



Human Resources Department  
Employee Benefits and Services Division



Open Enrollment  
June 1 – June 21



June 1

OE Begins



June 21

OE Ends at midnight



July 2

Deadline to submit support docs.



July 18

Effective date of coverage



July 29

Election changes reflected on paycheck

# What's New for 2020-21 Open Enrollment?

## **PROTECTED MEDICAL LEAVES ADMINISTRATION**

Protected leaves and disability benefits will be administered by Metropolitan Life Insurance Company (MetLife), with the addition of Employee Assistance Program (EAP) benefits effective July 18, 2020. More details will be provided in coming weeks.

## **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.

## **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.

## **MODIFIED BENEFIT OPTION (MBO)**

Additional classifications have been added. For more information visit the MBO web page at

<http://cms.sbcounty.gov/hr/Benefits/BenefitCampaigns/OpenEnrollment/ModifiedBenefitOption.aspx>



## 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.

## What does EAP offer?

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.



## READY, SET, ENROLL!

- 1 Sign Up
- 2 Contribute
- 3 Use your funds

### Overview

Voluntary participation  
Convenient pre-tax payroll contributions  
Elections must be made every year

**New Mobile App Coming Soon!!**



# FSA

Open Enrollment:  
June

Plan Year:  
July – July

Maximum Election:  
\$2,750

\$500 rollover  
next year

## What's Changed with FSA

- OTC medications are now approved without a prescription

### Approved OTC Medications without a Prescription

Acid controllers	Laxatives or stool softeners
Acne medicine	Lice treatments
Aids for indigestion	Motion sickness medicines
Allergy and sinus medicine	Nasal sprays or drops
Anti-diarrheal medicine	Ointments for cuts & burns
Baby rash ointment	Pain relievers
Cold and flu medicine	Sleep aids
Eye drops	Stomach remedies
Feminine anti-fungal or anti-itch products	Menstrual care products (tampon, pad, etc.)
Hemorrhoid treatment	Toothache pain reliever

**August 12** paycheck deductions will reflect FSA contribution changes

# 2020-21 Bi-Weekly Medical & Dental Premium Rates

Plan	Kaiser Choice HMO	Kaiser Traditional HMO	Blue Shield Access + HMO	Blue Shield Signature HMO	Blue Shield PPO	Blue Shield Needles PPO
Employee Only	\$ 272.16	\$ 313.40	\$ 238.13	\$ 274.09	\$ 509.02	\$ 574.48
Employee +1	\$ 542.31	\$ 624.78	\$ 474.28	\$ 546.19	\$ 1,035.30	\$ 1,168.08
Employee + 2 or more	\$ 766.53	\$ 883.21	\$ 670.28	\$ 772.03	\$ 1,605.82	\$ 1,808.86

Plan	DeltaCare USA DHMO	Delta Dental PPO
Employee Only	\$ 9.88	\$ 25.09
Employee +1	\$ 15.94	\$ 46.80
Employee + 2 or more	\$ 20.77	\$ 80.11

# HMO Plan Comparison Chart

Plan Summaries

	Kaiser Traditional HMO	Kaiser Choice HMO	Blue Shield Signature HMO Level I & II	Blue Shield Access+ HMO
<b>Deductibles/Maximums</b>				
Calendar year (CY) 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
<b>Office/Outpatient Care</b>				
Office visits	\$10 copay	\$40 copay	Level I: \$10 copay Level II: \$30 copay	\$40 copay. Self-referral within PCP's
<b>Emergency Medical Care</b>				
Emergency room (waived if admitted)	\$50 copay	\$150 copay	\$50 copay	\$50 copay
Urgent care	\$10 copay	\$40 copay	\$10 copay	\$40 copay
<b>Diagnostic Services</b>				
Laboratory and Pathology Tests	No charge	\$10 copay	No charge	40% copay
<b>Hospital Services</b>				
Hospital care	No charge for approved services	\$500 per day	No charge	\$100/admission plus 20% for facility services
<b>Mental Health Care Treatment</b>				
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
<b>Prescription Drugs</b>				
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

# Dental Plan Comparison Chart

## Plan Summaries

	DeltaCare USA DHMO	Delta Dental PPO	
	In-Network Only	In-Network	Out-Of-Network
<b>Deductibles/Maximums/Providers</b>			
Calendar year (CY) Deductible	None	None	None
Calendar year (CY) Maximum	None	\$1,700 per person (excluding orthodontia)	
<b>Diagnostic and Preventative Services</b>			
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
<b>Crowns and Bridges</b>			
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%
<b>Restorative Dentistry</b>			
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%
<b>Endodontics</b>			
Root Canal	\$30 - \$90 copay	No Charge	10%
<b>Oral Surgery</b>			
Local Anesthesia	No Charge	No Charge	No Charge
Extraction	\$0 – \$40 copay	No Charge	10%
<b>Orthodontics</b>			
Ortho Treatment Plan and Records	\$200	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		



## Blue Shield of California



- Teladoc
  - \$0 Co-pay
  - 24 hours 7 days a week
  - Each member must [preregister](#)
- Easy access Urgent Care – Shield Signature members can visit any Blue Shield Urgent Care, not just the Urgent Care associated with their medical group
- HMO Signature Plan offers Level II access to PPO providers without a referral for \$30 copay

## Kaiser Permanente



- Telemedicine
  - \$0 Co-pay
  - 7:00 a.m. to 7:00 p.m. (Mon-Fri)
  - Call (888)750-0036
- CLINIC
  - Target CVS Locations
    - Fontana North (909) 646-7231
    - Riverside Arlington (951) 276-9319
    - Hemet (951) 765-4310
    - Montclair (909) 447-6785

## Premium Rates – County Subsidy = Out of Pocket Cost

	Plan	EE Only	EE +1	EE 2+
Kaiser	Choice	\$ 272.16	\$ 542.31	\$ 766.53
	Traditional	\$ 313.40	\$ 624.78	\$ 883.21
Blue Shield	Access+	\$ 238.13	\$ 474.28	\$ 670.28
	Signature	\$ 274.09	\$ 546.19	\$ 772.03
	PPO	\$ 509.02	\$ 1,035.30	\$ 1,605.82
	Needles	\$ 574.48	\$ 1,168.08	\$ 1,808.86
Delta	DHMO	\$ 9.88	\$ 15.94	\$ 20.77
	DPPO	\$ 25.09	\$ 46.80	\$ 80.11

### Example:

Full-time Eligibility Worker I (General MOU)  
Employee-only coverage

\$ 274.09 Blue Shield Signature Premium  
 + 9.88 Dental DHMO Premium  
 - 240.72 Medical Premium Subsidy (MPS)  
 - 9.46 Dental Premium Subsidy (DPS)

**\$ 33.79 Out of Pocket Cost**

(deducted every paycheck)

# Bi-weekly Premium Rate Gold Plan Comparison (Blue Shield)

**Example:** Full-time Office Assistant III (General MOU), who is a relatively healthy individual and goes to the doctor for check-ups, electing employee only coverage Blue Shield Access+ HMO or Blue Shield Signature HMO

Blue Shield	Access + HMO	Signature HMO
Physical Exam	\$ 0	\$ 0
Urgent Care	\$ 40	\$ 10
Specialist	\$ 40	\$ 10
Well Woman Exam	\$ 0	\$ 0
<b>Total Copays</b>	<b>\$ 80</b>	<b>\$ 20</b>
<b>Annual Premiums</b>	<b>\$ 0</b>	<b>\$ 900.99</b>
<b>Annual Cost</b>	<b>\$ 80</b>	<b>\$ 920.99</b>

<u>Blue Shield Access + HMO</u>		
\$	238.13	Medical Premium
-	240.72	Medical Premium Subsidy
<b>\$</b>	<b>0.00</b>	<b>Out-of-pocket cost</b>

<u>Blue Shield Signature HMO</u>		
\$	274.09	Medical Premium
-	240.72	Medical Premium Subsidy
<b>\$</b>	<b>33.37</b>	<b>Out-of-pocket cost</b>

Important Note: Plans are subject to an out of pocket maximum. Employees should refer to the Plan Summaries section of the benefits guide for more details to consider when making a decision based on their specific situation.

# Bi-weekly Premium Rate Gold Plan Comparison (Kaiser)

**Example:** Full-time District Attorney IV electing family coverage (Employee + 2 or more) and wants to select one of the Kaiser HMO plans. Aside from his children getting occasional ear infections or fevers, they are a fairly healthy family and typically go to the doctor just for their preventative screenings including annual physicals, well child, and well woman exams.

Kaiser	Choice HMO	Traditional HMO
Office Visits	\$ 40	\$ 10
Urgent Care	\$ 40	\$ 10
Specialist	\$ 50	\$ 10
Well Woman Exam	\$ 0	\$ 0
<b>Total Copays</b>	<b>\$ 130</b>	<b>\$ 30</b>
<b>Annual Premiums</b>	<b>\$ 6,637.14</b>	<b>\$ 9,787.50</b>
<b>Annual Cost</b>	<b>\$ 6,767.14</b>	<b>\$ 9,817.50</b>

<u>Kaiser Choice HMO</u>		
\$	766.53	Medical Premium
-	520.71	Medical Premium Subsidy
<b>\$</b>	<b>245.82</b>	<b>Out-of-pocket cost</b>

<u>Kaiser Traditional HMO</u>		
\$	883.21	Medical Premium
-	520.71	Medical Premium Subsidy
<b>\$</b>	<b>362.50</b>	<b>Out-of-pocket cost</b>

Important Note: Plans are subject to an out of pocket maximum. Employees should refer to the Plan Summaries section of the benefits guide for more details to consider when making a decision based on their specific situation.

County of San Bernardino

## Benefits Calculator for Out of Pocket Cost

Human Resources Department

<b>Benefit Option:</b>	<input checked="" type="radio"/> <b>Traditional Benefit Option (TBO)</b> <input type="radio"/> <b>Modified Benefit Option (MBO)</b>		
<b>Job Title:</b>	<input type="text"/>	<input type="text" value="[Select a job title]"/>	▼
	<small>Please type in a job title or select a job title from the job list at right.</small>		
<b>Hours:</b>	<input type="text" value="[Select Work Hours]"/>		
<b>Medical Plan Options:</b>	<input type="text" value="[Select health provider]"/>	<b>Coverage Level:</b>	<input type="radio"/> <b>Employee Only</b> <input type="radio"/> <b>Employee + 1</b> <input type="radio"/> <b>Employee + 2 or more</b>
<b>OptOut Waive:</b>	<input type="checkbox"/> <b>OptOut/Waive</b>		
	<input type="checkbox"/> <b>Needles Location</b> <a href="#">Needles Subsidy Disclosure</a> <small>Please check this button if work location is in Needles, Trona or Baker.</small>		
<b>Dental Plan Options:</b>	<input type="text" value="[Select dental provider]"/>	<b>Coverage Level:</b>	<input type="radio"/> <b>Employee Only</b> <input type="radio"/> <b>Employee + 1</b> <input type="radio"/> <b>Employee + 2 or more</b>

<http://cms.sbcounty.gov/hr/Benefits/Medical,DentalVisionPlans/Calculator.aspx>

# What Can You Change During OE?

**Medical  
Plans**

**Dental  
Plans**

**Vision  
Plan**

**FSA**

**Life  
Insurance**

**MBO**

**Add/Remove  
Dependents**

**Before/After  
Tax  
Deductions**

**Beneficiary  
Update**



NEW

The graphic features a central circular logo with '2020 Road Map to HEALTH' in red and yellow. It is surrounded by four blue shield-shaped icons: 'Which Persona Are You?', 'Health Plans', 'Additional County Benefits', and 'How to Enroll'. A white button with 'GET STARTED HERE' is positioned below the central logo. At the bottom, a dark blue banner reads 'INTERACTIVE BENEFITS GUIDE'. The background shows a winding road through a desert landscape. Logos for San Bernardino County and Human Resources are in the bottom left, and 'OPEN ENROLLMENT DATES JUNE 1 - JUNE 21, 2020' is in the bottom right.

[Interactive Benefits Guide](#)

The graphic features a central circular logo with '2020 Road Map to HEALTH' in red and yellow. At the top right, it says 'Open Enrollment EMPLOYEE BENEFITS GUIDE'. The background shows a winding road through a desert landscape. Logos for San Bernardino County and Human Resources are in the top left, and 'OPEN ENROLLMENT DATES: JUNE 1 — JUNE 21, 2020' is in the bottom right.

[Full Benefits Guide](#)



Traveling Tracy is an Eligibility Worker II 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
<b>Total</b>	<b>\$248.01</b>	<b>\$250.18</b>	<b>\$25.42</b>





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
- ✓ Delta Dental DHMO, Employee +1
- ✓ EyeMed employer paid benefit, Employee Only
- ✓ FSA – \$20 bi-weekly contribution
- ✓ 457(b) Voluntary Retirement Savings
- ✓ 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
<b>Total</b>	<b>\$562.13</b>	<b>\$361.17</b>	<b>\$241.55</b>



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.

### Out of Pocket Costs (Bi-Weekly)

- 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

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
<b>Total</b>	<b>\$963.32</b>	<b>\$649.60</b>	<b>\$397.41</b>



Ian is a single, healthy full-time Registered Nurse II 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
<b>Total</b>			<b>\$21.56</b>

Proof of eligibility for all newly enrolled dependents must be submitted to Employee Benefits by  
**5:00 pm on Thursday, July 2, 2020**

**Include name, OE 2020, and  
employee ID# on documentation**

- Marriage certificate
- Domestic partnership certificate
- Birth certificate/adoption orders

**Newly Enrolled  
Dependent**



- Proof of spouse/domestic partner's employer-sponsored coverage that includes the effective date

**Opt-Out/Waive**



- Disabled Dependent Certification is required for dependents who are over the age of 26 and permanently disabled

**Disabled  
Dependent  
(OAD)**



Supporting documentation can be sent in one of the following ways:

Mail – 157 W. Fifth Street, First Floor, San Bernardino, CA 92415

Fax – (909) 387-5566

Email – [ebzd@hr.sbcounty.gov](mailto:ebzd@hr.sbcounty.gov) (*preferred method*)



## Emergency Contacts

- EMACS Self-Service
- Paper form submitted to department payroll specialist

## Last Paycheck (warrant) Beneficiary Designation

- Paper form submitted to department payroll specialist

## Life Insurance

- EMACS Self-Service
- Paper form submitted to department payroll specialist

## SBCERA

- Paper form submitted to SBCERA

## Voya Accounts

- Paper form submitted to Voya



Forms for updating each of these items located on the [EMACS Forms website](#)

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

- Go to the EMACS Sign-in page
- Enter your User ID and Password
- Click the “Sign In” button

## To view current elections in EMACS

- Click on Self Service>Benefit Details>Benefits Summary

## Enrollment Process

- To start the enrollment process, view/make changes to your current plans
  - Click on Self Service > Benefit Details > Benefits Enrollment

## Benefits Enrollment Page

- Click “Info” icon 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”

## Enrollment Summary Page

- Review your current benefit elections (scroll down the page to view all benefits)
  - Click “Edit” to view and make changes as necessary

## Submitting Final Changes

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

## Adding Dependents in EMACS

- Click on “Add a Dependent or Beneficiary” and enter the required information
- Click “Save” and then click “OK”
- Click ‘Return to Dependent/Beneficiary Summary’ to go back to the summary page

## Removing Dependents in EMACS

- Review the listing of dependents and/or beneficiaries
- Click on the dependent name to be modified and then “Edit”
- Edit information as necessary, then click “Save”
- Click “OK”
- Click to go back to the Dependent/Beneficiary Summary page to review

## Modifying Dependents in EMACS

- Click on the name and then “Edit”
- Edit information as necessary then click “Save”
- Click “OK”
- 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



- <https://blueshieldca.webex.com/blueshieldca/ldr.php?RCID=c66ca82add14ad12ecaffe23a8f35cc0>



- <https://www.brainshark.com/kp/CoSB2020-2021OpenEnrollment>



- <https://video.deltadentalins.com/videoplayer/112316> HD Co  
unty of San Bernardino active





## Employee Benefits

- Phone: (909) 387-5787
- E-mail: [ebbsd@hr.sbcounty.gov](mailto:ebbsd@hr.sbcounty.gov)



## Employee Benefits Website

- [www.sbcounty.gov/Benefits](http://www.sbcounty.gov/Benefits)

## 2020 Open Enrollment Website

- [www.link.sbcounty.gov/Open-Enrollment](http://www.link.sbcounty.gov/Open-Enrollment)

## Benefits Calculator

- <http://cms.sbcounty.gov/hr/calculator>

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

Follow us @SBCountyCareers

