



# 2025 OPEN ENROLLMENT GUIDE

## OCTOBER 28 - NOVEMBER 18, 2024

### ITEMS NEEDED TO SUBMIT AN OPEN ENROLLMENT REQUEST



- Names, social security numbers, and birth dates of benefit eligible dependents.
- 12-digit Primary Care Physician numbers for employee and each dependent if enrolling in a Blue Shield HMO plan: [BlueShieldCA.com/FAD/Home](https://BlueShieldCA.com/FAD/Home)
- Plan choices for Health, Dental, and Flexible Spending Accounts (FSA).
- Plan choice for other Optional Insurance Coverage (eligibility may be based on bargaining unit): Additional Life, Long Term Disability, Legal Insurance, and Critical Illness Insurance.
- Adding a dependent? Be sure to upload birth certificate, marriage certificate, etc. in Employee Online **no later than 5 p.m. on November 18, 2024.**
- 5-digit Employee ID Number and password.

## STEP 1

### GETTING STARTED

Open Enrollment changes will only be accepted via the Employee Online (EO) system through 5 p.m. on November 18, 2024. To access the EO system and for detailed Open Enrollment information, go to: [Riversideca.gov/human/employee-hub](https://Riversideca.gov/human/employee-hub)

## STEP 2

### DEPENDENT INFORMATION

**Add, update or verify dependent information.** Add a new dependent profile, update or verify an existing dependent record in the "Dependent Information" screen. **Adding a dependent profile does NOT add them to your medical and/or dental plan,** you must proceed to Benefit Selection to add/drop new and existing dependents to/from your medical and/or dental plans.

**Open Enrollment 2022**

Benefits Msg Page

Dependent Information

**Benefit Selection**

Add'l Life Ins.

Deferred Comp

OE Confirmation

**Personal Information**

Home Address

Emergency Info

COVID Vaccine Doc Upload

**Pay Information**

Leave Tracking

Direct Deposit

Check Stub

W2 Info

**Job Information**

Current Job

Historical Jobs

**Benefits**

Benefits Msg Page

Dependent Information

Deferred Comp

Add'l Life Ins.

Insurance

Other Benefits

Benefits Summary

Name	Relationship	Social Security Number	Birth Date	Gender	Certified
<a href="#">JOE SMITH (Request)</a>	CHILD	***_**_6789	03/27/1999	M	NO CERT

Once added, dependent information will appear here

**Important Note:**  
Adding a dependent **does not automatically add** your dependent to your Medical and/or Dental Coverage. You must proceed to Benefits Information ( Insurance) screen to Review/Modify your Benefits and select the dependent you want to add to your Medical and/or Dental coverage.

**Dependent Social Security Number (SSN):**  
Per the Federal Health Care Reform, employees must provide a valid SSN for each dependent. Please update/provide the SSN information as necessary. You are NOT required to provide copies of the Social Security Card(s).

**Dependent Certification:**  
Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor). For a listing of acceptable documentation, [click here](#). Per City policy, proof of dependent certification must be submitted to Human Resources no later than 60 days from the qualifying event date. **Failure to provide the required documentation will result in the dependent being dropped from coverage effective the 1st of the month following the 60 days.**

**\*Dependent Certification Upload\*:**  
Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.



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### STEP 2 CONT.

### DEPENDENT INFORMATION

After entering your dependent's information, upload your dependent certification and click "Save".

**Open Enrollment 2020**  
[Benefits Msg Page](#)  
[Dependent Information](#)  
[Benefit Selection](#)  
[Add'l Life Ins.](#)  
[Deferred Comp](#)  
[OE Confirmation](#)

**Personal Information**  
[Home Address](#)  
[Emergency Info](#)  
[COVID Vaccine Doc Upload](#)

**Pay Information**  
[Leave Tracking](#)  
[Direct Deposit](#)  
[Check Stub](#)  
[W2 Info](#)

**Job Information**  
[Current Job](#)  
[Historical Jobs](#)

**Benefits**  
[Benefits Msg Page](#)  
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[Add'l Life Ins.](#)  
[Insurance](#)  
[Other Benefits](#)  
[Benefits Summary](#)

**Family and Dependents Information**
[? Help](#)

First Name:  Middle:  Last Name:

Relationship:  Birth Date:

Social Security Number:

Gender:

Address:  Check if same address as employee

Street Address:

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### STEP 3

### BENEFIT SELECTION

View and select your benefit coverage for the 2025 plan year in the Open Enrollment Benefit Selection screen.

**Open Enrollment 2020**  
[Benefits Msg Page](#)  
[Dependent Information](#)  
[Benefit Selection](#)  
[Add'l Life Ins.](#)  
[Deferred Comp](#)  
[OE Confirmation](#)

**Personal Information**  
[Home Address](#)  
[Emergency Info](#)  
[COVID Vaccine Doc Upload](#)

**Pay Information**  
[Leave Tracking](#)  
[Direct Deposit](#)

**Open Enrollment Summary View**
[? Help](#)

Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
<a href="#">MEDICAL</a>	BLUE SHIELD 15		Not Selected
<a href="#">DENTAL</a>	LOC ADV PRETAX		Not Selected
<a href="#">FSA HEALTH CARE</a>	125 HLTH PRETAX		Not Selected
<a href="#">LEGAL PLAN</a>	none		Not Selected
<a href="#">FSA DEPENDENT CARE</a>	FSA D PNDT PRETX		Not Selected
<a href="#">LTD - MANAGEMENT</a>	none		Not Selected
<a href="#">ADDITIONAL LIFE</a>	ADDITIONAL LIFE		Active



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### STEP 3 CONT.

### BENEFIT SELECTION

1

**Medical and/or Dental Plans** - You may enroll or switch to another medical and/or dental plan. You must submit a separate request for each. Rates and plan summaries can be found on the Open Enrollment website.

2

**Add/Drop Eligible Dependents** – New/existing dependents must be associated to your new medical and/or dental plan by placing a check mark next to their name. If you wish to drop an existing dependent, you must un-check the box next to their name.

3

**Blue Shield HMO Plans** – When selecting a Blue Shield HMO plan a **12-digit** Primary Care Physician (PCP) identification number needs to be entered for you and each dependent on the medical screen. The Finding a Doctor tool can be used to find the PCP number for each doctor, this tool can be accessed at [BlueShieldCA.com](https://www.BlueShieldCA.com).

4

**Blue Shield PPO Plans** – No PCP number is required when enrolling in a PPO plan. However, you can verify if your Physician is in the Blue Shield PPO network at [BlueShieldCA.com](https://www.BlueShieldCA.com).

5

**Health Opt-Out Program (Available for Eligible Employees)** – Employees who wish to participate or continue to participate in the Health Opt-Out Program for the new year **must renew** their participation by re-electing this option and submitting **proof of alternate coverage**.

6

**Flexible Spending Account (FSA) – Health Care or Dependent Care** – Annual elections **must** be renewed via Employee Online. If you do not submit a request each year, participation in the plan(s) will end December 31 of the current year.

You are responsible for the \$6.00 monthly administrative fee for the entire calendar year if you have a carryover balance from a previous plan year(s), even if you do not re-enroll for the new year.

7

**Long Term Disability (LTD)** – Eligible employees (depending on bargaining unit) may participate in LTD; an option to enroll or cancel is available year-round to those employees via The Standard's website: [Standard.BenSelect.com](https://www.Standard.BenSelect.com).

8

**Additional Life Insurance** – New applications, cancellations or changes to an existing policy are accepted year-round online via The Standard's website: [Standard.BenSelect.com](https://www.Standard.BenSelect.com).

9

**LegalEASE** – The LegalEASE plan is \$17.54 monthly (includes dependent coverage). Enrollment is voluntary and 100% employee-paid with an after-tax premium deduction. Employees can enroll/cancel enrollment in this plan at any time of the year on Employee Online.

10

**Critical Illness** – Voluntary plan that covers out-of-pocket expenses that medical insurance does not, in the event of a qualifying injury or illness. New applications, cancellation or changes are accepted year-round online via The Standard's website: [Standard.BenSelect.com](https://www.Standard.BenSelect.com).



# 2025 OPEN ENROLLMENT GUIDE

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### STEP 4

### PRINT YOUR OPEN ENROLLMENT CONFIRMATION/MAKE CHANGES

Print or email your open enrollment confirmation page before exiting Employee Online!

To make changes after submitting your request(s), simply go back to the Benefits Selection page, click on the benefit and select **"Delete this Request"**, you will then be able to submit a new request

**Benefit Confirmation** ? Help

Below is a summary of your current benefit selections. Benefit changes submitted during Open Enrollment will be effective January 1, 2022. To receive this confirmation page click on the Email button below.

Enrollments or changes requested through the Standard for Additional Life Insurance, or Voluntary Long Term Disability are not included on this page. For additional information on these benefits please visit [The Standards](#) website.

Benefit Plan	Current Plan	Benefit OE Request
MEDICAL	HEALTH OPT OUT (Emp Only)	KAISER 15 (Family)

Dependent Certification Upload

Back Save

## NOT MAKING CHANGES?

Not making changes to your current dependents or to your Medical, Dental, Additional Life Insurance or Long-Term Disability plan this year? **NO ACTION NEEDED**

**DO NOT** submit a request via Employee Online if you are not making changes. Current coverage and dependents will carry over to the new plan year.

Please contact the Human Resources Benefits Division for any questions or for additional information at:

[CityBenefits@RiversideCA.gov](mailto:CityBenefits@RiversideCA.gov) or call (951) 826-5639