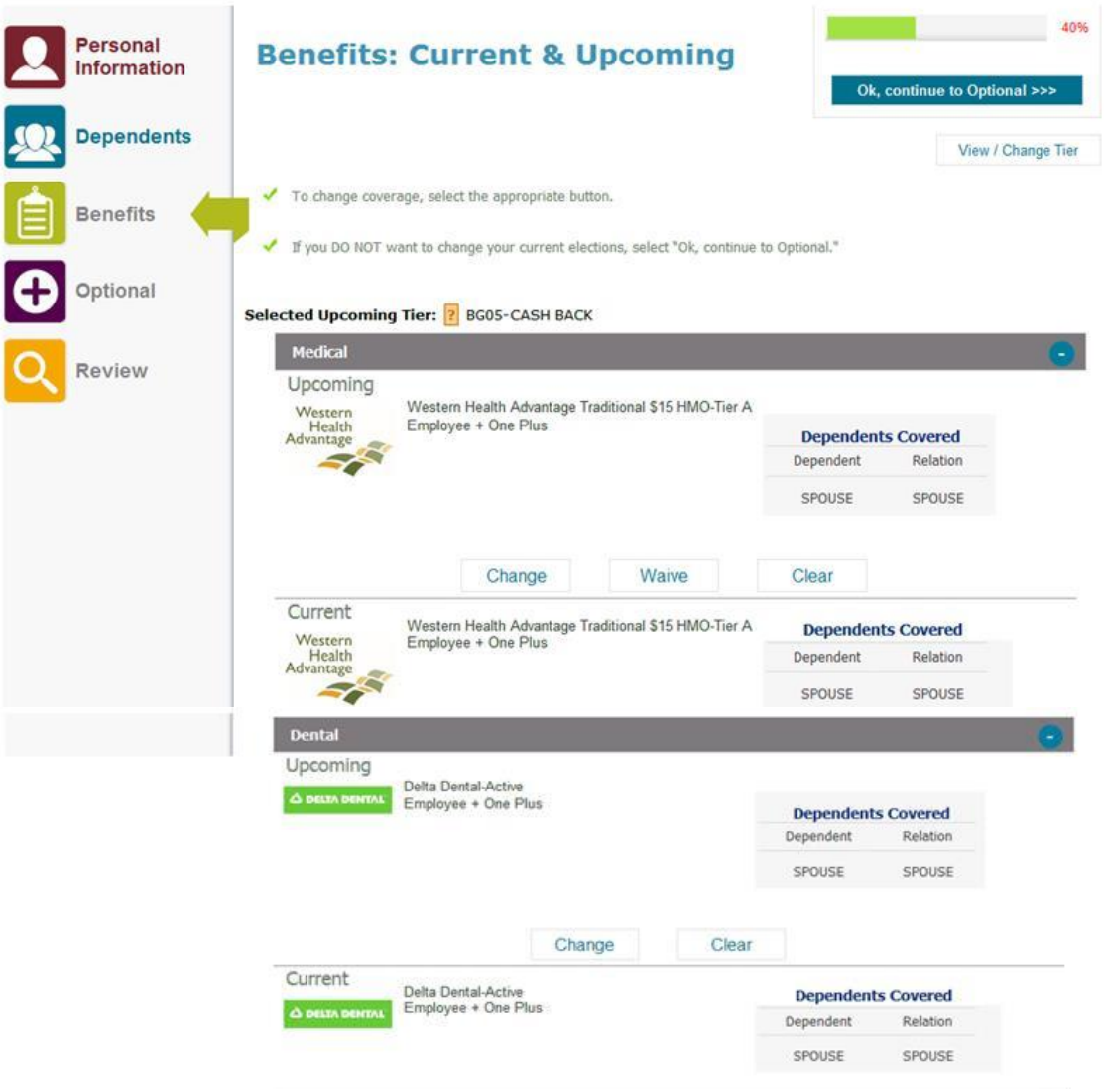
Kaiser enrollees can skip this step; the Provider ID is not required.



If you do not enter a Provider ID or if it is entered incorrectly you will be assigned to a Primary Care doctor by your health plan. The doctor information will be on the ID card you receive in the mail. You can change your PCP anytime by contacting your health plan carrier directly. You are allowed to choose different doctors for each of your family members.

BENEFIT TAB-Dental Coverage

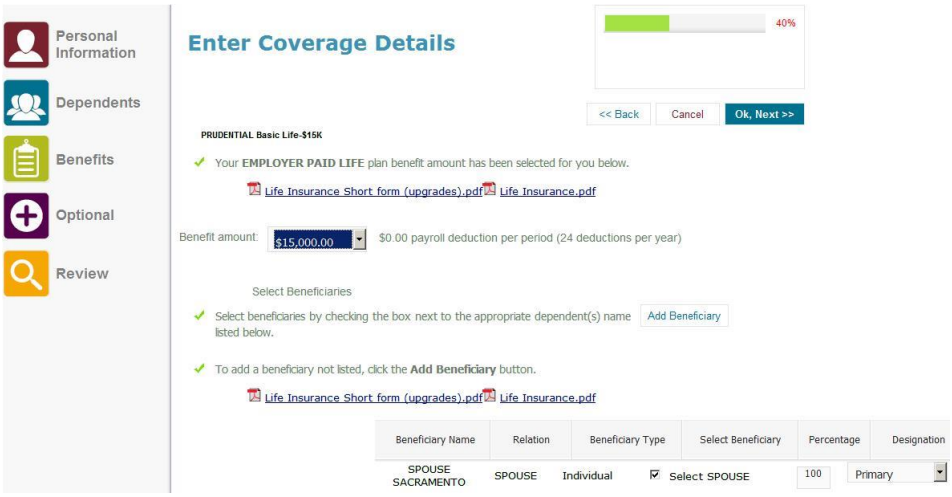
You will be returned to this screen to complete the same steps for the dental plan.



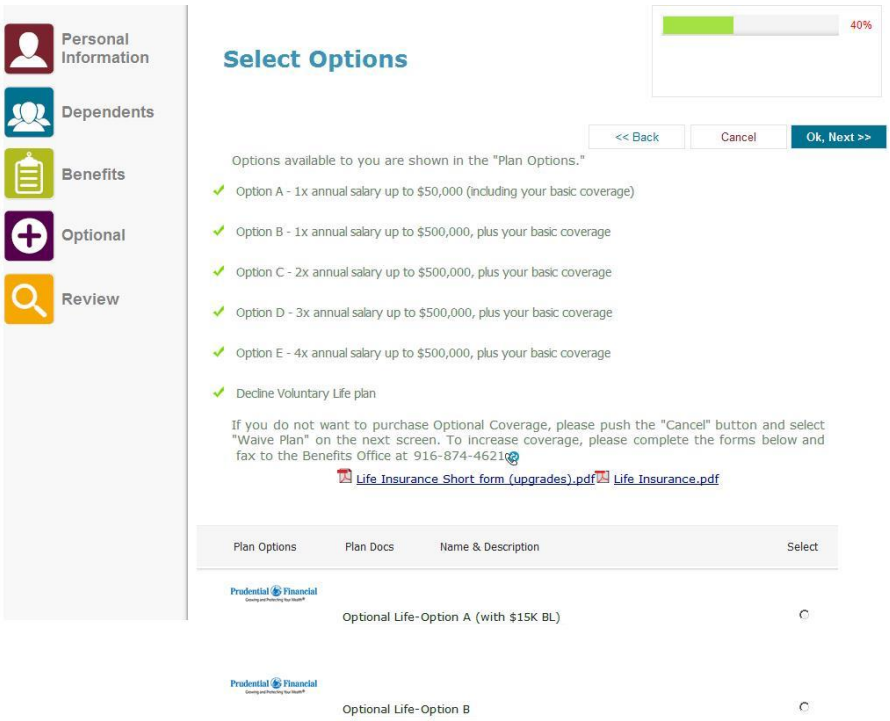
After you select your dependents for dental coverage you will again be returned to this screen to make your selections for life insurance.

BENEFIT TAB-Life Insurance

After you complete your selections for medical and dental coverage you can select your life insurance options. In addition to the Basic coverage provided by the County you can purchase additional coverage under the **Voluntary Term Life**. Click the **Enroll** or **Change** button then select the option the see the coverage and pay period cost.
Select **Waive** if you only want Basic coverage.



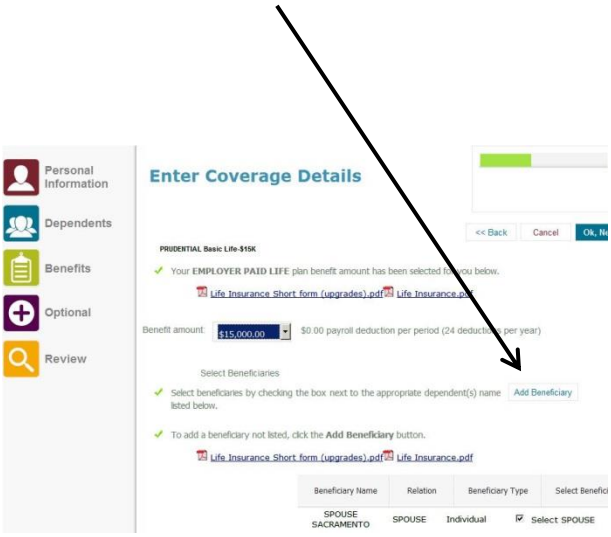
You can select any option within 30 days of your hire without completing the health questionnaire. You can decrease coverage at any time. Once coverage takes effect, increases usually require a health questionnaire.

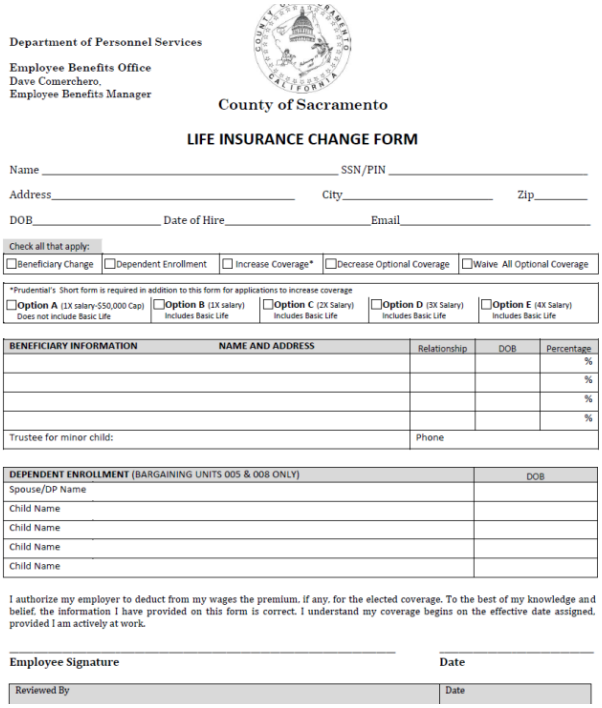


BENEFIT TAB-Life Insurance

BENEFICIARY DESIGNATION

Whether you are purchasing additional coverage or just keeping Basic coverage you should complete the beneficiary designation for your life insurance. You can designate them online or with the form posted on this screen as a PDF link called **Life Insurance.** Print the form and fax or email it to our office after completing the applicable information.





Department of Personnel Services

Employee Benefits Office
Dave Comerchero,
Employee Benefits Manager

County of Sacramento

LIFE INSURANCE CHANGE FORM

Name _____ SSN/PIN _____

Address_____ City_____ Zip_____

DOB_____ Date of Hire_____Email_____

Check all that apply:

☐Beneficiary Change ☐Dependent Enrollment ☐ Increase Coverage* ☐Decrease Optional Coverage ☐Waive All Optional Coverage

*Prudential's Short form is required in addition to this form for applications to increase coverage

☐**Option A** (1X salary-$50,000 Cap) Does not include Basic Life ☐**Option B** (1X salary) Includes Basic Life ☐**Option C** (2X Salary) Includes Basic Life ☐**Option D** (3X Salary) Includes Basic Life ☐**Option E** (4X Salary) Includes Basic Life

BENEFICIARY INFORMATION NAME AND ADDRESS	Relationship	DOB	Percentage
			%
			%
			%
			%
Trustee for minor child:	Phone		

DEPENDENT ENROLLMENT (BARGAINING UNITS 005 & 008 ONLY)	DOB
Spouse/DP Name	
Child Name	
Child Name	
Child Name	
Child Name	

I authorize my employer to deduct from my wages the premium, if any, for the elected coverage. To the best of my knowledge and belief, the information I have provided on this form is correct. I understand my coverage begins on the effective date assigned, provided I am actively at work.

Employee Signature **Date**

Reviewed By	Date

(Sample of form)

DEPENDENT LIFE INSURANCE

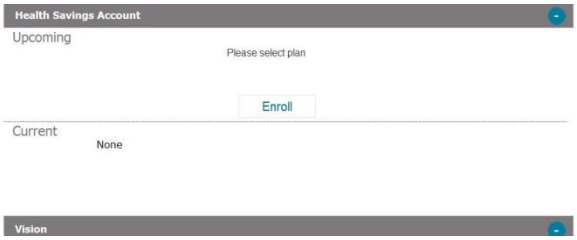
There is life insurance coverage available for your spouse and children.

- If your Basic coverage is $18,000 or $50,000 your dependents are automatically covered for $2,000; no additional action is necessary.
- If your Basic coverage is $15,000, <u>you must take action</u> and enroll your dependents for them to be covered. The enrollment cannot be completed online; it is done on the Life Insurance form (PDF link and sample of form above). You have 30 days from your hire date to enroll dependents for life insurance. There is a small tax for this coverage. If you do not enroll dependents in the first 30 days of hire, you can do so during Open Enrollment or within 30 days of a qualifying event.

There is not an option to purchase additional life insurance coverage for dependents.

BENEFIT TAB-Health Savings Account (HSA)

If you enrolled in a High Deductible health plan (HDHP), you can enroll in a Health Savings Account (HSA). Generally the enrollment screen pops up upon enrolling in a HDHP with your HSA partner. If that did not occur, you can enroll here by clicking **ENROLL**.

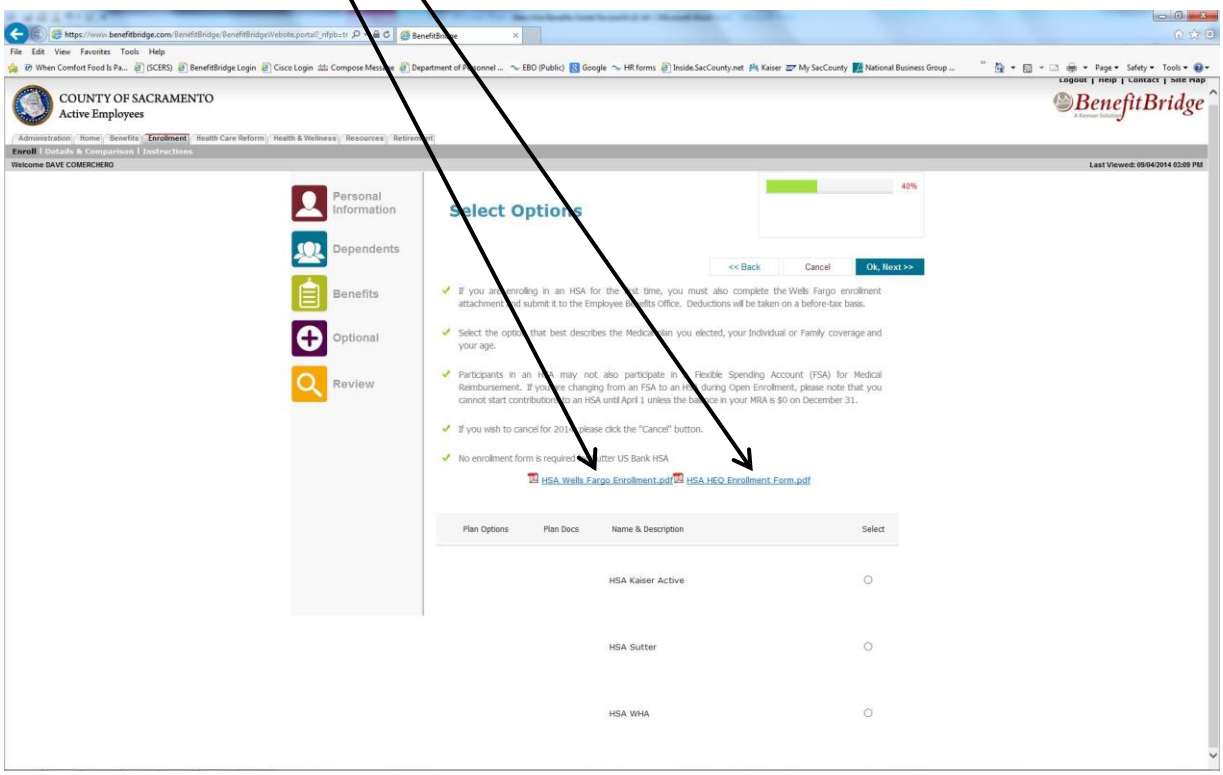


Select your HSA plan:

- If you chose Kaiser's HDHP, you must select HSA Kaiser Active AND complete the HSA Wells Fargo Enrollment form
- If you chose Sutter's HDHP, you must select HSA Sutter, no additional forms are needed
- If you chose WHA's HDHP, you must select HSA WHA AND complete the HSA HEQ Enrollment form

Forms are PDF Links and should be sent to the Benefits Office

Then click **OK NEXT**

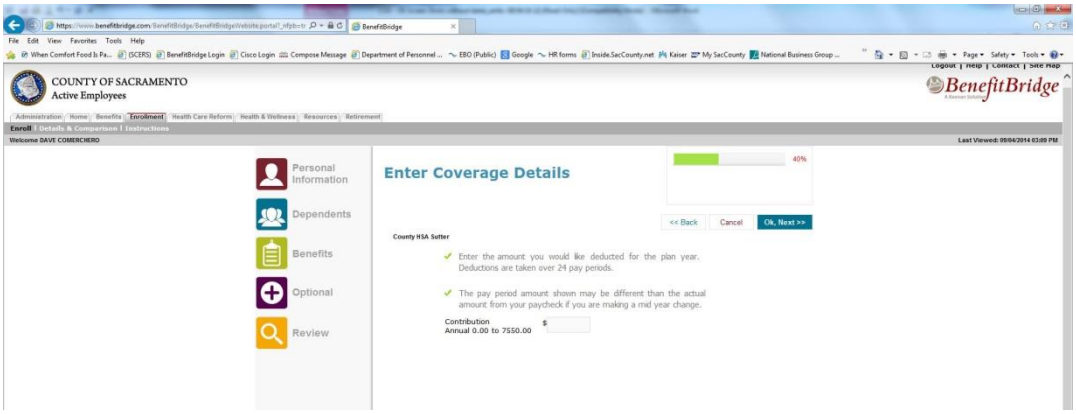


BENEFIT TAB-Health Savings Account (HSA)

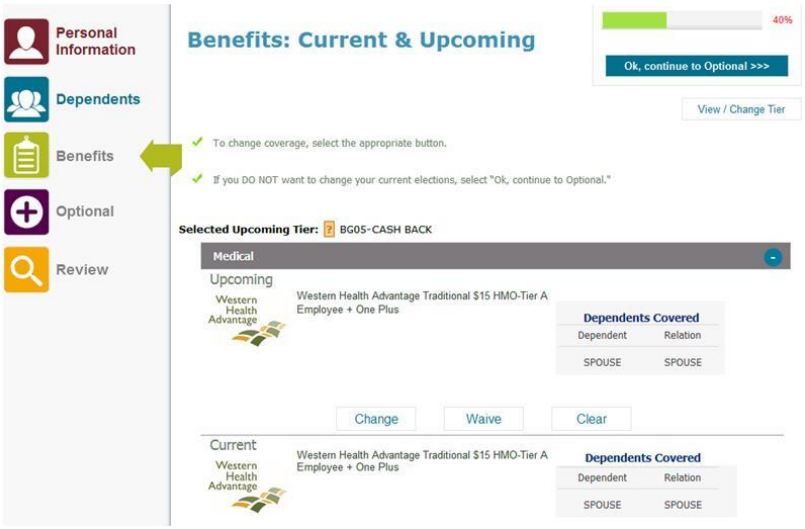
Once you have selected your HSA plan and printed any necessary forms. You now need to designate your contribution amount. The annual amount entered here will be divided by the number of pay periods remaining in the year and deducted from your paycheck pre-tax. You can change your HSA contribution amount anytime.

Designate Your Annual Contribution:

Be sure you are selecting the annual amount you qualify for; page 12 of the MyBenefits Summary provides the maximums allowed by the IRS.

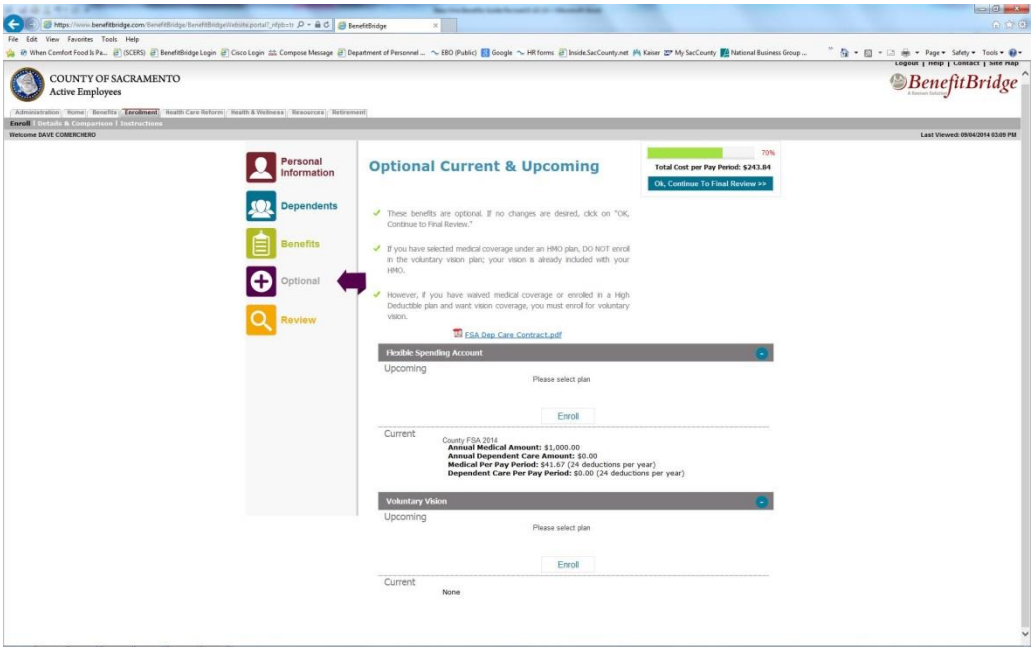


You will then be returned to the BENEFITS TAB where you should review the plans you have enrolled in and the dependents you are covering. If any of the information is not correct, this is your opportunity to make changes. If the information is accurate click **OK Continue to Optional Coverage.**



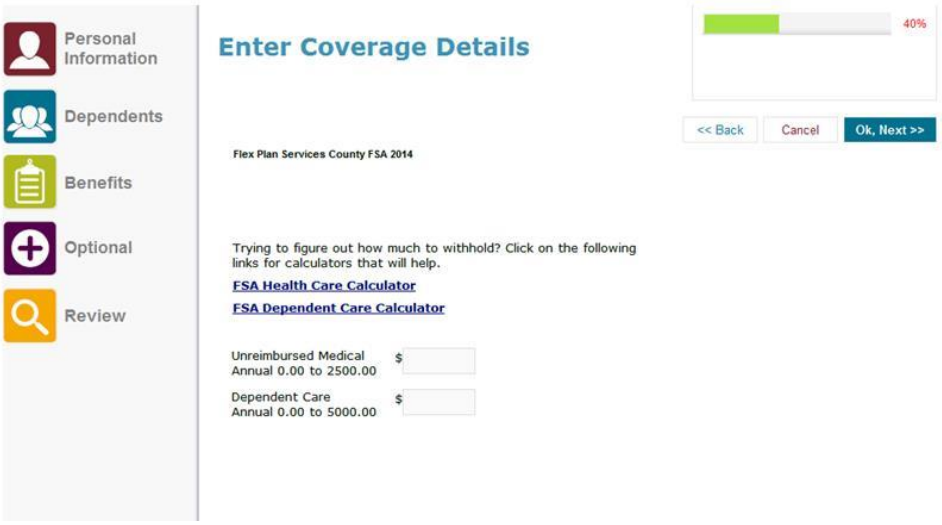
OPTIONAL TAB

You can enroll in Flexible Spending Accounts or VSP for voluntary vision on the OPTIONAL TAB.



FLEXIBLE SPENDING ACCOUNTS

Select the annual amounts for the Medical Reimbursement Account and/or the Dependent Care Reimbursement Account if enrolling in these programs, then click **OK Next.**

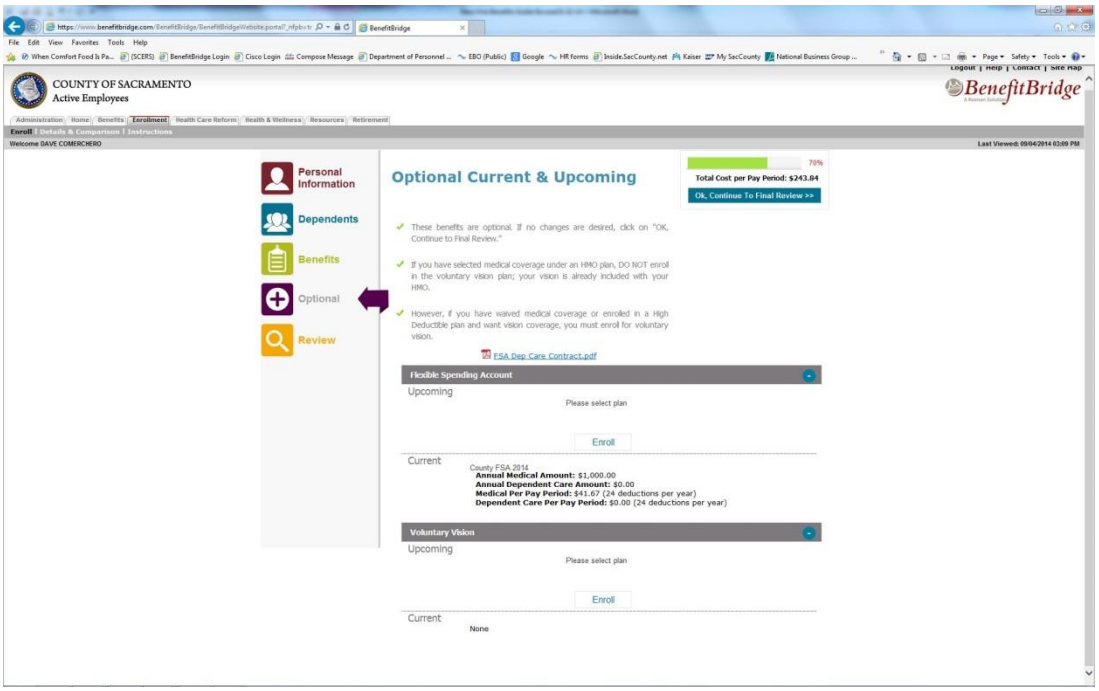


OPTIONAL TAB-Vision Coverage

VISION SERVICE PLAN

If you have waived medical coverage or enrolled in a High Deductible medical plan, you do not have vision coverage. You can elect to purchase coverage by clicking **ENROLL.**

NOTE: If you have selected coverage in an HMO plan, DO NOT enroll in the voluntary vision plan, your HMO coverage already includes vision.



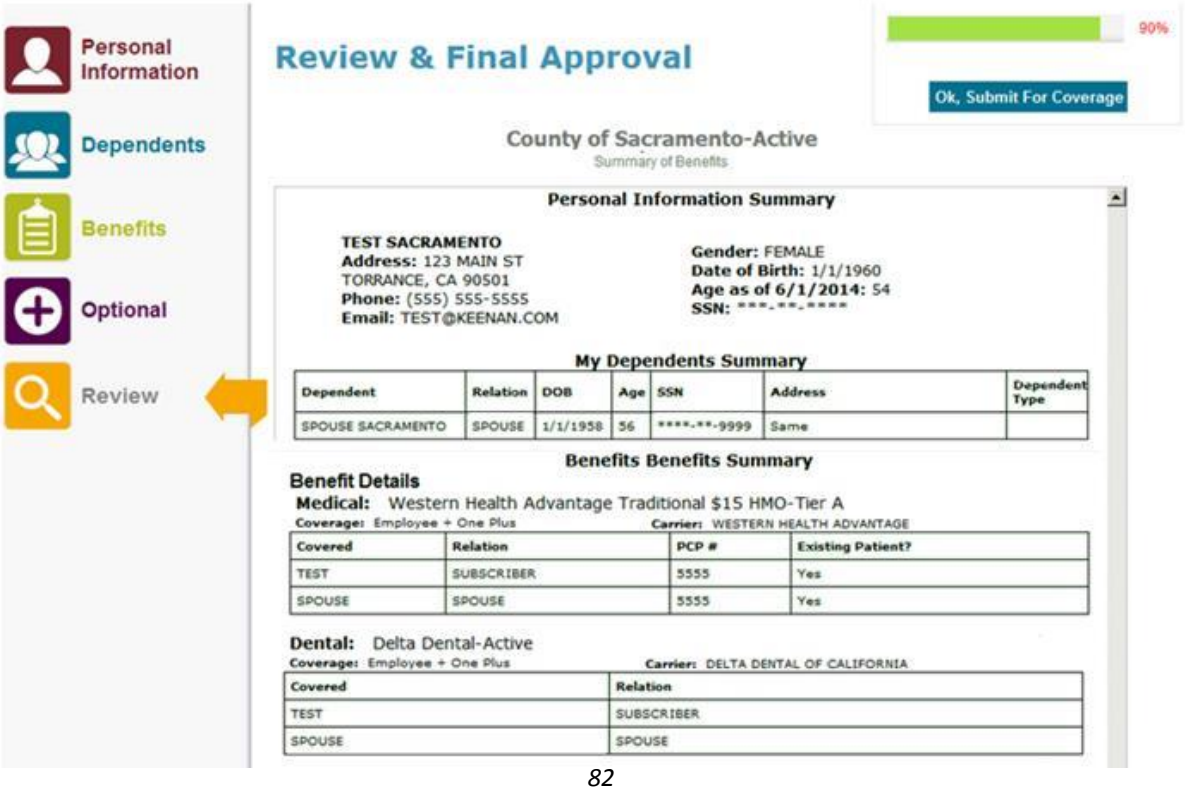
Check the box for any dependents you are enrolling in vision coverage. Click **OK NEXT**

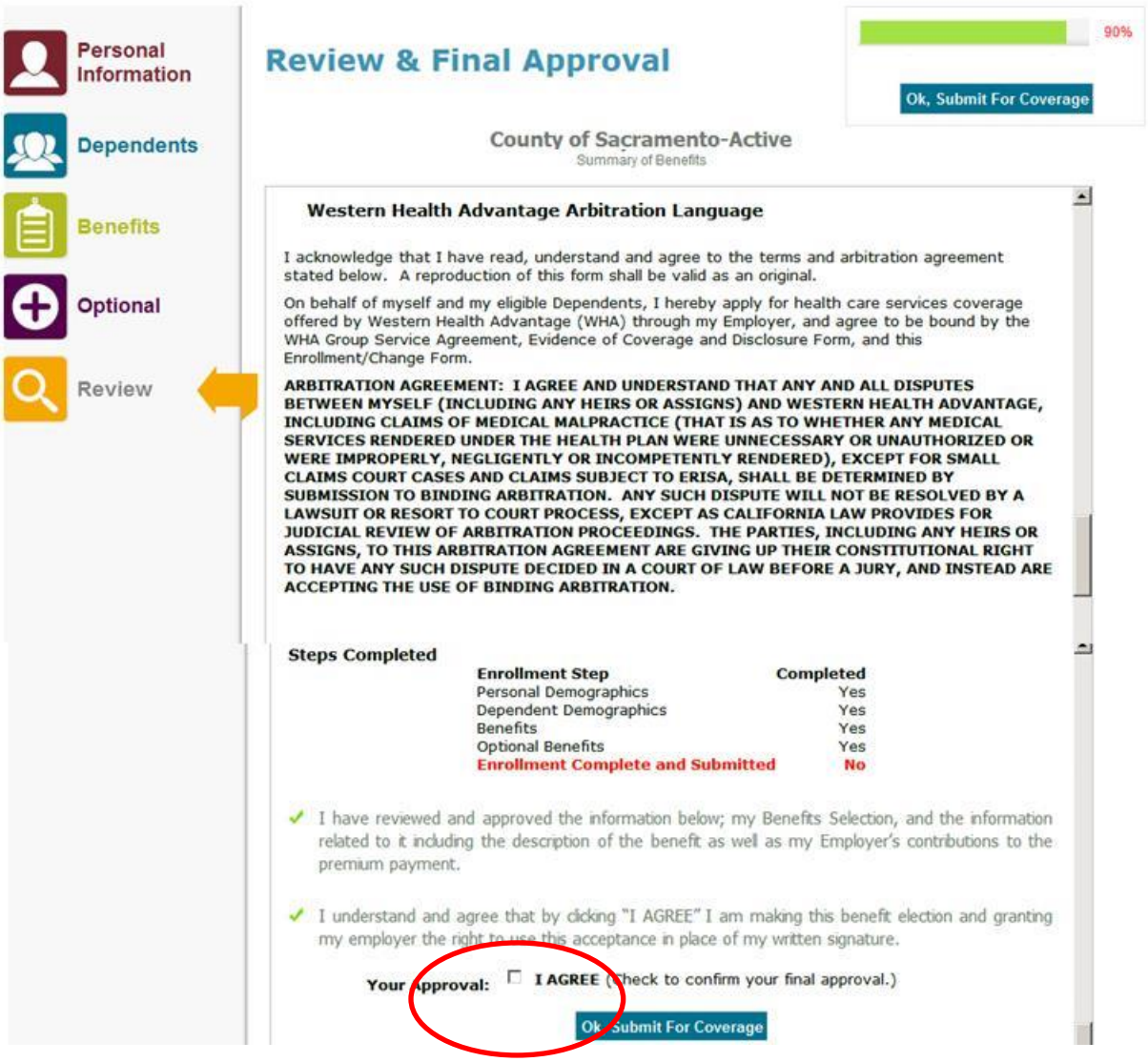
If your vision coverage is correct click **OK Continue to Final Review**

REVIEW TAB

This is your final opportunity to review the selections you have made and ensure they are correct prior to submitting your elections. Scroll down to review your coverage's to confirm you have selected your desired choices for yourself and any dependents.

Carefully read the Approval Details. If the selections reflect the coverage you want, **Check the "I AGREE" box, and then click "OK, Submit for Coverage".**





Print a copy for your records and follow the next steps…….

NEXT STEPS

You have finished the online portion of enrolling, now what?

Additional documentation is required to complete the enrollment process if you:

- Enrolled dependents to coverage
- Waived your medical plan
- Enrolled in the HSA for Kaiser or WHA High Deductible plans

If the above scenarios do not apply to you, you can skip this page. Examples of acceptable documents are listed below—

If you enrolled dependents:

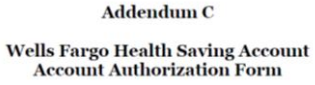
SPOUSE-Marriage Certificate	DOMESTIC PARTNER-State Registration	ADOPTED CHILD-Adoption Papers
CHILD-Birth Certificate	CHILD'S LEGAL GUARDIAN-Court Order	DISABLED CHILD-Proof of Disability
STEP CHILD-Childs birth cert and marriage cert to child's parent		FOSTER CHILD-Placement Agreement

If you waived medical coverage:

Proof of enrollment in another **group** plan--letter from insurance carrier or employer or HR office, medical card (Kaiser cards are not acceptable). Proof must indicate that you are covered, what the group is, and the effective date of coverage.

If you enrolled in the HSA for Kaiser or WHA High Deductible plans:

- Kaiser High Deductible-Addendum C -Wells Fargo Health Savings Account Authorization Form


Addendum C

Wells Fargo Health Saving Account
Account Authorization Form

- WHA High Deductible Plan- HSA Authorization Form for Health Equity


HSA Authorization Form
FOR GROUP HEALTH COVERAGE
HealthEquity
Building Health Savings

You have 7 days from the date of your online enrollment to submit the documents, even if you are a rehire and submitted them previously. If you need additional time to obtain the required documentation you MUST contact our office before the deadline to request an extension. Documents can be hand delivered, faxed, emailed, or mailed to our office.

If we do not receive the documents by the deadline the impacted enrollment will be denied without further notice.

Employee Benefits Office

700 H Street, Room 4650, Sacramento CA 95814

916.874.4621 Fax | **09-4650** Mail Code | **MyBenefits@saccounty.net**

NEXT STEPS

Once your documents have been received our staff will review them to determine if they meet eligibility standards. If you entered your email address on the PERSONAL TAB you will receive an auto email stating the coverage was approved. If you did not enter an email address, you will not receive notification.

When is my coverage effective?

Your coverage will take effect the first day of the month following your enrollment.
(Example; if you enroll on March 26, your coverage will begin on April 1st once it is approved)

If you have enrolled at the end of the month there may be a brief lag time before your information is updated with your carrier. Enrollments are sent electronically to the carriers on a weekly basis. If you have an emergency and cannot wait for the auto process, contact our office to be manually updated.

How do I access my coverage?

Once your coverage is updated, call the carrier to make an appointment. Phone numbers are listed on page 28 of the MyBenefits Summary.

MEDICAL-ID cards are mailed by the carrier directly to you. If you need to access care and do not have your ID card yet call your carrier and provide your Group number.

Plan Name	Group Number
Sutter HMO	001001-000001
Western HMO	107282-A000
Kaiser HMO	600644-0000

Plan Name	Group Number
Sutter High Ded	001001-100001
Western High Ded	107282-A000
Kaiser High Ded	600644-2001

DENTAL-Delta Dental does not mail cards. Give the dentist your SSN and group number.

Delta Dental of California	2476-0001

VISION-VSP does not mail cards. Give the vision provider your SSN and the group number.

Vision Service Plan (VSP)	30015915-0001
Kaiser HMO (not for HD HMO)	600644-0000

HEALTH SAVINGS ACCOUNT-If you signed up for an HSA you will get your debit card and packet in the mail from the vendor about 7-10 days after your enrollment is approved.

LIFE EVENT CHANGES

MAKING CHANGES TO COVERAGE AFTER INITIAL ENROLLMENT

Now that you have enrolled in benefits, the only time you can generally make changes to your coverage is during Open Enrollment or within 30 days of a qualifying life event.

EXAMPLES OF CHANGES REQUIRING A QUALIFYING EVENT	
MEDICAL	Change plans-Kaiser to WHA, waiver to Sutter, WHA to waive, etc. (proof of group coverage is required to waive medical) Change to Tier B-This election is irrevocable once made Add dependents-Add spouse/DP and/or children (dependents must meet dependent eligibility requirements, dependent documentation is required) Drop dependents-Remove spouse and/or children from coverage (no documentation required)
DENTAL	Add dependents-Add spouse/DP and/or children (dependents must meet dependent eligibility requirements, dependent documentation is required) Drop dependents-Remove spouse and/or children (no documentation required)
FLEXIBLE SPENDING ACCOUNTS	Enroll/change election for Dependent Care Reimbursement Account Enroll/change election for Medical Reimbursement Account
DEPENDENT LIFE INSURANCE	Employees of UPE (BG 005 & 008) can enroll dependents for life coverage (action cannot be performed online; paper enrollment required). Coverage for dependents in all other units is automatic.

EXAMPLES OF CHANGES PERMITTED ANYTIME DURING THE YEAR	
These changes can be made without a qualifying event; they may also be made during Open Enrollment	
OPTIONAL LIFE INSURANCE	Increase coverage (subject to approval), decrease coverage, waive all optional life coverage, make beneficiary updates
HEALTH SAVINGS ACCOUNT	Enroll/Change annual election (must be enrolled in High Deductible Plan)
DEFERRED COMPENSATION	Enroll, increase contribution, decrease contribution, change investments, change beneficiary

CHANGES THAT ARE NEVER PERMITTED	
These benefits are automatically provided by the County to all benefit eligible employees	
EAP	Employee cannot waive EAP benefits
BASIC LIFE INSURANCE	Employee cannot waive the basic life benefit
DENTAL COVERAGE	Employee cannot waive dental coverage for self

LIFE EVENT CHANGES

This chart lists common events and is not an exhaustive list. If you believe you have experienced a qualifying event that is not listed here please contact the Benefits Office to determine is a change is permitted and what documentation is required.

EXAMPLES OF LIFE EVENTS

EVENT	CHANGES PERMITTED	DOCUMENTS REQUIRED
New Marriage or Domestic Partnership	**Add dependents:** • Spouse or domestic partner • Children of the spouse/partner • Previously eligible children (if spouse/partner is added)	• Marriage certificate or domestic partner registration • Birth certificate, paperwork from adoption, legal guardianship or foster placement of spouse/partner's newly added dependents • Social Security Number for all being enrolled
	Change coverage: • Change plans-only if you are adding spouse or domestic partner • Waive coverage-only if gained new coverage	• Marriage certificate or domestic partner registration • Must provide proof of other coverage
Divorce, Legal Separation, or termination of a Domestic Partnership	**Remove dependents:** • Delete former spouse or domestic partner • Must delete stepchildren or children of former partner	• Final judgment or domestic partnership termination • Copy of legal separation document
	Change coverage: • Enroll in plan-only if you lost other coverage	• Proof of loss of coverage
New baby; a child placed for adoption, legal guardianship, and/or a foster child	**Add dependents:** • Newly eligible dependents • Add previously eligible, but not enrolled dependents	• Birth certificate, paperwork from adoption, legal guardianship or foster placement • Social Security number for all being enrolled **Note:** if the Social Security Number is not available, enroll the child and provide the number as soon as it is available
	Change Coverage: • Change plans-only if you are adding new dependent	• Birth certificate, paperwork from adoption, legal guardianship or foster placement of dependent being added
Losing a dependent-child reaching age 26; end of a legal guardianship, foster relationship, or stepchildren when parent' divorce, domestic partnership termination, or separation	**Remove dependent:** • Delete dependent	• Court provided proof of the change in the relationship
	Change coverage: • Change plans-only if you are deleting dependent	
Employee and/or dependents gaining other group coverage	**Remove dependents:** • Delete dependent(s) that gain coverage	• Proof of other group coverage for each dependent being deleted
	Change coverage: • Waive coverage • Coverage option change	• Proof of other coverage

Employee and/or dependents lose other group coverage	**Add dependents:** • Add dependents losing coverage	• Proof of loss of group coverage for each individual being added • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, domestic partnership registration • Social Security Numbers for all enrolled
	• **Change coverage:** • Enroll in coverage • Coverage option change	• Proof of loss of coverage
A Court Order or Qualified Medical Support Order (QMSO)	• Add self if previously waived • Add dependent(s) per court order	• Copy of Court Order or QMSO • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Social Security Number for all enrolled • Note: if the employee has waived coverage, the employee AND the child will be added (even if a birth certificate, etc. is not provided)
Change in dependent's residence -- outside of a service area	• Delete dependent that moved • Coverage option change (e.g., Sutter, Western, Kaiser)	• Proof of the move (e.g. utility bill in the dependent's name, new drivers' license, etc.)
Change in dependent's residence -- inside of a service area	• Add dependent that moved • Coverage option change (e.g., Sutter, Western, Kaiser)	• Proof of the move (e.g. new drivers' license, etc.) • Birth Certificate • Social Security Number for all enrolled
A gain entitlement for Medicare, Medi-Cal or Medicaid	• Delete self and/or dependents gaining coverage	• Proof of gain of coverage for each individual to be deleted
A loss of entitlement for Medicare, Medi-Cal or Medicaid	• Add self and/or dependents losing coverage	• Proof of loss of coverage • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, domestic partner registration • Social Security Numbers for all enrolled
A <u>loss</u> of coverage under a group health plan of a government or an educational institution (A gain in coverage is NOT a change in status event)	• Add self and dependents	• Proof of loss of coverage • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, DP Registration
A HIPAA special enrollment event – gain or loss of either Medi-Cal or SCHIP	• Add or delete self and dependents • To delete dependents they must have other coverage • Add previously eligible, but not yet enrolled dependents • Coverage option change	• Proof of loss of coverage • Proof of gain of coverage • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, DP Registration
Change in childcare/eldercare provider or cost or coverage, such as a significant cost increase charged by your current day care provider or a change in your day care provider.	• Increase, decrease or stop deductions consistent with the change	• Proof of increased or decreased cost from day care provider • Proof of switch to new day care provider • Proof of discontinuance of day care provider use