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OPEN ENROLLMENT DATES
JUNE 1 - JUNE 21, 2020

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What's New in Benefits

Protected Medical Leaves Administration

Protected Leaves and Disability benefits will be administered and provided by Metropolitan Life Insurance Company (MetLife) effective July 18, 2020.

Employee Assistance Program (EAP)

MetLife's EAP services include 5 short-term, solution focused, counseling consultations per incident per calendar year to each eligible employee, which can be accessed via in person, video, phone, or chat. Consultation topics include coaching on finance & legal, parenting, health & wellness, and many more areas.

The Flexible Spending Account (FSA)

The annual maximum contribution for flexible spending accounts (FSA) will increase to \$2,750. FSA is a great way to save money by paying for certain medical care expenses with pre-tax dollars. The FSA plan is convenient and easy to use.

Additional classifications have been added to the **Modified Benefit Option (MBO)** – Visit the MBO [webpage](#) for eligibility.

Roadtrip Checklist

- ✓ Visit our Employee Benefits website to learn more about your benefit options or to view a recorded open enrollment meeting.
- ✓ Check important dates and open enrollment meeting schedule.
- ✓ Enroll or make changes using the [EMACS Self Service system](#).
- ✓ Select the right coverage level. Review the medical, dental and vision plan highlights and comparison charts and life insurance information.
- ✓ Review additional benefits that may be available to you.
- ✓ Don't delay – enroll or make your changes before **Sunday, June 21, 2020**.
- ✓ Submit any additional required documentation to Employee Benefits by **Thursday, July 2, 2020**.

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Which Persona Are You?

The County offers a comprehensive benefits package with a range of options that lets you choose the level of coverage that best meets your personal lifestyle. Find out more by comparing the four different personas below.



Traveling Tracy



Expecting Ellie



Family Frank



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Traveling Tracy



Traveling Tracy is an Eligibility Worker I in the General – Technical and Inspection (TI) unit. She is a healthy employee that only sees the doctor for check-ups and physicals when needed. Tracy has elected Blue Shield Access + HMO and DeltaCare USA DHMO employee only. She does the same for her dental check-ups and only sees the dentist once every 6 months. When Tracy goes to the doctors, she utilizes her Flexible Spending Account (FSA) to pay for eligible expenses such as her copays, dental procedures, and glasses using her pre-tax dollars.

Tracy is part of the TI unit; therefore, she receives the County paid Basic Life Insurance coverage of \$35,000.

She is also participating in the County's 457(b) Voluntary Retirement Savings.

Below is a Summary of Tracy's Benefit Elections

- ✓ Blue Shield Access + HMO, Employee Only
- ✓ Delta Care DHMO, Employee Only
- ✓ EyeMed employer paid benefit, Employee Only
- ✓ FSA – \$10 bi-weekly contribution
- ✓ 457(b) Voluntary Retirement Savings

Out of Pocket Costs (Bi-Weekly)

Plan	Premium	Subsidy	Out-of-Pocket
Medical – Employee Only	\$238.13	\$240.72	-
Dental – Employee Only	\$9.88	\$9.46	\$0.42
FSA – \$10 Contribution			\$10.00
457(b) Voluntary Retirement Savings – \$15			\$15.00
Total	\$248.01	\$250.18	\$25.42

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Expecting Ellie



Expecting Ellie is a Social Service Practitioner I in the Professional unit. Ellie is a newlywed who anticipates having a child within the year. Ellie elects Blue Shield Signature HMO employee +1 coverage for herself and her spouse because of the Level II PPO access provided by the plan. Looking for a low-cost dental plan that allows her to save money and use her current dental provider, Ellie also elects employee +1 coverage for DeltaCare USA DHMO.

Along with her medical and dental enrollments, Ellie elects to participate in the Flexible Spending Account (FSA), which will help cover herself and her spouses' co-pays and eligible expenses.

To ensure Ellie has a comfortable retirement, Ellie chose to participate in the 457(b) retirement plan where she will contribute \$20 bi-weekly and after one year of continuous service with the County, the County will match ½ of her contribution up to half a percent.

Not only is Ellie preparing for retirement but she is also preparing for the worst-case scenario by electing supplemental life insurance coverage for herself and her spouse.

Below is a Summary of Ellie's Benefit Elections

- ✓ Blue Shield Signature HMO, Employee +1
- ✓ FSA – \$20 bi-weekly contribution
- ✓ Delta Dental DHMO, Employee +1
- ✓ 457(b) Voluntary Retirement Savings
- ✓ EyeMed employer paid benefit, Employee Only
- ✓ Life Insurance – Basic, Spouse Supplemental

Out of Pocket Costs (Bi-Weekly)

Plan	Premium	Subsidy	Out-of-Pocket
Medical – Employee +1	\$546.19	\$351.71	\$194.18
Dental – Employee +1	\$15.94	\$9.46	\$6.48
FSA – \$20 contribution			\$20.00
Supplemental Life Insurance – \$20,000 coverage			\$0.59
457(b) Voluntary Retirement Savings – \$20			\$20.00
Total	\$562.13	\$361.17	\$241.55

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Family Frank



Family Frank is a Staff Analyst II in the Administrative Services unit and has a spouse and two kids. Frank and his family like to travel and are active, so having great medical and dental coverage that includes emergency services, hospitalization services and orthodontia is a top priority. He has elected Kaiser Permanente Traditional HMO plan and Delta Dental PPO.

Frank knows his family will incur healthcare expenses so he has enrolled in the County's Flexible Spending Account (FSA).

Frank wants to be sure his family is taken care of if something were to happen to him or his spouse, so he's enrolled in Supplemental Life and Accidental Death & Dismemberment (AD&D) insurance.

He is also participating in the County's 457(b) Voluntary Retirement Savings.

Below is a Summary of Frank's Benefit Elections

- ✓ Kaiser Permanente HMO, Employee +2 or more
- ✓ Delta Dental DPPO Employee + 2 or more
- ✓ EyeMed employer paid benefit, Employee Only
- ✓ FSA – \$40 bi-weekly contribution
- ✓ 457(b) Voluntary Retirement Savings
- ✓ Life Insurance – Basic, Spouse Supplemental, Voluntary AD&D

Out of Pocket Costs (Bi-Weekly)

Plan	Premium	Subsidy	Out-of-Pocket
Medical - Employee +2 or more	\$883.21	\$640.14	\$243.07
Dental - Employee +2 or more	\$80.11	\$9.46	\$70.65
FSA - \$40 contribution			\$40.00
Supplemental Life Insurance – \$500,000 coverage (self)			\$12.25
Supplemental Life Insurance – \$70,000 coverage (spouse)			\$2.07
Supplemental Life Insurance – \$20,000 coverage (child)			\$0.92
AD&D Insurance Plan 7 – Maximum Family Coverage			\$3.45
457(b) Voluntary Retirement Savings - \$25			\$25.00
Total	\$963.32	\$649.60	\$397.41

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Independent Ian



Ian is a single, healthy full-time Registered Nurse I in the Nurses unit at ARMC. He has opted-out of medical and dental coverage due to being covered under his parent's employer sponsored health benefits. Due to opting out of County coverage, he receives \$40.00 per pay period. His job classification is eligible for the Modified Benefit Option (MBO) therefore he has elected to participate and will be provided an additional \$2.00 per hour.

As a Registered Nurse Ian understands the importance of insurance policies. He has enrolled in the County's Supplemental and Accidental Death & Dismemberment voluntary insurance and has elected valuable financial protection.

Below is a Summary of Ian's Benefit Elections

- ✓ Opt Out of medical, dental receiving \$40.00 per pay period
- ✓ EyeMed employer paid benefit, Employee Only
- ✓ Enrolled in the Modified Benefit Option to receive an additional \$2.00 per hour above his base rate of pay
- ✓ Supplemental Life Insurance
- ✓ Accidental Death and Dismemberment (AD&D)
- ✓ 457(b) Voluntary Retirement Savings

Out of Pocket Costs (Bi-Weekly)

Plan	Premium	Subsidy	Out-of-Pocket
Supplemental Life Insurance – \$250,000 coverage			\$9.26
Accidental Death and Dismemberment – \$250,000 coverage			\$2.30
457(b) Voluntary Retirement Savings – \$10			\$10.00
Total			\$21.56

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Health Plans

Get informed on the County health plans available to you

Comprehensive health care benefits, including medical, dental, and vision insurance, help make the County of San Bernardino an employer of choice. The County strives to provide employees with security, flexibility, and convenience. You may view Summary of Benefits and Coverage (SBC) information for the County's medical plans [online](#).



How the Plans Work

The County offers Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plan options for both medical and dental plans. An HMO provision requires that you select a Primary Care Physician (PCP) from one of the carrier's participating physician groups. A PPO plan is a medical plan that offers you a choice between an in-network group of providers who offer their services at discounted rates and out-of-network providers without discounted rates.

Medical and Dental Plan ID Cards

Your identification (ID) cards for your medical and dental plans will arrive within one month of the effective date of your coverage. You may begin using your medical and dental benefits prior to receiving your ID cards by providing your social security number to your provider. If you do not receive your ID cards, or if you need replacement cards, please contact your carrier. You can also request to print out your ID cards online at the plan website(s).

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Blue Shield



[View Comparison Chart](#)



Coverage Type	Blue Shield Access + HMO	Blue Shield Signature HMO	Blue Shield PPO	Blue Shield Needles PPO
Employee Only	\$238.13	\$274.09	\$509.02	\$574.48
Employee + 1	\$474.28	\$546.19	\$1,035.30	\$1,168.08
Employee + 2	\$670.28	\$772.03	\$1,605.82	\$1,808.86

Blue Shield Signature HMO

Blue Shield Signature HMO is an HMO-style plan with the added benefit of allowing you to utilize a PPO level specialist (within the network, but outside your Medical Group) for examinations and evaluations. The plan requires you to select a Primary Care Physician who will direct you on how to access services. You choose between two tiers of benefits. Level I (HMO) and Level II (PPO) – whenever you need care.

Blue Shield Access + HMO

Blue Shield Access + HMO plan offers comprehensive benefits balanced with lower bi-weekly costs. The plan requires you to select a Primary Care Physician who will direct you on how to access services. As a Blue Shield member enrolled in the Access + HMO plan, you can self-refer to a specialist in the same medical group as your Primary Care Physician. The Access + pharmacy benefits include Tier 1 through 4 drugs and specialty drugs.

Blue Shield PPO Plans

Blue Shield PPO is a plan that offers you a choice between an in-network group of providers who offer their services at discounted rates and out-of-network providers without discounted rates.

Needles PPO is only available to employees who are stationed to work in the Baker, Trona, or Needles areas

Get in Touch with Blue Shield

Call Blue Shield's member services team at (855) 599-2657 any time between 7:00 a.m. and 7:00 p.m. Monday – Friday or visit Blue Shield's [website](#) for more information. [Click here](#) to watch Blue Shield's Open Enrollment presentation.



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Kaiser Permanente



[View Comparison Chart](#)



Coverage Type	Kaiser Choice HMO	Kaiser Traditional HMO
Employee Only	\$272.16	\$313.40
Employee + 1	\$542.31	\$624.78
Employee + 2	\$766.53	\$883.21

Kaiser Permanente HMO Plans

The Kaiser Permanente Health Maintenance Organization (HMO) is available only to employees and their eligible dependents living within the Kaiser Permanente zip code service areas of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Kern and Ventura Counties. Certain outlying zip codes within the County are not eligible for coverage through Kaiser Permanente. Please contact Kaiser Permanente's member service number to verify that you are in an eligible service area.

You and your family can count on quality care and coverage under the County's Kaiser Permanente HMO. Call the Member Services line about questions regarding benefits, claims or eligibility, if you need a member identification (ID) card, or if you want to file a grievance. Lines are open 24 hours, seven (7) days a week, except holidays.

Get in Touch with Kaiser Permanente

Kaiser Permanente's member services team is available 24 hours, seven days a week, (except major holidays) at (800) 464-4000. You can also access their [website](#) for more information. [Click here](#) to watch Kaiser's Open Enrollment presentation.



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Medical Plan Comparison Chart

	Kaiser Traditional HMO	Kaiser Choice HMO	Blue Shield Signature HMO - Level I & II	Blue Shield Access+ HMO
Deductibles/Maximums				
Calendar year Deductible	None	None	None	None
Out-of-Pocket annual maximum individual/family	\$1,500 / \$3,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$3,500 / \$7,000
Office/Outpatient Care				
Office Visits	\$10 copay	\$40 copay	Level I: \$10 copay Level II: \$30 copay	\$40 copay. Self-referral within PCP's
Emergency Medical Care				
Emergency room waived if admitted	\$50 copay	\$150 copay	\$50 copay	\$50 copay
Urgent care	\$10 copay	\$40 copay	\$10 copay	\$40 copay
Diagnostic Services				
Laboratory and Pathology Tests	No charge	\$10 copay	No charge	40% copay
Hospital Services				
Hospital Care	No charge for approved services	\$500 per day	No charge	\$100/admission plus 20% for facility services
Mental Health Care Treatment				
Outpatient services	\$10 copay/\$5 copay group	\$40 copay/\$20 copay group	1-3 visits - No charge \$10 per visit thereafter	\$40 office visit
Inpatient services	No charge	\$500 per day	No charge	\$100 admission
Prescription Drugs				
Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Pharmacy (100-day supply): Generic – \$10 copay Brand – \$15 copay	Pharmacy (30-day supply): Generic – \$15 copay Brand – \$35 copay Specialty – 30%, not to exceed \$200	Pharmacy (30-day supply): Generic – \$5 copay Brand – \$10 copay	Pharmacy (30-day supply): Tier 1 – \$5 Tier 2 – \$10 Tier 3 – \$25 Tier 4 – 20% copay up to a max of \$200/prescription

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PPO Plan Comparison Chart

	Blue Shield PPO	
	In-Network	Out-of-Network
Providers, Deductibles, Maximums, Preexisting Conditions		
Calendar year Deductible	\$250 per individual	\$500 per family
Out-of-Pocket annual maximum	\$1,750 / \$3,500	\$2,250 / \$4,500
Office/Outpatient Care		
Office visits	\$10 copay	30% after CY deductible
Emergency Medical Care		
Emergency room	\$50 per visit + 20% after CY deductible	\$50 per visit + 20% after CY deductible
Urgent care	\$10 copay	30% after CY deductible
Diagnostic Services		
Laboratory and Pathology Tests	20% after CY deductible	30% after CY deductible
Hospital Services		
Hospital Care	20% after CY deductible	30% after CY deductible
Mental Health Care and Substance Abuse Treatment		
Outpatient services	Outpatient: 1–3 visits – No charge \$10 per visit thereafter	30% per visit
Inpatient services	20% after CY deductible	30% after CY deductible
Prescription Drugs		
Prescription drugs (per fill) Includes Diabetic drugs and testing supplies	Generic – \$15 Brand – \$30 Non-Formulary – \$30 Specialty Pharmacies – \$15	25% of billed amount plus co-pay Generic – \$15 Brand – \$30 Non-Formulary – \$30 Specialty Pharmacies – Not covered

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Dental Plan Options



[View Comparison Chart](#)



Coverage Type	DeltaCare USA DHMO	Delta Dental PPO
Employee Only	\$9.88	\$25.39
Employee + 1	\$15.94	\$47.37
Employee + 2	\$20.77	\$81.10

DeltaCare USA DHMO

DeltaCare USA is a prepaid HMO-style dental plan that contracts with more than 3,800 general and specialty dentists in the DeltaCare network in California.

The plan requires you to select a Primary Care Dentist who will direct you on how to access dental services. If you require specialty care, your Primary Care Dentist will refer you to a network specialist.

Delta Dental PPO

Delta Dental DPPO is a PPO style plan that provides coverage through individually contracted dental providers. The DPPO plan pays a percentage of the fee for service and has a set calendar year maximum per person. The DPPO plan allows for freedom of choice in provider selection, as you may change between in-network and out-of-network providers without pre-authorization from Delta Dental.

Get in Touch with Delta Dental

For information, contact Delta Dental customer service at (855) 244-7323 from 5 a.m. to 6 p.m. Pacific Time, Monday through Friday or visit Delta Dental's [website](#). [Click here](#) to watch Delta Dental's Open Enrollment presentation.



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Delta Dental Comparison

	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network Only	In-Network	Out-of-Network
Deductibles/Maximums/Providers			
Calendar year Deductible	None	None	None
Calendar Year Maximum	None	\$1,700 per person (excluding orthodontia)	
Diagnostic and Preventative Services			
Periodic Oral Examination	No Charge	No Charge	No Charge
Prophylaxis (cleanings) 2 per calendar year	No Charge	No Charge	No Charge
Full Mouth X-Ray	No Charge	No Charge	No Charge
Crowns and Bridges			
Crown – Resin with predominantly base metal	\$60 copay	25%	30%
Crown – Full cast high noble metal (gold)	\$160 copay	25%	30%
Crown – Porcelain/ ceramic substrate	\$195 copay	25%	30%
Restorative Dentistry			
Amalgam (“silver” fillings)	No Charge	No Charge	10%
Resin composite (white fillings, anterior)	No Charge	No Charge	10%
Resin composite (white fillings, posterior)	\$45 - \$75 copay	No Charge	10%
Endodontics			
Root Canal	\$30 - \$90 copay	No Charge	10%
Oral Surgery			
Local Anesthesia	No Charge	No Charge	No Charge
Extraction	\$0 - \$40 copay	No Charge	10%
Orthodontics			
Ortho Treatment Plan and Records	\$300	50% of treatment cost + any cost over \$1,700 (max. lifetime benefit \$1,700)	
Comprehensive orthodontic treatment	\$490, plus \$40 per month for usual and customary 24-month treatment		

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Vision Plan

EyeMed is one of the leading managed vision care organizations in the industry; with the largest network of independent providers and the right mix of in-network retail providers that offer the ultimate in choice, quality, value and service for over 39 million members. EyeMed Vision Care's Network consists of private practicing optometrists, ophthalmologists, opticians, and optical retailers such as LensCrafters®, Sears Optical, Target Optical, and most Pearle Vision locations.

The County of San Bernardino participates in a comprehensive plan that offers you every 12 months:

- ✓ No eye exam copayments
- ✓ Large nation-wide network of vision care providers
- ✓ Savings on retinal imaging
- ✓ 40% off on additional pairs of prescription eyewear
- ✓ 15% of Lasik Retail
- ✓ Online service features
- ✓ Customer service representatives available 7 days a week and evenings

Get in Touch with EyeMed Vision Care

Service representatives are available Monday–Saturday from 4:30 a.m. to 8:00 p.m. (PST) and Sunday from 8:00 a.m. to 5:00 p.m. (PST) at (877) 406-4146 or visit their [website](#) for more information.

The EyeMed logo, featuring the word "eye" in a lowercase, rounded font above the word "Med" in a similar font, all in white on a green background.

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Flexible Spending Account (FSA)

The County of San Bernardino offers a FSA that allows an employee to set aside money on a pre-tax basis to cover the cost of eligible medical expenses. Employees are eligible to participate in the FSA if they are covered under a Memorandum of Understanding, Compensation Plan, or Employment Contract.

Enrollment

Employees are eligible to enroll into the FSA during:

- ✓ Open enrollment
- ✓ If the employee experiences a mid-year change-in-status event

How the Plans Work

Eligible employees elect an annual contribution amount to be placed in their FSA account. The annual contribution is made via bi-weekly payroll deductions in equal installments throughout the year. Participants can access their FSA contributions by the following ways:

1. Using their FSA benefit card
2. Submitting a claim for approval

Contributions Limits

The allowable annual maximum contribution is \$2,750. The maximum biweekly deductions is \$101.85. Deductions are taken for 27 pay periods during the 2020-21 plan year.

Rollover Option

Upon enrollment in the next plan year's FSA, up to \$500 of unused funds will automatically roll over to the next plan year's FSA.

Eligible Expenses

The FSA is used to pay for expenses not covered under your health plans. To view these eligible expenses, [click here](#). These eligible expenses are paid for by using your Benefit Debit Card that you will receive when you enroll in the FSA. When the Benefit Debit Card is used, payments will be automatically withdrawn from your FSA.

Run-Out Period

Claims for eligible expenses incurred within the plan year must be submitted for reimbursement no later than ninety (90) days after the end of the plan year.

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Life Insurance

The County offers Basic Life Insurance, Supplemental Term Life Insurance, and Accidental Death & Dismemberment (AD&D) Insurance benefits. Eligibility for this Insurance is governed by your Memorandum of Understanding (MOU), Exempt Compensation Plan, salary ordinance, or contract. All insurance plans are insured through Minnesota Life.

Basic Life Insurance

Basic Life Insurance is a County-paid employee only benefit with automatic enrollment.

Supplemental Term Life Insurance

Supplemental Term Life Insurance is an additional life insurance that can be purchased voluntarily. This plan offers coverage for yourself and your eligible dependents (e.g. spouse, domestic partner, child(ren) under age 26).

Coverage Options

Election for coverage may be made in increments of \$10,000 (employee, spouse/domestic partner) or \$5,000 for children up to the amounts specified below:

Employee: \$700,000
Spouse/domestic partner: \$250,000
Child(ren): \$20,000

Accidental Death & Dismemberment

You and your family can count on financial security in the event of accidental death or a serious injury with Accidental Death & Dismemberment Insurance.

Coverage Options

There are two plan options and seven levels of coverage to select from for you and/or your eligible dependents (employee, spouse/domestic partner) ranging in the amounts specified below.

Employee: \$10,000 to \$250,000
Spouse/domestic partner: \$5,000 to \$125,000
Child(ren): \$3,125 to \$25,000

Certificate of Insurance

- ✓ [Basic Life Insurance](#)
- ✓ [Supplemental Life Insurance](#)
- ✓ [Accidental Death and Dismemberment](#)

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Employee Assistance Program

How to use the Employee Assistance Program

EAP is a confidential and free service offered by the County of San Bernardino that provides assistance with a variety of personal challenges. Professionally trained advisors are available to help with family problems, marital concerns, financial and legal matters, stress, depression, and other challenges that may be affecting your personal life. Advisors are available to help 24 hours a day, 7 days a week, 365 days a year.

The EAP can provide support, referrals, and resources related to many issues, including the following:

The EAP can provide support, referrals, and resources related to many life challenges including adoption, alcohol and drug abuse, anxiety, budgeting, child care, crisis and trauma, domestic abuse, education, elder care, gambling, grief and loss, and many more.

The EAP is designed to address short-term challenges and to identify resources and referrals for emergency and long-term challenges. Services include 5 consultations per incident per calendar year. When in doubt, contact the EAP for help or support. Effective July 18, 2020 you may call the EAP toll-free, any time, 24/7, 365 days a year at (800) 234-2939.



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My Health Matters!



The County of San Bernardino is committed to providing you with the very best information and resources to support your healthy lifestyle. Be sure to check out *My Health Matters!* (MHM!), a personalized and interactive wellness program that can fit into your busy schedule.

Whether you are looking to lose weight, quit smoking or just live healthier, this program gives you the tools and encouragement you need to reach your goals.

Stay tuned for details on the 2020-21 Wellness Campaign that begins in the Fall!

- ✓ Flu Shot Clinics
- ✓ Online health assessments with resource referrals & tools
- ✓ Steps to Success online fitness program
- ✓ Online/on-site health and wellness classes covering:
 - Weight Management
 - Chronic Disease/Condition Management for diabetes, high blood pressure, high cholesterol
 - Stress Management
- ✓ For additional information contact your department's Wellness Advocate or EBSD at mhm@hr.sbcounty.gov



The world's food knowledge
in one central database



Comprehensive financial wellness
program created to assist
employees in financial literacy

Steps to Success

Track steps, participate in challenges, and receive incentives along the way

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Other Programs

Combined Giving

Combined Giving is a program that allows County employees to donate to charitable organizations through a convenient payroll deduction. The Combined Giving Campaign plays an important role in supporting several elements of the Countywide Vision by providing a means by which the County collaborates with charitable organizations, engages our employees in charitable endeavors, and makes a difference to our community by providing resources to our residents.



View the Combined Giving Campaign [brochure](#) for additional details on the participating charitable organizations along with the Combined Giving Contribution [Election Agreement](#) form to begin donating today!

Visit our [website](#) to stay tuned for the 2020-21 Combined Giving Campaign that will occur in October 2020.

Commuter Services

HR-Commuter Services administers the County's Employee Rideshare Program and assists employees with finding alternatives to driving to work alone. When you participate you make a difference by improving air quality and reducing traffic congestion, plus you save yourself money and are eligible for rewards, like our \$4 per day start-up incentive.



Find out more by visiting our [rideshare website](#), and learn how you can create a free account at [SBtrip](#) to start earning your rewards.

PerkSpot Employee Discount Program

Register [here](#) to access hundreds of discounts at national and local merchants. Exclusive Discounts for County Employees like health club and gym membership discounts. Access savings perks at home, on-the-go and while traveling with any device.





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EMACS Self Service

During Open Enrollment you will have the opportunity to make changes to your benefits by using EMACS Self Service. EMACS Self Service is available online 24/7 from work, home, or your mobile device during the Open Enrollment period of June 1, 2020 - June 21, 2020.

How to access EMACS Self Service

1. Go to the [EMACS Sign-in page](#)
2. Enter your User ID and Password
3. Click the "Sign In" button

To view current elections in EMACS

1. Click on Self Service>Benefit Details>Benefits Summary

Enrollment Process

To start the enrollment process, view/make changes to your current plans

1. Click on Self Service > Benefit Details > Benefits Enrollment

Benefits Enrollment Page

1. Click "Info" icon for general information
2. Click "Select" to begin the enrollment process
3. Review the information provided on the Section 125 Premium Conversion Plan, which explains tax options
4. Click "OK"

Enrollment Summary Page

Review your current benefit elections (scroll down the page to view all benefits)

1. Click "Edit" to view and make changes as necessary

Submitting Final Changes

- ✓ Submit final elections by 11:59 pm on Friday, June 21
- ✓ Print confirmation page

Elections that are saved, but have not been submitted will not be processed

How to enroll in the Modified Benefit Option (MBO)

Additional classifications have been added to the MBO. [Click here](#) to access details on the MBO program, eligibility, and benefits. If you are enrolled or would like to enroll in the MBO please contact your Payroll Specialist or EBSD for assistance. Do not make selections through EMACS Self Service as MBO is a paper process.

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Adding Dependents in EMACS

1. Click on "Add a Dependent or Beneficiary" and enter the required information
2. Click "Save" and then click "OK"
3. Click 'Return to Dependent/Beneficiary Summary' to go back to the summary page

Be sure to enter a social security number for each dependent

Removing Dependents in EMACS

1. Review the listing of dependents and/or beneficiaries
2. Click on the dependent name to be modified and then "Edit"
3. Edit information as necessary, then click "Save"
4. Click "OK"
5. Click to go back to the Dependent/Beneficiary Summary page to review

Dependents voluntarily removed during Open Enrollment are NOT eligible for COBRA coverage as this is not considered a COBRA qualifying event

Modifying Dependents in EMACS

1. Click on the name and then "Edit"
2. Edit information as necessary then click "Save"
3. Click "OK"
4. Click to go back to the Dependent/Beneficiary Summary page



If you're having difficulties enrolling a dependent onto your benefit plans who is currently only listed as a beneficiary, please contact
Employee Benefits at (909) 387-5787 for assistance

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Employee Benefits

Phone: (909) 387-5787

E-mail: ebds@hr.sbcounty.gov

Employee Benefits Website

www.sbcounty.gov/benefits

2020 Open Enrollment Website

www.link.sbcounty.gov/Open-Enrollment

Employee Benefits Calculator

www.sbcounty.gov/hr/calculator

We will be posting important
Open Enrollment information
on Social Media!

Follow us [@sbcountycareers](https://www.instagram.com/sbcountycareers)

