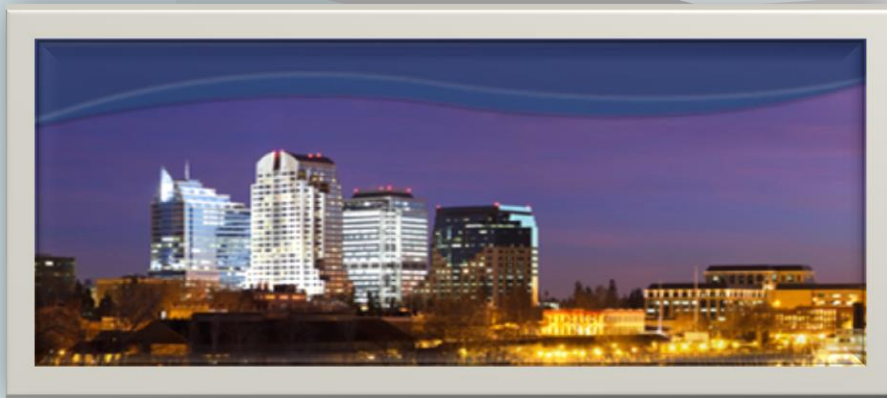




**BENEFITS ENROLLMENT
FOR NEW HIRES
2014**



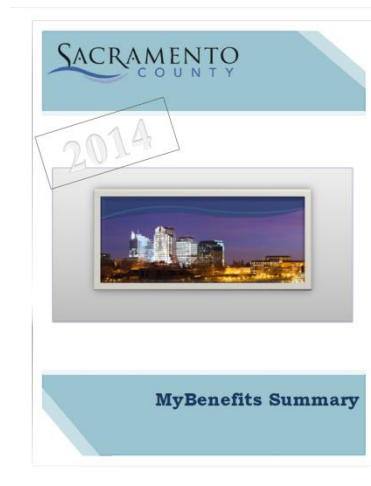
RESOURCES

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

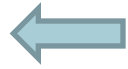
ENROLLING IN BENEFITS

Enrolling in benefits is a 2-part process:

****PART 1****



Submit your enrollment online:
www.benefitbridge.com/saccounty

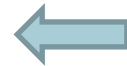


All employees must submit benefit elections using the online system. You must get through the system and click the "SUBMIT" button at the end of the interview in order for your elections to be submitted.

****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-Child's 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”

The screenshot shows the 'Register' page for County of Sacramento Active Employees. It features a header with the county logo and 'Welcome to BenefitBridge'. The main content area is titled 'Register' and contains three steps: Step 1 (Current), Step 2, and Step 3. Step 1 instructions state: 'To view your personal benefits information you will need to create an account using your first and last names as they appear on your payroll statement. Once you have entered the information below, click Register. (If your names do not match, you will receive registration "tips" as well as BenefitBridge Support contact information.) Names and 6-Digit Code fields are NOT case sensitive.' Below the instructions are input fields for 'First Name', 'Last Name', and 'Last 4 Digits of Social Security Number'. A shaded box contains a 6-digit code. A 'Register' button and a 'Return to Login Page' link are at the bottom.

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

The screenshot shows the 'Register' page for County of Sacramento Active Employees, Step 2. The header is the same as in Step 1. The main content area shows 'Step 1 Complete' with a checkmark. Step 2 instructions state: 'Create a username and password. If your BenefitBridge record includes an email address, the Username and Email address fields will auto-fill with this information. If the Username field is "blank" you will need to create one. (You may change your email address if desired.) We will keep your email and personal information private.' Below are input fields for 'Username', 'Password', 'Verify password', and 'Email address'. A note next to the password field says '(At least 8 characters including at least one number)'. A 'Save' button and a 'Return to Login Page' link are at the bottom.

STEP 3

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

- Keep them for future use

The screenshot shows the 'BenefitBridge' registration page, Step 3. The header features the 'BenefitBridge' logo and 'Welcome to BenefitBridge'. The main content area shows 'Step 1 Complete' and 'Step 2 Complete' with checkmarks. Step 3 instructions state: 'Congratulations! You have successfully completed the online registration for BenefitBridge. Your username and password are displayed below. (Please keep this information in a safe place.) Going forward, you will log in to BenefitBridge as a RETURNING USER. Welcome to BenefitBridge!' Below are input fields for 'Username' and 'Password'. 'Continue' and 'Print View' buttons are at the bottom.

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”

The screenshot shows the County of Sacramento Active Employees Benefits Administration website. The page header includes the County of Sacramento logo and the text "COUNTY OF SACRAMENTO Active Employees". Below the header is a navigation menu with tabs for Administration, Home, Benefits, Enrollment, Health Care Reform, Health & Wellness, Resources, and Retirement. A secondary navigation bar contains links for Admin Home, Upload Forms, Contacts, Announcements, FAQs, and Briefings. The main content area is divided into several sections:

- Enrollment Center:** Contains links for Review Carrier Offerings, Review Current Benefits, and Compare Plan Designs. A prominent button labeled "Begin Life Event Enrollment" is circled in red.
- Administrative Links:** Includes links for Benefits Administration, Upload Forms, Update Contacts, and Update Announcements.
- External Links:** Includes links for Keenan Health Care Reform Website, California Department of Education, CalPERS, CalSTRS, Keenan COBRA, Medicare, and Social Security.
- BenefitBridge Support:** Provides contact information (BenefitBridge@Keenan.com, 800.814.1862, 8:00 am - 5:00 pm Monday-Friday) and guides/resources (Administrator Reference Guide, Recorded Video Lessons: Enrollments Tab, Enrollment Approval Process, Overview of BenefitBridge Reports).
- Benefits Administration:** A section with a button labeled "Benefits Administration" and a link to access the Benefits Administration page.
- Announcements:** Features two main announcements:
 - February 2014 Release - Report Enhancement:** Lists options for New Social Security Number Display Options on the Carrier Billing Report: No - Remove SSN, Mask - Display last four digits of SSN, and Full - Display full SSN.
 - Password Requirements – Updated January 2014:** States that BenefitBridge password requirements have been updated and lists requirements: Must be 8 – 16 characters in length; Must contain at least one character from each of the following four categories: Uppercase letter, Lowercase letter, Number (0 – 9), and Non-Alphanumeric character (e.g., @, #, %); Expires every 90 days (users will be prompted to create new password); and May not reuse any of the previous 9 passwords.

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**

Life Events Changes Form

* Life Events Reason:

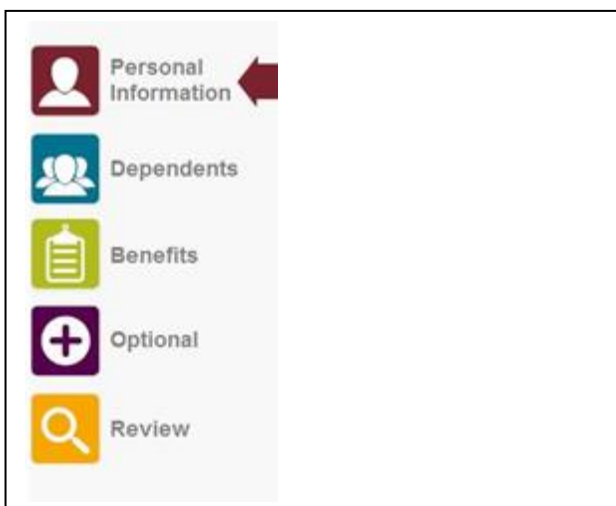
Please Select...

- Deceased
- Ineligible Dependent
- Birth / Adoption
- Dependent Loss of Coverage
- Dependent Permanently Disabled
- Marriage
- Domestic Partnership
- Spouse Gains/Loses Coverage
- Student Status
- New Hire**
- Other
- IRS Dependent Status
- Promotion
- Retiree - District Pav Fnds

* Event Date:

mm/dd/yyyy

Submit Cancel



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.

Personal Information

10%

[Next Step >>](#)

[Make Changes](#)

✓ Select "Make Changes" to update your Phone number or Email address. For all other updates, please contact your Benefits Administrator (e.g., Human Resources, Benefits Department, Risk Management).

First Name:	Middle Name:	Last Name:	Suffix:
TEST		SACRAMENTO	
Address:			
123 MAIN ST			
City:	State:	Zip Code:	
TORRANCE	CA	90501	
Home Phone:	Email Address:		
(555) 555-5555	TEST@KEENAN.COM		
Birth Date:	Age:	Gender:	
1/1/1960	54	FEMALE	

- 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.

Dependents

20%
Ok, continue to Benefits >>>

Add a Dependent

- ✓ **REQUIRED DOCUMENTATION:** A marriage license/birth certificate/state registration must be submitted to the Human Resources Department before coverage for your dependent will be approved.
- ✓ To add a dependent, select the "Add A Dependent" button. If you add a dependent, a "New Dependent Enrollment" popup screen will appear, giving you the opportunity to add your dependent to your coverage.
- ✓ If you wish to remove coverage for a dependent, please proceed to the Benefits tab. Please **DO NOT** use the "Remove Dependent" button.

[Life Events Checklist.pdf](#)

Dependent	SSN	Relation	Age	Dep Type	Address	Options
SPOUSE SACRAMENTO	****-**-9999	SPOUSE	56		SAME	Edit Dependent Remove Dependent

- **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)

Benefits: Current & Upcoming

40%
Total Cost per Pay Period: \$0.00
Ok, continue to Optional >>>

✔ To change coverage, select the appropriate button.
✔ If you DO NOT want to change your current elections, select "Ok, continue to Optional."

Selected Upcoming Tier: BG08-TIRB 2015

★ Medical
Upcoming
Please select plan
Enroll Waive
Current: None

★ Dental
Upcoming
Please select plan
Enroll
Current: None

Voluntary Term Life
Upcoming
Please select plan
Enroll
Current: None

Group Term Life
Upcoming
Basic Life-\$15K
\$0.00
Cost Per Pay Period:
\$0.00 (24 deductions per year)
Change Clear
Current: None

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.

Select Dependents to Cover

40%

Cancel Next

- ✓ Check the box next to the dependent(s) you wish to cover for MEDICAL coverage.
- ✓ If a dependent you wish to cover is not listed below, go back to the DEPENDENTS tab to add a dependent.
- ✓ If you are adding a dependent, your enrollment will not be approved without proper documentation (e.g., marriage certificate, birth certificate.) Please provide required documentation to your Benefits Administrator (e.g., Human Resources, Benefits Department, Risk Management) to ensure your dependents get enrolled.

Did you know that under Health Care Reform, adult children **up to the age of 26** are eligible for coverage under your health plan?

Dependent Name	Relation	Dependents to Cover
SPOUSE SACRAMENTO	SPOUSE	<input checked="" type="checkbox"/> Cover SPOUSE

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**.







-  Personal Information
-  Dependents
-  Benefits
-  Optional
-  Review

Select Options



<< Back
Cancel
Ok, Next >>

✔ Coverage levels shown are based on your selection of dependents on the previous screen. If you do not see the coverage level of your choice (i.e., Employee + Family,) use the "Back" button to return to the Dependent Selection screen to select the dependents you wish to cover.

Plan Options	Plan Docs	Name & Description	Select
		Kaiser Permanente \$1500/\$3000 High Deductible - Tier A Coverage: Employee + One Plus	<input type="radio"/>
		Kaiser Permanente Traditional \$15 Copay HMO -Tier A Coverage: Employee + One Plus	<input type="radio"/>
		Sutter Health Plus \$1500/\$3000 High Deductible HMO-Tier A Coverage: Employee + One Plus	<input type="radio"/>
		Sutter Health Plus Traditional \$15 Copay HMO Tier A Coverage: Employee + One Plus	<input type="radio"/>
		Western Health Advantage \$1500/\$3000 High Deductible HMO-Tier A Coverage: Employee + One Plus	<input type="radio"/>
		Western Health Advantage Traditional \$15 HMO-Tier A Coverage: Employee + One Plus	<input type="radio"/>

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.

Enter Coverage Details ?

WESTERN HEALTH ADVANTAGE Western Health Advantage Traditional \$15 HMO-Tier A

PCP SELECTION

VERY IMPORTANT - PLEASE READ CAREFULLY!

- ✓ If you are currently participating in a Sutter Health Plus or Western Health HMO plan, you do not need to select a new PCP.
- ✓ If you are currently participating in anything other than a Sutter Health Plus or Western Health HMO plan and are electing an HMO for the first time, you will need to provide a PCP provider code. Look up a PCP provider code at <http://www.sutterhealthplus.org/providersearch> (ID number is 4 to 8 digits) or <https://www.westernhealth.com/search-for-providers/> (ID number is 10 digits). To change your primary provider, contact the carrier directly.
- ✓ Enter the required PCP details for this plan to continue with your enrollment.

First Name	Relation	Provider Id	Existing Provider
TEST	Subscriber	<input type="text"/>	<input type="checkbox"/>
SPOUSE	SPOUSE	<input type="text"/>	<input type="checkbox"/>

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.

The screenshot displays the 'Benefits: Current & Upcoming' interface. On the left is a navigation menu with icons for Personal Information, Dependents, Benefits (highlighted with a green arrow), Optional, and Review. The main content area shows a progress bar at 40% and a button 'Ok, continue to Optional >>>'. Below this, a 'Selected Upcoming Tier' is listed as 'BG05-CASH BACK'. The 'Medical' section is expanded to show 'Upcoming' and 'Current' options for 'Western Health Advantage Traditional \$15 HMO-Tier A Employee + One Plus'. Each option includes a 'Dependents Covered' table with columns for 'Dependent' and 'Relation', showing 'SPOUSE' for both. The 'Dental' section is also expanded to show 'Upcoming' and 'Current' options for 'Delta Dental-Active Employee + One Plus'. Each option includes a 'Dependents Covered' table with columns for 'Dependent' and 'Relation', showing 'SPOUSE' for both. Buttons for 'Change', 'Waive', and 'Clear' are provided for each section.

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.

Enter Coverage Details

PRUDENTIAL Basic Life-515K

✓ Your EMPLOYER PAID LIFE plan benefit amount has been selected for you below.

Life Insurance Short form (upgrades).pdf Life Insurance.pdf

Benefit amount: \$15,000.00 \$0.00 payroll deduction per period (24 deductions per year)

Select Beneficiaries

✓ Select beneficiaries by checking the box next to the appropriate dependent(s) name listed below. **Add Beneficiary**

✓ To add a beneficiary not listed, click the Add Beneficiary button.

Life Insurance Short form (upgrades).pdf Life Insurance.pdf

Beneficiary Name	Relation	Beneficiary Type	Select Beneficiary
SPOUSE SACRAMENTO	SPOUSE	Individual	<input checked="" type="checkbox"/> Select SPOUSE

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:				

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, you must take action 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**.

Health Savings Account
Upcoming
Please select plan
Enroll
Current
None
Vision

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**

40%

<< Back Cancel Ok, Next >>

✓ If you are enrolling in an HSA for the first time, you must also complete the Wells Fargo enrollment attachment and submit it to the Employee Benefits Office. Deductions will be taken on a before-tax basis.

✓ Select the option that best describes the Medical Plan you elected, your Individual or Family coverage and your age.

✓ Participants in an HDHP may not also participate in a Flexible Spending Account (FSA) for Medical Reimbursement. If you are changing from an FSA to an HDHP during Open Enrollment, please note that you cannot start contributions to an HSA until April 1 unless the balance in your MSA is \$0 on December 31.

✓ If you wish to cancel for 2015, please click the "Cancel" button.

✓ No enrollment form is required after US Bank HSA.

[HSA Wells Fargo Enrollment.pdf](#) [HSA HEQ Enrollment Form.pdf](#)

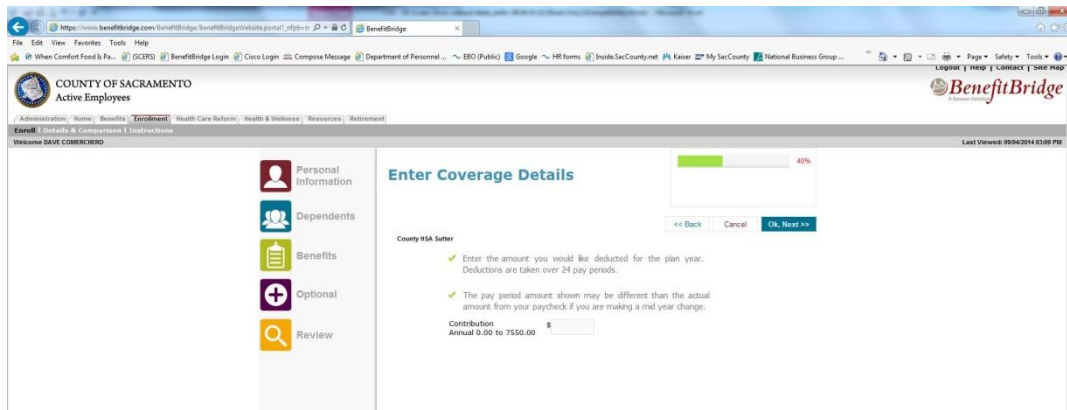
Plan Options	Plan Docs	Name & Description	Select
		HSA Kaiser Active	<input type="radio"/>
		HSA Sutter	<input type="radio"/>
		HSA WHA	<input type="radio"/>

BENEFIT TAB-Health Savings Account (HSA)

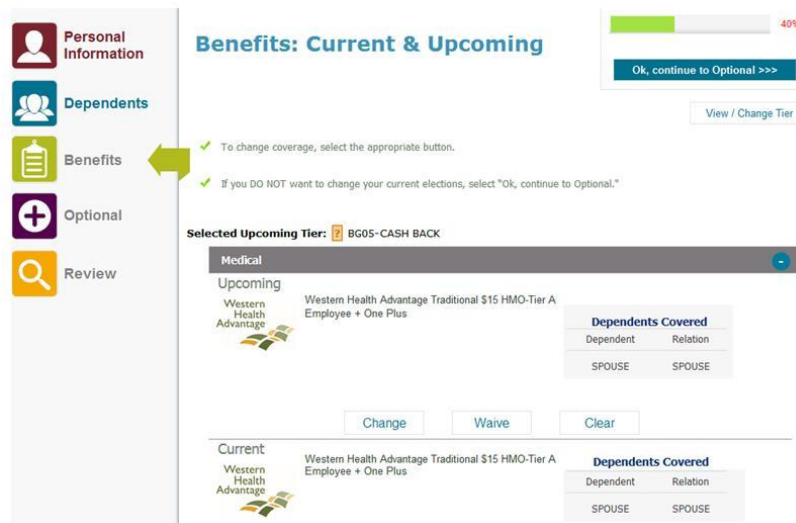
Once you have selected your HSA plan and printed any necessary forms. You now need to designate your contribution amount. The annual amount entered here will be divided by the number of pay periods remaining in the year and deducted from your paycheck pre-tax. You can change your HSA contribution amount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

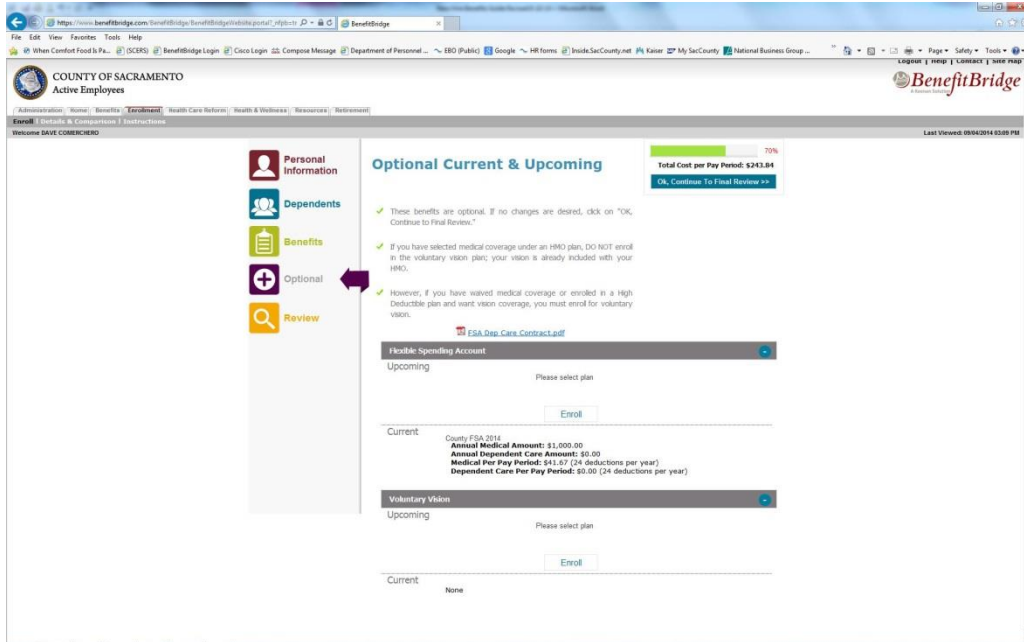


You will then be returned to the BENEFITS TAB where you should review the plans you have enrolled in and the dependents you are covering. If any of the information is not correct, this is your opportunity to make changes. If the information is accurate click **OK Continue to Optional Coverage**.



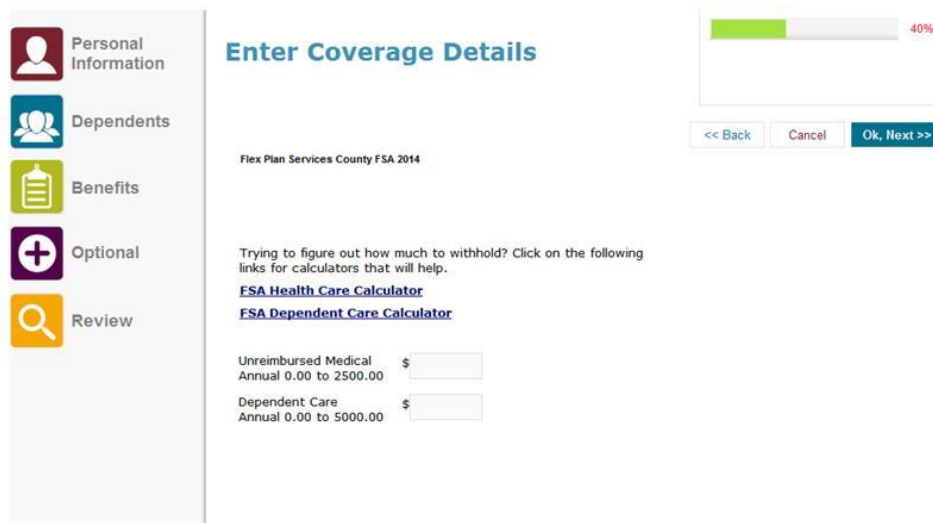
OPTIONAL TAB

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**.

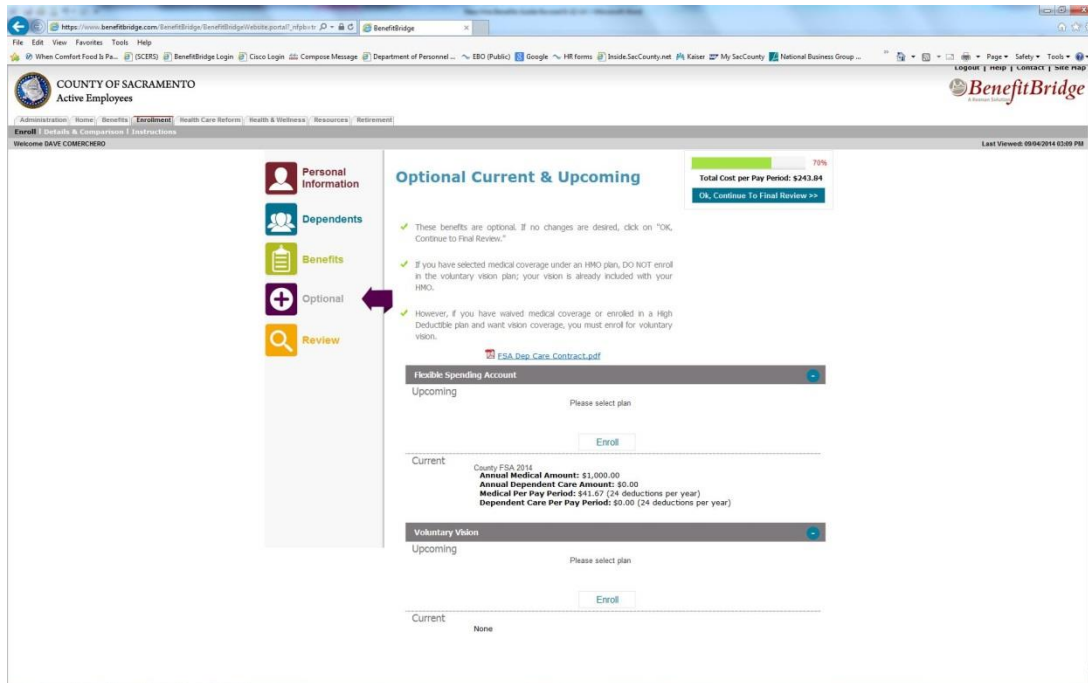


OPTIONAL TAB-Vision Coverage

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"**.

Review & Final Approval

County of Sacramento-Active
Summary of Benefits

90%

OK, Submit For Coverage

My Digital Signature

Approval Details

✓ Please review all of the information on this page and when you are satisfied with your selections, check the **I Agree** box and click the **OK, Submit for Coverage** button.

Acknowledgment:
I hereby certify that all the information entered is true and correct to the best of my knowledge. I also understand that any false information entered will make this enrollment process and the coverage for which it applies null and void. The Plan reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand that my benefit elections will be in effect until the next Open Enrollment period, unless my family status changes (e.g. loss of coverage for me or my dependents, change in marital status, change in spouse's/domestic partner's employment status). I understand that I must notify my employer within 30 days if I experience a qualifying event. I authorize my employer to make all payroll deductions associated with my elections. I understand that I am entitled to a copy of the plan documents for the benefit plans.

Personal Information
Dependents
Benefits
Optional
Review

Review & Final Approval

County of Sacramento-Active
Summary of Benefits

90%

OK, Submit For Coverage

Personal Information Summary

TEST SACRAMENTO
Address: 123 MAIN ST
TORRANCE, CA 90501
Phone: (555) 555-5555
Email: TEST@KEENAN.COM

Gender: FEMALE
Date of Birth: 1/1/1960
Age as of 6/1/2014: 54
SSN: ***-**-****

My Dependents Summary

Dependent	Relation	DOB	Age	SSN	Address	Dependent Type
SPOUSE SACRAMENTO	SPOUSE	1/1/1958	56	****-**-9999	Same	

Benefits Summary

Medical: Western Health Advantage Traditional \$15 HMO-Tier A
Coverage: Employee + One Plus Carrier: WESTERN HEALTH ADVANTAGE

Covered	Relation	PCP #	Existing Patient?
TEST	SUBSCRIBER	5555	Yes
SPOUSE	SPOUSE	5555	Yes

Dental: Delta Dental-Active
Coverage: Employee + One Plus Carrier: DELTA DENTAL OF CALIFORNIA

Covered	Relation
TEST	SUBSCRIBER
SPOUSE	SPOUSE

Personal Information
Dependents
Benefits
Optional
Review

-  Personal Information
-  Dependents
-  Benefits
-  Optional
-  Review 

Review & Final Approval

90%

[Ok, Submit For Coverage](#)

County of Sacramento-Active
Summary of Benefits

Western Health Advantage Arbitration Language

I acknowledge that I have read, understand and agree to the terms and arbitration agreement stated below. A reproduction of this form shall be valid as an original.

On behalf of myself and my eligible Dependents, I hereby apply for health care services coverage offered by Western Health Advantage (WHA) through my Employer, and agree to be bound by the WHA Group Service Agreement, Evidence of Coverage and Disclosure Form, and this Enrollment/Change Form.

ARBITRATION AGREEMENT: I AGREE AND UNDERSTAND THAT ANY AND ALL DISPUTES BETWEEN MYSELF (INCLUDING ANY HEIRS OR ASSIGNS) AND WESTERN HEALTH ADVANTAGE, INCLUDING CLAIMS OF MEDICAL MALPRACTICE (THAT IS AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE HEALTH PLAN WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENCELY OR INCOMPETENTLY RENDERED), EXCEPT FOR SMALL CLAIMS COURT CASES AND CLAIMS SUBJECT TO ERISA, SHALL BE DETERMINED BY SUBMISSION TO BINDING ARBITRATION. ANY SUCH DISPUTE WILL NOT BE RESOLVED BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. THE PARTIES, INCLUDING ANY HEIRS OR ASSIGNS, TO THIS ARBITRATION AGREEMENT ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD ARE ACCEPTING THE USE OF BINDING ARBITRATION.

Steps Completed	Enrollment Step	Completed
	Personal Demographics	Yes
	Dependent Demographics	Yes
	Benefits	Yes
	Optional Benefits	Yes
	Enrollment Complete and Submitted	No

- ✓ I have reviewed and approved the information below; my Benefits Selection, and the information related to it including the description of the benefit as well as my Employer's contributions to the premium payment.
- ✓ I understand and agree that by clicking "I AGREE" I am making this benefit election and granting my employer the right to use this acceptance in place of my written signature.

Your Approval: **I AGREE** (check to confirm your final approval.)

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

Addendum C
Wells Fargo Health Saving Account
Account Authorization Form

HSA Authorization Form HealthEquity
FOR GROUP HEALTH COVERAGE 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
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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

	<u>Change plans</u> -Kaiser to WHA, waiver to Sutter, WHA to waive, etc. (proof of group coverage is required to waive medical)
	<u>Change to Tier B</u> -This election is irrevocable once made
MEDICAL	<u>Add dependents</u> -Add spouse/DP and/or children (dependents must meet dependent eligibility requirements, dependent documentation is required)
	<u>Drop dependents</u> -Remove spouse and/or children from coverage (no documentation required)
DENTAL	<u>Add dependents</u> -Add spouse/DP and/or children (dependents must meet dependent eligibility requirements, dependent documentation is required)
	<u>Drop dependents</u> -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 if 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: <ul style="list-style-type: none"> Spouse or domestic partner Children of the spouse/partner Previously eligible children (if spouse/partner is added) 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Change plans-only if you are adding spouse or domestic partner Waive coverage-only if gained new coverage 	<ul style="list-style-type: none"> Marriage certificate or domestic partner registration Must provide proof of other coverage
Divorce, Legal Separation, or termination of a Domestic Partnership	Remove dependents: <ul style="list-style-type: none"> Delete former spouse or domestic partner Must delete stepchildren or children of former partner 	<ul style="list-style-type: none"> Final judgment or domestic partnership termination Copy of legal separation document
	Change coverage: <ul style="list-style-type: none"> Enroll in plan-only if you lost other coverage 	<ul style="list-style-type: none"> Proof of loss of coverage
New baby; a child placed for adoption, legal guardianship, and/or a foster child	Add dependents: <ul style="list-style-type: none"> Newly eligible dependents Add previously eligible, but not enrolled dependents 	<ul style="list-style-type: none"> Birth certificate, paperwork from adoption, legal guardianship or foster placement Social Security number for all being enrolled <p>Note: if the Social Security Number is not available, enroll the child and provide the number as soon as it is available</p>
	Change Coverage: <ul style="list-style-type: none"> Change plans-only if you are adding new dependent 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Delete dependent 	<ul style="list-style-type: none"> Court provided proof of the change in the relationship
	Change coverage: <ul style="list-style-type: none"> Change plans-only if you are deleting dependent 	
Employee and/or dependents gaining other group coverage	Remove dependents: <ul style="list-style-type: none"> Delete dependent(s) that gain coverage 	<ul style="list-style-type: none"> Proof of other group coverage for each dependent being deleted
	Change coverage: <ul style="list-style-type: none"> Waive coverage Coverage option change 	<ul style="list-style-type: none"> Proof of other coverage

Employee and/or dependents lose other group coverage	Add dependents: <ul style="list-style-type: none"> Add dependents losing coverage 	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Change coverage: Enroll in coverage Coverage option change 	<ul style="list-style-type: none"> Proof of loss of coverage
A Court Order or Qualified Medical Support Order (QMSO)	<ul style="list-style-type: none"> Add self if previously waived Add dependent(s) per court order 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Delete dependent that moved Coverage option change (e.g., Sutter, Western, Kaiser) 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Add dependent that moved Coverage option change (e.g., Sutter, Western, Kaiser) 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Delete self and/or dependents gaining coverage 	<ul style="list-style-type: none"> Proof of gain of coverage for each individual to be deleted
A loss of entitlement for Medicare, Medi-Cal or Medicaid	<ul style="list-style-type: none"> Add self and/or dependents losing coverage 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Add self and dependents 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Increase, decrease or stop deductions consistent with the change 	<ul style="list-style-type: none"> 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