

eBENEFITS INSTRUCTIONS

What is eBenefits?	<p>An Internet and Intranet based system that allows you to:</p> <ul style="list-style-type: none"> ✓ Make changes to your benefits ✓ View your choices immediately for accuracy ✓ Print a confirmation statement <p>eBenefits is available during the entire Open Enrollment period (June 3 through June 21, 2013). You must submit your benefit elections by June 21, 2013.</p>	
How to access eBenefits	<p>If you need assistance accessing eBenefits, please contact the Help Desk at (909) 884-4884.</p>	<p>Sign on from a County Computer (Intranet) or from home (Internet)</p> <ol style="list-style-type: none"> 1) Go to the EMACS Sign-In Page, https://emacsbapp.sbcounty.gov 2) Enter your User ID and Password : <ul style="list-style-type: none"> - Enter your 5 or 6 digit Employee (EE) ID Number (e.g. B1234) - If your EE ID number starts with a number, replace the first number with the letter "X" 3) Click the "Sign In" button
Add Dependents and/or Beneficiaries	<p>This page allows you to add dependents and/or beneficiaries to a list you will have available to select from once you are ready to make your medical, dental, and insurance elections.</p> <p>Please note: This screen does not enroll dependents in applicable benefit plans. If you are enrolling, dis-enrolling, or changing status, please proceed to the "Enrollment Process" section of these instructions.</p> <p>Click on <i>Self Service>Benefits>Dependent/Beneficiary Summary</i></p> <ul style="list-style-type: none"> ✓ Review the listing of dependents and/or beneficiaries you have to choose from. <p>Edit information on an existing dependent and/or beneficiary</p> <ul style="list-style-type: none"> ✓ Click on the name and then "Edit" ✓ Edit information as necessary then click "Save" ✓ Click "OK" ✓ Click to go back to the <i>Dependent/Beneficiary Summary</i> page <p>To add a dependent who is not listed</p> <ul style="list-style-type: none"> ✓ Click on "<i>Add a dependent or beneficiary</i>" and enter the required information. ✓ Click "Save" and then click "OK". ✓ Click "Return to Dependent/Beneficiary Summary" to go back to the summary page <p>For dependents who are disabled, you must complete the Disabled Dependent Certification.</p>	
Enrollment Process	<p>Starts the enrollment process and allows you to view and make changes to your current plans.</p> <ul style="list-style-type: none"> ✓ Click on <i>Self-Service>Benefits>Benefits Enrollment</i> <p>Benefits Enrollment page</p> <ul style="list-style-type: none"> ✓ Click "Info" for general information ✓ Click "Select" to begin the enrollment process ✓ Review the information provided on the Section 125 Premium Conversion Plan, which explains tax options ✓ Click "OK" <p>Enrollment Summary Page</p> <ul style="list-style-type: none"> ✓ Review your current benefit elections (scroll down the page to view all benefits) ✓ Click "Edit" to view and make changes as necessary 	

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	Medical	Dental	Opt-Out / Waive
What you need to know/do	View plan choices, premiums, and make changes	View plan choices, premiums, and make changes	Decline participation in County medical and/or dental plans if you have coverage under another group plan
To enroll	Click the button next to the plan name. To enroll dependents, check the "Enroll" box next to each dependent's name	Click the button next to the plan name. To enroll dependents, check the "Enroll" box next to each dependent's name	Click the "Edit" button next to the plan name
Additional steps	<p>Blue Shield HMO NEW enrollees only:</p> <p>Select a Primary Care Physician and Medical Group for yourself and your dependent(s) in eBenefits by clicking the "Select a Provider" link to enter Blue Shield's website, or by calling Blue Shield Member Services at (800) 642-6155.</p> <p>Use the "Find a Provider" tool on Blue Shield's website to find your physician in the network. Click on the physician's name to locate the provider number and the medical group/IPA number.</p> <p>In eBenefits, enter the 9-digit provider number and the 9-digit medical group/IPA number.</p> <p>If your physician is different for any listed dependents, you will need to provide the physician number and medical group/IPA number for each dependent enrolled in coverage.</p> <p>If you are an existing patient for the Physician number provided, be sure to check the box indicating that you have previously seen this provider.</p> <p>For EXISTING Blue Shield members, if you need to change your Primary Care Physician and Medical Group, please contact Blue Shield directly by calling Blue Shield Member Services at (800) 642-6155.</p>	<p>Cigna Dental Care DHMO enrollees only:</p> <p>Select a network dentist for yourself and/or your dependent(s) by either calling Cigna's Customer Service line at (800) 238-5834 or click "Select a Provider" to enter Cigna's website</p> <p>To locate a provider on Cigna's website, click on "Find a Doctor" at the top of the page. Choose the "Dentist" radio button and enter your search criteria (provider name, location, etc.). Select the "Cigna Dental Care (HMO)" radio button and then select "Dental Care Network" and a "Dentist Type" (optional) in the drop down boxes.</p> <p>In eBenefits, enter the 6-digit dentist provider number. Omit any dashes or spaces when entering the number.</p> <p>If your Dentist is different than any of your listed dependents, you will need to provide a Dentist number for each dependent enrolled in coverage.</p> <p>If you are an existing patient of the Dentist number provided, be sure to check the box indicating that you have previously seen this provider.</p>	<p>From among the plan choices, click the "Waive/Opt-Out" button. Select the appropriate "Waive Reason" from the box.</p> <p>If your coverage is provided by a non-County group, select "Opt-Out"</p> <p>Complete the Opt-Out Election Agreement section with your other insurance information</p> <p>Select "Covered by other County Employee" if this is the source of your other coverage</p> <p>Enter the Employee ID of your spouse/domestic partner</p> <p>Please note: You will be required to provide substantiating documentation for Opt-Out / Waive. Please see the Opt-Out section of this guide on page 10 for details and deadlines.</p>
Store	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>
Save	On the Enrollment Summary page, click "Submit" to finalize and submit your elections. See Finalize and SUBMIT Open Enrollment Elections on page 19 for more information.	On the Enrollment Summary page, click "Submit" to finalize and submit your elections. See Finalize and SUBMIT Open Enrollment Elections on page 19 for more information.	On the Enrollment Summary page, click "Submit" to finalize and submit your elections. See Finalize and SUBMIT Open Enrollment Elections on page 19 for more information.
Note	<p>If you are a new enrollee, and you do not select a provider or medical group, Blue Shield will assign one to you.</p> <p>You will be able to change your provider by calling Blue Shield Member Services directly at (800) 642-6155.</p>	<p>If you do not select a dentist, Cigna will assign one to you.</p> <p>You will be able to change your dentist by calling Cigna Customer Service directly at (800) 238-5834.</p>	<p>For new Waive or Opt-Out elections, you MUST provide verification of the other group-sponsored health/dental coverage to EBSD by July 8, 2013.</p>

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	Vision	FSA	Retirement Options <i>(This option is only applicable and available to certain bargaining units and Tier groups)</i>
What you need to know/do	Select dependent coverage (applies to certain bargaining units)	Enrollment is voluntary, but you must enroll every year to continue participating	Decide between refundable and nonrefundable options
To enroll	Employee Only enrollment is automatic	Click the button next to "Yes, I elect to enroll"	Select between Refundable and Non-Refundable options
Additional steps	To add dependents, check the "Enroll" box next to each dependent's name	Enter your election for 2013-14 in the "Annual Pledge" box Click "Worksheet" to calculate your per-pay-period contributions Click "Return" to go back to the <i>Flexible Spending Account</i> page	To select a different option, click the button to the left of your "Plan Name"
Store	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>
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	Basic Life	AD&D	Supplemental Life
What you need to know/do	100% County paid	Review coverage levels, premiums and tax options	Review coverage levels and tax options
To enroll	Enrollment is automatic	Enrollment is voluntary	Enrollment is voluntary
Additional steps	Make desired beneficiary and allocation changes	Click the button next to the level of desired coverage or click "Waive" to terminate coverage Make the desired beneficiary and allocation changes	Enter a coverage amount to indicate your desired level of coverage or click "Waive" to terminate coverage Make the desired beneficiary and allocation changes
Store	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>	Click "Store" to hold your choices. Click "OK" to return to <i>Enrollment Summary</i>
Save	On the <i>Enrollment Summary</i> page, click "Submit" to finalize and submit your elections. See Finalize and SUBMIT Open Enrollment Elections below for more information.	On the <i>Enrollment Summary</i> page, click "Submit" to finalize and submit your elections. See Finalize and SUBMIT Open Enrollment Elections below for more information.	On the <i>Enrollment Summary</i> page, click "Submit" to finalize and submit your elections. See Finalize and SUBMIT Open Enrollment Elections below for more information.

Finalize and SUBMIT Open Enrollment Elections	<ul style="list-style-type: none"> ✓ Review your benefit elections on the Enrollment Summary page. Estimates of the biweekly premiums for new elections are displayed at the bottom of this page ✓ Click "Submit" after reviewing your benefit elections to access the <i>Submit Benefit Choices</i> page ✓ Read the terms and conditions. Click "Submit" to finalize your benefit elections, which constitutes your signature ✓ Print the <i>Submit Confirmation</i> page and retain it for future reference. You will receive a confirmation statement from EBSD in August 2013. ✓ Click "OK" on the <i>Submit Confirmation</i> page to return to the <i>Benefits Enrollment</i> page ✓ Click "Sign Out" in the upper right hand corner of the page to exit eBenefits <p>NOTE: You may review or change your benefit elections in eBenefits until the Open Enrollment deadline at midnight June 21, 2013</p>
Need Further Assistance?	<ul style="list-style-type: none"> ✓ Contact the Help Desk at (909) 884-4884 for technical assistance. Your call will be logged and a representative will contact you. Calls received after 5:00 p.m. or on weekends will be returned the next business day. ✓ Contact EBSD at (909) 387-5787