Division of Administration and Business Services
Risk Management

2027 CERTIFICATED EMPLOYEE BENEFITS



Risk Management • (951) 826-6824 • benefits@rcoe.us • www.rcoe.us

(Revised 10/26)

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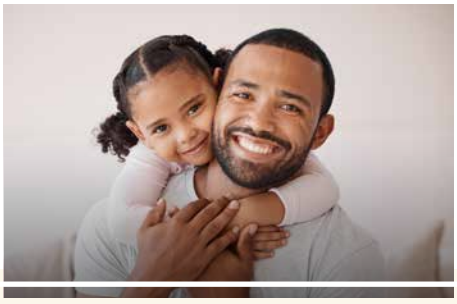
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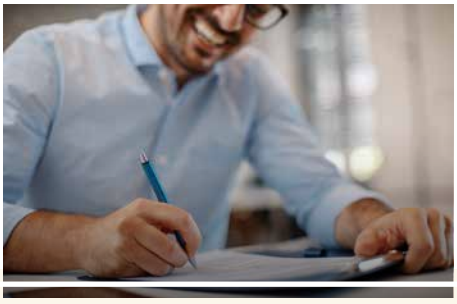


ENROLLMENT INFORMATION

RCOE offers a comprehensive benefits package provided through CalPERS to eligible employees and their eligible dependents. Plan designs and costs for the eligible employee vary based on employment classification. The amount an employee may be required to pay for coverage may change annually.







HEALTH INSURANCE



ENROLLMENT PROCESS

If you are interested in enrolling in the health insurance program, you have 60 days from your date of hire to submit your enrollment form. Your coverage will start on the first day of the month after Risk Management receives your completed forms.

If your CalPERS medical enrollment form is received by Risk Management after the first 60 days from your date of hire, the effective date is the first day of the month following a 90-day waiting period from the date of receipt. A CalPERS enrollment form, whether enrolling or declining coverage, must be submitted by all employees.

WAIVING MEDICAL INSURANCE

Employees may elect to waive their medical coverage and receive a stipend of $1,900 annually in lieu of the employer's provided medical coverage by completing and submitting the Health Benefits Plan Enrollment for Active Employees (HBD 12) form and Cash-In-Lieu Affidavit within 60 days of employment and annually during Open Enrollment; failure to comply with these procedures will disqualify the employee from receiving the stipend. By completing the Cash-In-Lieu Affidavit, the employee attests to having other group health insurance coverage for themselves and their dependent(s) that conforms to the Affordable Care Act's (ACA) minimum value standards. For a qualifying group health plan to meet the ACA's minimum value standards, the plan must cover at least 60 percent of the total allowed costs of benefits provided under the plan. Employees may refer to their plan's Summary of Benefits and Coverage document to determine if their coverage meets the law's minimum value standards.

This benefit requires an annual renewal during Open Enrollment to continue in the new plan year.

Please note, an employee waiving the employer's provided medical coverage MUST complete and submit the dental, vision, and life insurance beneficiary designation forms; these forms are available in the Risk Management Department and must be submitted within 30 days of employment.

IMPORTANT NOTICE REGARDING HEALTH CARE REFORM

Since March 2010, when the Patient Protection and Affordable Care Act passed, we have been committed to providing valuable, affordable and competitive benefits, which meet the legal requirements of the Affordable Care Act (ACA). Riverside County Office of Education offers comprehensive medical coverage to its eligible employees, which meets or exceeds the "minimum value" standard the government requires, and which is intended to be affordable based on your wages. Employees enrolled in medical coverage through RCOE probably will not be eligible to receive a federal subsidy or tax credit through the Health Insurance Marketplace. You can learn more about the federal subsidy or tax credit by going to the government's health care reform website, www.healthcare.gov or by contacting them at (800) 318-2596.

HEALTH INSURANCE *(continued)*



CalPERS provides a variety of resources to help enrollees choose health plans. Visit the CalPERS website at www.calpers.ca.gov or call (888) 225-7377 for assistance.

Your next opportunity to enroll in benefits will be during Open Enrollment and is typically during the months of September/October, unless you experience a qualifying life event. A qualifying event is a major life change that can affect your health insurance coverage. Common examples include getting married or divorced, having or adopting a child, losing a dependent, moving to a new address, or when your spouse experiences a change in employment or insurance coverage.

The Public Employees Medical and Hospital Care Act (PEMHCA) Program governs the CalPERS Health Program and offers a choice of health plans that are designed for the needs of both active and retired employees; the benefits and premiums are the same for both groups, except for Medicare supplemental plans. Coverage may include all eligible family dependents. The employer shall contribute up to the negotiated cap amount toward health insurance premiums for active and retired employees who are eligible. Some plans require employee payroll contributions.

Eligible health plans are listed below.
Region 3 rates include: Los Angeles, Riverside and San Bernardino Counties.
Region 2 rates include: Imperial, Orange and San Diego Counties.

Anthem Blue Cross Select HMO
www.anthem.com/ca/calpers · (855) 839-4524

Anthem Blue Cross Traditional HMO
www.anthem.com/ca/calpers · (855) 839-4524

Blue Shield Access + HMO
www.blueshieldca.com/calpers · (800) 334-5847

Blue Shield Trio HMO
www.blueshieldca.com/calpers · (800) 334-5847

Blue Shield EPO
www.blueshieldca.com/calpers · (800) 334-5847

Health Net of California: Salud y Mas HMO
www.healthnet.com/calpers · (888) 926-4921

Kaiser Permanente HMO
www.kp.org/calpers · (800) 464-4000

PERS Gold PPO
www.includedhealth.com/calpers · (855) 633-4436

PERS Platinum PPO
www.includedhealth.com/calpers · (855) 633-4436

Sharp Performance Plus HMO
www.sharphealthplan.com/calpers · (855) 995-5004

Sutter Health Plan HMO
www.sutterhealthplan.org/calpers · (877) 359-3714

Coverage can include all eligible family members if elected by the employee. To enroll or add a spouse or new dependent, you must submit a copy of the marriage certificate, birth certificate, and social security card to Risk Management within 60 days. To add economically dependent children who are not your birth children, submit an Affidavit of Parent-Child Relationship form and the first page of your previous year's income tax return listing the child as a tax dependent, along with the enrollment form. To add a domestic partner, provide a copy of the registered Declaration of Domestic Partnership certificate from the Secretary of State. Failure to submit all required documents on time will jeopardize your opportunity for coverage.

HEALTH INSURANCE *(continued)*

CERTIFICATED HEALTH BENEFITS RATES

January 1, 2027 to December 31, 2027

REGION 3 (Los Angeles / Riverside / San Bernardino)

NEW RATES

HEALTH INSURANCE CARRIER	ANNUAL PREMIUMS	*ANNUAL EMPLOYEE COST	ANNUAL EMPLOYER COST	10M	11M	12M
ANTHEM BLUE CROSS SELECT HMO						
1 Party	12,708.72	0.00	12,708.72	0.00	0.00	0.00
2 Party	25,417.44	10,717.44	14,700.00	1,071.74	974.31	893.12
Family	33,042.72	18,342.72	14,700.00	1,834.27	1,667.52	1,528.56
ANTHEM BLUE CROSS TRADITIONAL HMO						
1 Party	14,868.24	168.24	14,700.00	16.82	15.29	14.02
2 Party	29,736.48	15,036.48	14,700.00	1,503.65	1,366.95	1,253.04
Family	38,657.40	23,957.40	14,700.00	2,395.74	2,177.95	1,996.45
BLUE SHIELD ACCESS+ HMO						
1 Party	11,702.28	0.00	11,702.28	0.00	0.00	0.00
2 Party	23,404.56	8,704.56	14,700.00	870.46	791.32	725.38
Family	30,425.88	15,725.88	14,700.00	1,572.59	1,429.63	1,310.49
BLUE SHIELD EPO						
1 Party	11,702.28	0.00	11,702.28	0.00	0.00	0.00
2 Party	23,404.56	8,704.56	14,700.00	870.46	791.32	725.38
Family	30,425.88	15,725.88	14,700.00	1,572.59	1,429.63	1,310.49
BLUE SHIELD TRIO HMO						
1 Party	10,896.12	0.00	10,896.12	0.00	0.00	0.00
2 Party	21,792.24	7,092.24	14,700.00	709.22	644.75	591.02
Family	28,329.96	13,629.96	14,700.00	1,363.00	1,239.09	1,135.83
HEALTH NET SALUD Y MAS HMO						
1 Party	9,621.00	0.00	9,621.00	0.00	0.00	0.00
2 Party	19,242.00	4,542.00	14,700.00	454.20	412.91	378.50
Family	25,014.60	10,314.60	14,700.00	1,031.46	937.69	859.55
KAISER PERMANENTE HMO						
1 Party	12,135.36	0.00	12,135.36	0.00	0.00	0.00
2 Party	24,270.72	9,570.72	14,700.00	957.07	870.07	797.56
Family	31,551.96	16,851.96	14,700.00	1,685.20	1,532.00	1,404.33
PERS GOLD PPO						
1 Party	12,174.00	0.00	12,174.00	0.00	0.00	0.00
2 Party	24,348.00	9,648.00	14,700.00	964.80	877.09	804.00
Family	31,652.40	16,952.40	14,700.00	1,695.24	1,541.13	1,412.70
PERS PLATINUM PPO						
1 Party	18,588.00	3,888.00	14,700.00	388.80	353.45	324.00
2 Party	37,176.00	22,476.00	14,700.00	2,247.60	2,043.27	1,873.00
Family	48,328.80	33,628.80	14,700.00	3,362.88	3,057.16	2,802.40

*Based on employer cap of $1,225.00 per month

HEALTH INSURANCE *(continued)*

CERTIFICATED HEALTH BENEFITS RATES

January 1, 2027 to December 31, 2027

REGION 2 (Imperial / Orange / San Diego)

NEW RATES

HEALTH INSURANCE CARRIER	ANNUAL PREMIUMS	*ANNUAL EMPLOYEE COST	ANNUAL EMPLOYER COST	10M	11M	12M
ANTHEM SELECT HMO						
1 Party	13,682.40	0.00	13,682.40	0.00	0.00	0.00
2 Party	27,364.80	12,664.80	14,700.00	1,266.48	1,151.35	1,055.40
Family	35,574.24	20,874.24	14,700.00	2,087.42	1,897.66	1,739.52
ANTHEM TRADITIONAL HMO						
1 Party	15,165.72	465.72	14,700.00	46.57	42.34	38.81
2 Party	30,331.44	15,631.44	14,700.00	1,563.14	1,421.04	1,302.62
Family	39,430.92	24,730.92	14,700.00	2,473.09	2,248.27	2,060.91
BLUE SHIELD ACCESS+ HMO						
1 Party	14,133.24	0.00	14,133.24	0.00	0.00	0.00
2 Party	28,266.48	13,566.48	14,700.00	1,356.65	1,233.32	1,130.54
Family	36,746.40	22,046.40	14,700.00	2,204.64	2,004.22	1,837.20
BLUE SHIELD EPO						
1 Party	14,133.24	0.00	14,133.24	0.00	0.00	0.00
2 Party	28,266.48	13,566.48	14,700.00	1,356.65	1,233.32	1,130.54
Family	36,746.40	22,046.40	14,700.00	2,204.64	2,004.22	1,837.20
BLUE SHIELD TRIO HMO						
1 Party	11,654.88	0.00	11,654.88	0.00	0.00	0.00
2 Party	23,309.76	8,609.76	14,700.00	860.98	782.71	717.48
Family	30,302.64	15,602.64	14,700.00	1,560.26	1,418.42	1,300.22
HEALTH NET SALUD Y MAS HMO						
1 Party	11,437.80	0.00	11,437.80	0.00	0.00	0.00
2 Party	22,875.60	8,175.60	14,700.00	817.56	743.24	681.30
Family	29,738.28	15,038.28	14,700.00	1,503.83	1,367.12	1,253.19
KAISER PERMANENTE HMO						
1 Party	12,371.28	0.00	12,371.28	0.00	0.00	0.00
2 Party	24,742.56	10,042.56	14,700.00	1,004.26	912.96	836.88
Family	32,165.28	17,465.28	14,700.00	1,746.53	1,587.75	1,455.44
SHARP PERFORMANCE PLUS HMO						
1 Party	11,702.52	0.00	11,702.52	0.00	0.00	0.00
2 Party	23,405.04	8,705.04	14,700.00	870.50	791.37	725.42
Family	30,426.60	15,726.60	14,700.00	1,572.66	1,429.69	1,310.55
PERS GOLD PPO						
1 Party	12,121.44	0.00	12,121.44	0.00	0.00	0.00
2 Party	24,242.88	9,542.88	14,700.00	954.29	867.53	795.24
Family	31,515.72	16,815.72	14,700.00	1,681.57	1,528.70	1,401.31
PERS PLATINUM PPO						
1 Party	18,462.84	3,762.84	14,700.00	376.28	342.08	313.57
2 Party	36,925.68	22,225.68	14,700.00	2,222.57	2,020.52	1,852.14
Family	48,003.36	33,303.36	14,700.00	3,330.34	3,027.58	2,775.28

*Based on employer cap of $1,225.00 per month

DENTAL INSURANCE



Dental coverage is available to all benefit eligible employees and all eligible enrolled dependents. Enrollment in a dental plan must be completed within 30 days of your date of hire. The effective date will be the first of the month following the 30-day enrollment period.

If Risk Management does not receive the dental enrollment forms by the 30th day of employment, the employee will be automatically enrolled in the lowest-cost dental plan. The employee will remain enrolled in the dental plan until they elect to make a change, either due to a qualifying life event (as permitted by the carrier) or during Open Enrollment.

Delta Dental Premier PPO

GROUP# 7100-8902
www.deltadentalins.com

Employee contribution per pay period is as follows:
10-month employees - $1.28
11-month employees - $1.17
12-month employees - $1.07

Delta Dental Premier PPO is a comprehensive dental plan that allows the participant to use any Delta Dental Premier dentist. The annual maximum benefit per participant is $2,200 for in-network dentist and $2,000 for out-of-network with an orthodontia benefit of up to $500 maximum lifetime benefit per participant. The co-payments required by the participant for most routine procedures are provided on an incentive basis for each year services are rendered. That is, the plan pays 70% the first year, 80% the second year, 90% the third year and 100% thereafter. However, member benefits will be reduced by 10% for any calendar year in which the member does not see a dentist. An I.D. card will not be issued for this plan, however, you may create an online account and print an I.D. card.

Delta Dental PPO

GROUP# 7100-8911
www.deltadentalins.com

The Delta Dental PPO is available to classified, certificated, confidential/ supervisory and management employees. Visit a dentist in the PPO network to maximize your savings. For all employee groups, the annual maximum benefit per participant is $1,500, with an orthodontia benefit of up to $1,000 maximum lifetime benefit per participant. **There is no employee contribution for this plan.**

Anthem Dental PPO

GROUP# 14905A
www.anthem.com/ca/mydental

The Anthem Dental PPO plan is available to classified, certificated, confidential/ supervisory, and management employees. It is a Preferred Dentist Program, similar to a medical PPO plan in which participants can receive services from in-network dentists or out-of-network dentists. For all employee groups, the annual maximum benefit per participant is $2,500, with an orthodontia benefit of up to $1,500 maximum lifetime benefit per participant. In-network services include: 100% for preventative services, 90% for basic restorative services, 60% for major restorative, and 50% for orthodontia benefit of fees that the participating dentist has agreed to accept. An I.D. card will not be issued for this plan; however, you may also create an online account and print an I.D. card, but it is not required to obtain service.

VISION INSURANCE

EyeMed
GROUP# 1040684
SUB GROUP# 1001
Insight Network
www.eyemed.com

Vision insurance is provided by EyeMed at no premium cost to the employee. Coverage is for the employee and all eligible enrolled dependents. You MUST submit the EyeMed enrollment form within 30 days of employment. An I.D. card will be issued for this plan; however, you may also create an online account and print an I.D. card, but it is not required to obtain services.

IRC 125 ENROLLMENT



Pre-taxing medical and dental premium payroll deductions is automatic for all employees enrolled in our group medical and dental plans. Each plan year for the IRC 125 Program is January 1 through December 31.

If you do not wish to participate in this program, you must complete and return the Pre-Tax Premium Plan Enrollment Declination Form to Risk Management within 30 days of employment. Your payroll deductions for medical and dental premiums will be paid after taxes are deducted from your pay.

Important things to consider:

Q: Why should I pay my monthly premium with pre-tax dollars?

A: You take home more money because taxes are calculated after the premiums are deducted from your pay. This reduces your taxable income, which lowers your taxes and saves you money.

Q: When would it benefit me not to have a pre-tax deduction?

A: If you are considering retiring within the next year or two and your base salary is less than the $190,200 Social Security wage base for 2027, the pretax deduction will lower your yearly earnings. Since your Social Security benefit will be calculated using an average of your best income earning years, you could end up receiving a lower lifetime Social Security benefit. Your tax preparer or financial planner would be a resource for helping you determine if in your specific situation it is better to take advantage of the current tax savings or forgo pretax deduction in order to increase the future benefit.

This benefit requires an annual renewal during Open Enrollment to continue in the new plan year.

TERM LIFE INSURANCE

Mutual of Omaha
GROUP# G000BM88
www.mutualofomaha.com

Forty-five thousand dollars ($45,000) of Life and Accidental Death and Dismemberment (AD&D) coverage by Mutual of Omaha, is provided to all regular employees working 20 or more hours per week. Benefits reduce on the policy anniversary commencing upon the following age attainments: 35% at age 65, 55% at age 70, 70% at age 75, and 80% at age 80. This is a mandatory enrollment, with premiums fully paid by the employer. A Designation of Beneficiary form must be submitted within 30 days of employment.

VOLUNTARY PLANS



Voluntary plans give you the option to add extra insurance coverage on top of the health plan provided by your employer. If you choose to enroll, the cost of the plan will be automatically deducted from your paycheck.

Flexible Spending Account

Save Money on Eligible Expenses
A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your paycheck to pay for eligible health care or dependent care expenses. Because your contributions are deducted before taxes are calculated, you may reduce your taxable income and increase your take-home pay.

RCOE offers two types of Flexible Spending Accounts:

- **Healthcare Flexible Spending Account (Healthcare FSA)**
  A Healthcare FSA helps you pay for eligible out-of-pocket medical, dental, and vision expenses for you and your eligible dependents.

  Examples of eligible expenses include:
  - Medical copayments and deductibles
  - Dental treatment
  - Vision exams, eyeglasses, and contact lenses
  - Other IRS-approved medical expenses

- **Dependent Care Flexible Spending Account (Dependent Care FSA)**
  A Dependent Care FSA allows you to use pre-tax dollars for eligible care expenses that allow you (and your spouse, if applicable) to work or look for work. Eligible expenses generally include daycare, preschool, before- and after-school care, and summer day camps for dependent children under age 13.

  Care expenses may also qualify for a spouse or other eligible dependent of any age who is physically or mentally incapable of caring for themselves.

  Note: K–12 tuition, tutoring, and overnight camps are generally not eligible expenses.

If you are interested in enrolling in a Flexible Spending Account (FSA) or Dependent Day Care plan(s), or to pre-tax any of your voluntary plans, you must meet with an American Fidelity Assurance Company representative and complete the proper enrollment material within 30 days of employment. You may set up an appointment by calling (800) 365-9180, ext. "0".

This benefit requires an annual renewal during Open Enrollment to continue in the new plan year.

Disability Insurance

Employees may elect to participate in a voluntary disability plan by enrolling within 30 days of employment. For disability coverage and rate inquiries, you may contact:

American Fidelity Assurance Company
www.americanfidelity.com/info/disability · (800) 365-9180

Pacific Educators
www.peinsurance.com · (800) 722-3365

RCOE does not participate in the State Disability Insurance (SDI) program.

Metlife Legal

MetLife Legal offers two plan options to support the legal needs of you and your family. Both MetLife Legal and MetLife Legal Plan Plus Parents cover attorney fees for covered services with no deductibles, no co-pay, no claim forms, and no usage limits when you work with a network attorney.

For more information, contact Risk Management at (951) 826-6824.

Mutual of Omaha

Supplemental life and accidental death and dismemberment coverage can also be purchased through Mutual of Omaha on a voluntary basis and paid for through a payroll deduction. Staff working a minimum of 20 hours per week may purchase this insurance coverage for themselves, their spouse, and eligible dependent children. A new employee wishing to enroll in this voluntary plan must do so within 30 days of employment.

403(B) AND 457(B) RETIREMENT SAVINGS PLANS



Plan for Your Future
As a supplement to your CalPERS or CalSTRS retirement benefits, you may be eligible to participate in a 403(b) and/or 457(b) retirement savings plan.

Enrollment is available year-round, so you do not need to wait until Open Enrollment to get started. Whether you are beginning your career, increasing your retirement savings, or preparing for retirement, these voluntary plans can help you achieve your long-term financial goals.

For additional information or to enroll, please contact SchoolsFirst Federal Credit Union.

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(714) 659-0251