



**Open Enrollment Guide
for Employees of
Sacramento County**

2013

THE NEW USER REGISTRATION PROCESS

These instructions, along with the on-screen language in the website, should assist you with completing your enrollment. However, if you need help contact the Employee Benefits Office at 916-874-2020 or for technical assistance contact BenefitBridge Support at 800-814-1862.

BEEN HERE BEFORE?

If you have previously registered you can skip the registration instructions and log in with your user name and password. If you forgot your user name and/or password click on the “Forgot User Name/Password” button to proceed.

NEW USER?

If you have not previously used the online system you will need to register as a new user:

STEP 1

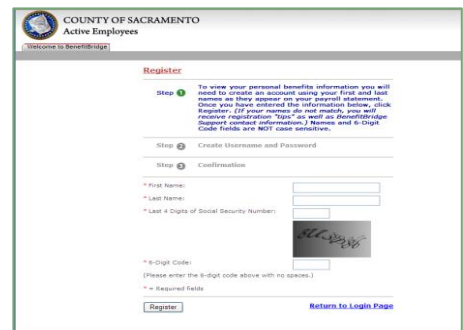
Log in at www.benefitbridge.com/saccounty

- Click on “Register”



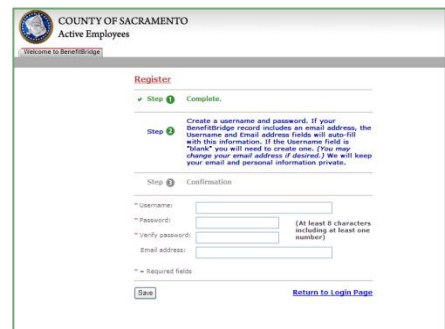
STEP 2

- Enter your first and last name—
Exactly as they appear on your payroll statement
- Type the last four digits of your social security number
- Enter the 6 digit code in the shaded box
- Click on “Register”



STEP 3

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

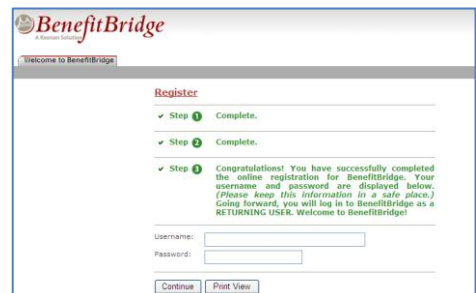


STEP 4

Congratulations, you have successfully registered!

Your username and password should be displayed

- Keep them for future use



THE ONLINE ENROLLMENT PROCESS

Depending on the changes you are making you may need the following:

- ✓ Dependents SSN and date of birth (if enrolling dependents)
- ✓ The provider number of your physician and each of your dependents' physicians (except Kaiser), which is found on the carrier website (www.healthnet.com, www.blueshieldca.com).

From the Home Page, you can choose “Enroll in All Benefits” or “Flex Enrollment Only”.

- Clicking “Enroll in All Benefits” allows you make Open Enrollment changes
- Clicking “Flex Enrollment Only” allows you to only enroll in FSA. Choose this option if you are not changing any other benefits, but want to re-enroll in FSA.

There are 5 tabs in the enrollment process where you can change coverage or update information—Personal, Dependents, Core, Optional, and Review. **Making changes on the screen and closing the window does not complete your enrollment. The Review tab is where you complete the enrollment process as you must agree to the terms and submit the authorization.**

TAB I—PERSONAL

What can I change on this Tab?

- Phone Number
- Email Address

If your personal information is accurate, click “Next Step.” You can only change your phone number or email address here. Click on the “Make Changes” button, make the changes and click “Save Changes.” For name and address changes you must contact your Service Team Representative. Once you are satisfied click “Next Step.”

My Personal Info

- To enter an email address or phone number, click “Make Changes.”
- If the information is correct, click “Next Step.”
- To update any other information, please contact your Human Resources Team representative.

TEST USER	Gender:	FEMALE
123 MAIN STREET TORRANCE, CA 90501	Birth Date:	1/7/1960
	SSN:	***-**-****
	Phone:	((555) 555-5555
	Email:	HOMEEMAIL@EMAIL.COM
	Age:	50

NOTE: Your email address will be used to inform you if your changes have been approved or denied. **If you do not enter your email address, you will not receive a confirmation of your enrollment status.**

TAB II—DEPENDENTS

What can I change on this Tab?

- Dependents that are eligible for coverage

You must list any eligible dependent that will be covered by medical or dental insurance. If the dependents listed are accurate click “OK, continue to Core coverage.” In most cases documentation is required when adding/dropping dependents.

If you are adding a dependent:

- Click “Add a Dependent”, enter the dependent information for each family member, then click “Add Dependent” (**documentation is required if you are adding a dependent**)

If you are removing a dependent:

- Click “Remove Dependent” next to the dependent to be removed and provide the required reason and effective date. Then check the yes box; then click “Remove Dependent”

If existing dependents’ information requires editing:

- Click “Edit Dependent”, make the changes, click “Save Changes”

Once you are satisfied with dependent details click “OK, continue to Core coverage”.

My Dependents

- Any dependent that you would like to cover must be listed here.
- If the dependent information is correct, click on the “OK, Continue to Core Coverage” button above.
- If you need to update dependent information, click “Add A Dependent,” “Remove Dependent” or “Edit Dependent.”
- **IMPORTANT:** If you are enrolling a dependent for the first time, dependent verification documents and SSN’s are required. Supporting documentation (e.g., marriage or birth certificate) is due to the County Benefits Office no later than seven calendar days from the date of this interview.

DEPENDENT	SSN	RELATION	AGE	STUDENT	DISABLED	ADDRESS	OPTIONS
SPOUSE-USER	****-**-3333	SPOUSE	48	NO	NO	SAME	<input type="checkbox"/> Edit Dependent <input type="checkbox"/> Remove Dependent
CHLD-USER	****-**-0000	CHLD	1	NO	NO	SAME	<input type="checkbox"/> Edit Dependent <input type="checkbox"/> Remove Dependent

TAB III—CORE

What can I change on this Tab?

- Medical plan
- Waive coverage
- Add/remove dependents
- Change to Tier B

Your 2012 coverage is displayed in “Current Elections” and 2013 coverage is displayed in “Upcoming Elections”. If you wish to make a change to your 2013 elections, click “Change” next to the plan and follow the on screen instructions.

- **To change your medical plan**—click the “Change” button, select the dependents that should be enrolled, choose your medical plan
- **To waive medical**—click “Waive”. Proof of other group coverage is required to waive medical coverage
- **To add dependents to medical**—click the “Change” button, select all dependents that should be enrolled, choose your medical plan
- **To change to Tier B**—click “View/Change Package”, then select the Tier B package (If you are already in Tier B you will not have this button). You will then need to update your medical plan. Click the “Change” button, select the dependents to be enrolled, choose your medical plan

There are other benefits that you can make changes to on this screen during Open Enrollment and anytime during the year:

- **Update Life Insurance Beneficiary**—click “Change” next to Group Term Life. Follow the on screen instructions for designating your beneficiary
- **Decrease Life Insurance Coverage**—click “Change” next to Voluntary Term Life to enroll in a lesser option, or “Waive” to cancel all optional life insurance
- **Change HSA amount**—click “Change” next to Health Savings Account if you are changing the amount, or “Waive” if you are canceling the election altogether
- **Increase Optional Life Coverage**—you must complete the County’s enrollment form and Prudential’s short form to apply for the increase, coverage increases cannot be done online

Once you have completed all changes for this section, click “OK, continue to Optional coverage.”

TAB IV—OPTIONAL

What can I change on this Tab?

- Enroll in Medical Reimbursement Account
- Enroll in Dependent Care Reimbursement Account

You may enroll in a Flexible Spending Account (Dependent Care Reimbursement Account and/or Medical Reimbursement Account) here. Click “Enroll” and follow the on screen instructions. Links to the contracts and claim forms are also provided in this section.

If you do not wish to enroll in the FSA, click “OK, Continue to Final Review”.

COVERAGE TYPE	CURRENT ELECTION	UPCOMING ELECTION	EDIT COVERAGE
Medical	blue Plan: Blue Shield High Deductible - Tier B Active Coverage: Employee Cost Per Pay Period: \$133.24 (24 Deductions per year) Dependents Covered:	blue Plan: Blue Shield High Deductible - Tier B Active Coverage: Employee Cost Per Pay Period: \$133.24 (24 Deductions per year) Dependents Covered:	Change Waive Details Clear
Dental	Plan: Delta Dental-Active Coverage: Employee Cost Per Pay Period: \$9.00 (24 Deductions per year) Dependents Covered:	Plan: Delta Dental-Active Coverage: Employee Cost Per Pay Period: \$9.00 (24 Deductions per year) Dependents Covered:	Change Details Clear

COVERAGE TYPE	CURRENT ELECTION	UPCOMING ELECTION	EDIT COVERAGE
Flexible Spending Account	None	None	Enroll

TAB V— REVIEW

This is your opportunity to review all of your selections to make sure the coverage you are submitting is what you want for 2013, including plans selected, dependents covered, and optional deductions. If the selections are correct you should read the approval details. This section gives permission to the County to make payroll deductions and indicates that you understand the elections you've made. **Check the "I AGREE" box then scroll to the bottom (or top) and click "OK, Submit for Coverage."** You will then be presented with a summary of your selected benefits for 2013 which you may print and keep for your records.

My Review & Final Approval OK, Submit For Coverage

My Digital Signature

Approval Details: I understand that my benefit elections will take effect on the effective date described in the "Summary of Benefits." I understand that my benefit elections will be in effect until the next Open Enrollment period, unless my family status changes (i.e., 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 the Department of Personnel Services (DPS) Service Team, if I experience a qualifying event. I understand that I am entitled to a copy of the plan documents for the benefit plans. These documents are available on the County of Sacramento Department of Personnel Services, Employee Benefits Office website. I understand that if I have added a dependent for the first time that I must provide dependent verification documents as Social Security number, birth certificate, marriage certificate, domestic partner registration documents, full time student status documents and proof of disability documents to the County of Sacramento DPS Service Team **within seven (7) days of completing this enrollment** or their coverage will not go into effect. For more information, please refer to the Summary of Benefits on the County of Sacramento Department of Personnel Services, Employee Benefits Office website, or contact the DPS Service Team. **DEDUCTION AUTHORIZATION:** If applicable, I authorize the County of Sacramento to deduct from my paycheck the required premium contributions. **TIER 8:** I understand that election (if applicable) is irrevocable and forfeits all entitlements to cash back and POS. I have read and understood the provisions outlined in this acknowledgment and the Summary of Benefits. All information entered is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded and disciplinary action taken. I accept the terms and conditions of the evidence of coverage of the carrier I have selected including arbitration, benefit coverage, and all associated policies and procedures. I understand that the County is relying on the use of my user ID and password as evidence that I have personally made these benefit elections.

I have reviewed and approved the information below, my Benefit Selection, and the information related to 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.)

Remaining Steps

If you added a dependent or waived coverage your enrollment is not complete until you submit the required documentation. You have until November 2nd 2012 to submit documents; failure to provide them will result in your changes not being approved!

Fax: 916-874-4621 (save your confirmation, ensuring the date is accurate!)

Mail Code: 09-4667

Email: DPSBenefits@saccounty.net

Postal Mail: 700 H Street, Room 4667, Sacramento, CA 95814

Remaining Steps

All benefits changes require documentation to support your event and are due within 7 days of this online enrollment. Documentation must show the event has happened within the last 30 days, and any dependents being enrolled meet the eligibility requirements as stated in the Summary of Benefits. Please fax your documentation to 916-874-4621 or email DPSBenefits@saccounty.net. Documentation not received within 7 days will result in your changes not being approved. Please write your employee ID number in the upper right hand corner of each document.

Documents

[DCA Contract.pdf](#) [PUC Claim Form 2011.pdf](#) [Life Insurance Choice.pdf](#)
[Life Insurance Short Form.pdf](#) [DCA Contract.pdf](#) [Public Paga HSA Enrollment Form.pdf](#)
[DCA Act.pdf Final.pdf](#) [Life Events Checklist.pdf](#)

Personal Information Summary

EMPLOYEE COUNTY
 Address: 1234 MAIN STREET
 SACRAMENTO, CA 94202
 Phone: (555) 555-5555
 Email: EMPLOYEE@AHO.COM

Gender: MALE
 Date of Birth: 6/6/1970
 Age as of 12/31/2012: 41
 SSN: ***-**-****

My Dependents Summary

Dependent	Relation	DOB	Age	SSN	Address	Dependent Type
None						

Core Benefits Summary

Benefit Details **Cost Per Pay Period**

Medical: HealthNet HMO - Tier A-No Cash Back Active \$0.00
 Coverage: Employee Carrier: HEALTHNET

Covered	Relation	POP #	Existing Patient?
EMPLOYEE	SUBSCRIBER		

Dental: Delta Dental-Active \$0.00
 Coverage: Employee Carrier: DELTA DENTAL OF CALIFORNIA

Covered	Relation
EMPLOYEE	SUBSCRIBER

Voluntary Term Life: Optional Life-Option D \$4.75
 Coverage: \$108,000.00 Carrier: PRUDENTIAL

Group Term Life: Basic Life-\$15K \$0.00
 Coverage: \$15,000.00 Carrier: PRUDENTIAL

Optional Benefits Summary

Benefit Details **Cost Per Pay Period**

Flexible Spending Account: County FSA 2012 Active \$0.00
 Annual Health: \$0.00 Carrier: Flex Plan Services
 Annual Dependent Care: \$0.00

Cost Summary*
*Note: Actual deductions may vary slightly due to rounding

Flexible Spending	Per Paycheck (24 deductions)	Annual Amount
Employee Share	\$0.00 (24 deductions)	\$0.00
Employer Share	\$4.75	\$114.00
Employer Share	\$424.54	\$10,188.96
Total Benefits Cost	\$429.29	\$10,302.96

You can reopen your interview and change your elections as many times as you like until October 26th. The changes you **last submitted** to our office will be processed and will take effect on January 1, 2013. You will not be able to change your coverage or add or drop dependents after Open Enrollment closes on October 26th unless you experience a qualifying life event.

Congratulations, your enrollment is complete! Your January 11, 2013 payroll advice should reflect any applicable health plan premium changes. Also, look for a confirmation statement in the mail in early January from the Employee Benefits Office to confirm your 2013 benefit elections and covered dependents are accurate.

If you entered an email address on the Personal tab a confirmation email will be sent to you from noreply@saccounty.net. Allow up to 7 days after submitting your online enrollment **and** your documents for the confirmation to be sent. If you haven't gotten a confirmation email by then your online enrollment may be incomplete or we have not received your documentation. Due to the high volume of requests we are unable to respond to individual requests if changes have been approved or if documents have been received. Entering your email address will provide you with a confirmation of your enrollment status.

TAKE A BRIEF ONLINE SURVEY AND YOUR NAME IS ENTERED INTO THE DRAWING SPONSORED BY KEENAN & ASSOCIATES FOR ONE OF TWO IPOD'S. CLICK ON HOME AFTER YOUR ENROLLMENT IS COMPLETE AND GO TO THE "WIN AN IPOD" LINK TO LET US KNOW HOW TO IMPROVE YOUR ONLINE EXPERIENCE.