

Human Resources Memorandum

SUBJECT: 2015 OPEN ENROLLMENT FOR HEALTH, DENTAL, VISION, FLEXELECT, CONSOLIDATED BENEFITS (CoBen), AND EMPLOYER CONTRIBUTIONS	NUMBER: HRB 15-026
	DATE ISSUED: 09/17/2015
DISTRIBUTION: All Employees	EXPIRES: N/A

The annual open enrollment period for Health, Dental, Vision, Flex Elect, and Consolidated Benefits (CoBEN) is September 14, 2015, through October 9, 2015. The following information and attachments is to assist employees with understanding the benefits available to them and their eligible dependents. Please take a moment to read the information carefully. Employees must sign and submit their open enrollment documents to the Personnel Specialist no later than **October 9, 2015**.

Benefit coverage is effective January 1, 2016, and deducted from the December 2015 pay period. In some cases, employee's pay warrants may not reflect the 2015 open enrollment health plan change due to unavoidable processing delays. If this happens, an account receivable will be set up to collect unpaid premiums. Employees must discontinue using their prior plan after January 1, 2016.

Dependent Eligibility

Employees may enroll their legal spouse, domestic partner, and dependent children up to the age of 26, when there is a change in family status or during the open enrollment period. Dependents include a natural child, stepchild, legal adopted child; and a dependent child living with the employee in a parent/child relationship.

Employee Responsibility

Remove ineligible dependents: Employees must remove ineligible dependents from their Health, Dental, Vision plans. Contact the Personnel Specialist and provide the date of a family status and dependent eligibility change. Employees must remove their 26 years dependents from their Dental and Vision plans; the dependent is automatically dropped from the Health plan.

Dual Coverage: A person cannot be covered under more than one state-sponsored health and dental plan. If a situation of dual coverage is discovered, it must be corrected retroactively to the date dual coverage began, and the dental plan provider may request reimbursement for any claims paid.

Split Coverage: Married employees and domestic partners may not split coverage for their dependent children. All eligible dependents in a household must be enrolled in a state-sponsored dental plan and must be covered through the same employee.

Changes outside of open enrollment: Changes in group health, dental, and vision benefits cannot be made unless there is a family or employment status change referred to as a "permitting event."

Medical Leave during open enrollment

Eligible employees who are off active pay status during the entire open enrollment period may contact their Personnel Specialist to make any plan changes, or may wait and make changes within **60 days** after returning to active pay status.

No further action required

Employees who intend to remain in their current plans and provide the same level of coverage to the same eligible dependents are not required to submit any documents and will remain with their current carrier effective January 1, 2016.

Enrollment requirements and restrictions

During open enrollment eligible employees may enroll, cancel, or change covered plans, and add or delete eligible dependents.

Employees can enroll in a FlexElect Reimbursement Account and must re-enroll during open enrollment annually. Beginning January 1, 2016, the maximum contribution has increased to \$2,550 per participant for the plan year.

Employees with other plan coverage through another source, such as a spouse, may enroll in a Cash Option in lieu of health and/or dental benefits.

Only Permanent Intermittent (PI) employees who want plan coverage or Cash Option in 2016 are required to re-enroll annually during open enrollment.

Employees who enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option have until **December 31, 2015**, to cancel or change their enrollment.

Employees who have a permanent or limited-term appointment lasting more than six-months and a time base of half time or more may enroll in a covered plan.

Employees must choose between the Vision Service Plan Basic and the Premier plans. Employees may not be enrolled in both plans and may choose to upgrade during open enrollment and any eligible dependents must also be enrolled by the employee in the Premier plan. Effective January 1, 2016, retirees will have the option to enroll in one of the two plans available. Monthly premiums are paid in full by the retiree and deducted directly from their pay warrants.

Summary of changes for 2016

- Premiums will increase for CalPERS health plans. Employees must make plan changes during open enrollment to avoid premium increases. Visit CalPERS' website at www.calpers.ca.gov for 2016 premiums. Employer contributions are listed in Attachment A.
- Premiums will increase for Delta Dental PPO plus Premier Basic, Delta Dental PPO plus Premier Enhanced, and the Delta Dental Preferred PPO plans effective January 1, 2016. The 2016 dental rates are provided in Attachment B.

IMPORTANT OPEN ENROLLMENT REMINDERS

- Employees eligible for health benefits, but not currently enrolled or receiving CoBen or FlexElect Cash in lieu of other qualifying group health coverage are required to enroll in health benefits during open enrollment.
- Dependent Care Reimbursement Account maximum continues to be \$5,000 per participant per year.
- Children are eligible for dependent coverage for dental and vision up to the age of 26.
- Please check with the dental and vision coverage enrollments through the Personnel Specialist and ensure that only eligible dependents are enrolled.

Benefit calculator

Employees are encouraged to review their benefit choices during the open enrollment period. The Benefits Calculator is a tool to assist employees determine the amount deducted or added to their pay warrant, based on the selected health, dental, and vision plans. To compare benefit options, simply enter the year, bargaining unit, vesting option (if applicable), and how many dependents are enrolled. The Benefit Calculator is available at:

<http://eservices.dpa.ca.gov/BenefitsCalculatorExternal/Default.aspx>.

Consolidated benefits (CoBen)

All excluded employees and employees represented by bargaining units 2 and 7 are in CoBen. The state provides a lump sum benefit allowance to purchase health, dental, and vision benefits. If the premium cost of the benefit plans chosen is less than the CoBen allowance, the employee receives the difference as taxable income. If the total premium cost is more than the allowance, the difference is deducted on a pre-tax basis from the employee's pay warrant. The 2016 CoBen allowances are provided in Attachment C.

Dependent vesting

New employees in bargaining units (BU) 1, 4, 9, 10, 11, 12, 14, and 15, who have not previously had state health benefit coverage may be subject to health dependent vesting. Health dependent vesting provides new employees a reduced employer health benefit contribution toward dependent coverage during the first 12 or 24 months of service, after which the employees receives the full employer contribution for their dependents as specified in the BU agreement. The 2016 CoBen Allowances and Employer Health Benefit Contributions by BU are provided in Attachment C.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA enrollees have the same rights as active employees to make changes to their coverage during the annual open enrollment period. CalHR will send specific instructions to all COBRA enrollees in dental coverage prior to the beginning of the open enrollment period. The 2016 COBRA rates are provided in Attachment D.

For more information

The Dental, FlexElect, and CoBen handbooks can be found on CalHR's website at the following links:

- Dental: www.calhr.ca.gov/documents/dental-handbook-2016.pdf
- FlexElect: www.calhr.ca.gov/documents/flexelect-handbook-2016.pdf
- CoBen: www.calhr.ca.gov/documents/coben-handbook-2016.pdf
- Vision: <http://www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-vision-care-program.aspx>

Forms

- <https://www.calpers.ca.gov/docs/forms-publications/health-benefits-enrollment-form.pdf>
- <https://www.calpers.ca.gov/docs/forms-publications/declaration-health-coverage.pdf>
- <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std692.pdf>
- <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std700.pdf>
- <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std701C.pdf>
- <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std701R.pdf>
- <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std702.pdf>
- <http://www.calhr.ca.gov/Documents/eligibility-checklist-for-dependent-coverage.pdf>

6/22/2015 CalPERS 2016 Health Premiums - State Only

Effective Date: 1/1/2016 - 12/31/2016

Basic Monthly Rate (B)

PLAN	If you are ←	Employee Only	Plan Code	Party Code	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
Anthem Blue Cross EPO Del Norte		\$715.70	172	1	\$1,431.40	172	2	\$1,860.82	172	3
Anthem Blue Cross EPO Monterey		715.70	127	1	1,431.40	127	2	1,860.82	127	3
Anthem Blue Cross Select HMO		695.77	181	1	1,391.54	181	2	1,809.00	181	3
Anthem Blue Cross Traditional HMO		752.48	180	1	1,504.96	180	2	1,956.45	180	3
Blue Shield Access+		767.45	141	1	1,534.90	141	2	1,995.37	141	3
Blue Shield Access EPO		767.45	191	1	1,534.90	191	2	1,995.37	191	3
Blue Shield NetValue		761.20	042	1	1,522.40	042	2	1,979.12	042	3
CAHP Active		620.79	230	1	1,205.17	230	2	1,576.26	230	3
CCPOA North		681.33	256	1	1,365.26	256	2	1,843.13	256	3
CCPOA South		561.88	266	1	1,126.30	266	2	1,521.82	266	3
Health Net Salud y Más		552.39	184	1	1,104.78	184	2	1,436.21	184	3
Health Net SmartCare		651.23	185	1	1,302.46	185	2	1,693.20	185	3
Kaiser Permanente		661.76	056	1	1,323.52	056	2	1,720.58	056	3
PERS Choice		715.70	222	1	1,431.40	222	2	1,860.82	222	3
PERS Select		649.76	045	1	1,299.52	045	2	1,689.38	045	3
PERSCare		801.58	278	1	1,603.16	278	2	2,084.11	278	3
PORAC		699.00	207	1	1,399.00	207	2	1,789.00	207	3
Sharp Performance Plus		574.73	189	1	1,149.46	189	2	1,494.30	189	3
United Healthcare Alliance HMO		625.78	187	1	1,251.56	187	2	1,627.03	187	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	If you are ←	Employee Only	Plan Code	Party Code	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
CAHP Med Supp		\$372.00	231	1	\$688.00	231	2	\$874.00	231	3
CCPOA North Med Supp		435.34	257	1	872.56	257	2	1,304.91	257	3
CCPOA South Med Supp		435.34	267	1	872.56	267	2	1,304.91	267	3
Kaiser Permanente SR Adv		297.23	066	1	594.46	066	2	891.69	066	3
PERS Choice Med Supp		366.38	223	1	732.76	223	2	1,099.14	223	3
PERS Select Med Supp		366.38	046	1	732.76	046	2	1,099.14	046	3
PERSCare Med Supp		408.04	279	1	816.08	279	2	1,224.12	279	3
PORAC Med Supp		442.00	208	1	881.00	208	2	1,408.00	208	3
United Healthcare Group MA/PPO		320.98	163	1	641.96	163	2	962.94	163	3

ATTACHMENT A (CONTINUED)

Combination Monthly Rate										
PLAN	If you are ←	Employee in M 1 Dependent in B	Plan Code	Party Code	Employee in M & 2+ Dependent B	Plan Code	Party Code	Employee M & 1 Dependent in M & 1 Dependent in B	Plan Code	Party Code
Anthem Blue Cross EPO Del Norte/Med Supp		\$1,082.08	162	4	\$1,511.50	162	5	\$1,162.18	162	6
Anthem Blue Cross EPO Monterey /Med Supp		1,082.08	159	4	1,511.50	159	5	1,162.18	159	6
CAHP/Med Supp		956.38	117	4	1,327.47	117	5	1,059.09	117	6
CCPOA North/Med Supp		1,119.27	118	4	1,597.14	118	5	1,350.43	118	6
CCPOA South/Med Supp		999.76	119	4	1,395.28	119	5	1,268.08	119	6
Kaiser Permanente Sr. Adv.		958.99	120	4	1,356.05	120	5	991.52	120	6
PERS Choice/Med Supp		1,082.08	140	4	1,511.50	140	5	1,162.18	140	6
PERS Select/Med Supp		1,016.14	148	4	1,406.00	148	5	1,122.62	148	6
PERSCare/Med Supp		1,209.62	149	4	1,690.57	149	5	1,297.03	149	6
PORAC/Med Supp		1,142.00	158	4	1,532.00	158	5	1,271.00	158	6
United Healthcare/Group MA/PPO		946.70	164	4	1,322.23	164	5	1,017.43	164	6
Combination Monthly Rate										
PLAN	If you are ←	Employee in B 1 Dependent in M	Plan Code	Party Code	Employee in B & 2+ Dependent M	Plan Code	Party Code	Employee B & 1 Dependent in B & 1 Dependent in M	Plan Code	Party Code
Anthem Blue Cross EPO Del Norte/Med Supp		\$1,082.28	162	7	\$1,448.46	162	8	\$1,511.50	162	9
Anthem Blue Cross EPO Monterey/Med Supp		1,082.08	159	7	1,448.46	159	8	1,511.50	159	9
CAHP/Med Supp		936.79	117	7	1,122.79	117	8	1,307.88	117	9
CCPOA North/Med Supp		1,118.55	118	7	1,550.90	118	8	1,596.42	118	9
CCPOA South/Med Supp		999.10	119	7	1,431.45	119	8	1,394.62	119	9
Kaiser Permanente Sr. Adv.		958.99	120	7	1,256.22	120	8	1,356.05	120	9
PERS Choice/Med Supp		1,082.08	140	7	1,448.46	140	8	1,511.50	140	9
PERS Select/Med Supp		1,016.14	148	7	1,382.52	148	8	1,406.00	148	9
PERSCare/Med Supp		1,209.62	149	7	1,617.66	149	8	1,690.57	149	9
PORAC/Med Supp		1,138.00	158	7	1,665.00	158	8	1,528.00	158	9
United Healthcare/Group MA/PPO		946.76	164	7	1,267.74	164	8	1,322.23	164	9

2016 Dental and Vision Plan Deduction Codes and Premiums

The following tables show premiums effective January 1, 2016. For employees in CoBen, the state share and employee share does not apply. Therefore, the total dental premium will be deducted from the monthly CoBen.

STATE-SPONSORED DENTAL PLANS

Delta Dental PPO plus Premiere Basic Plan for Represented Employees

Group Number: 9949-0101

Dental Org. Code: 351-007

Coverage Levels	Total Premium	State Share	Employee Share
Party Code 1	\$49.71	\$37.28	\$12.43
Party Code 2	\$86.79	\$65.09	\$21.70
Party Code 3	\$125.45	\$94.09	\$31.36

Delta Dental PPO plus Premiere Enhanced Plan for Excluded Employees

Group Number: 9949-2101

Dental Org. Code: 351-008

Coverage Levels	Total Premium
Party Code 1	\$51.70
Party Code 2	\$101.76
Party Code 3	\$142.95

Delta Dental Preferred Provider (PPO) for Excluded and Represented Employees

Group Number: 9946

Dental Org. Code: 351-018

Coverage Levels	Total Premium	State Share	Employee Share
Party Code 1	\$45.43	\$34.07	\$11.36
Party Code 2	\$88.31	\$66.23	\$22.08
Party Code 3	\$132.88	\$99.66	\$33.22

ATTACHMENT B (CONTINUED)

PREPAID DENTAL PLAN PREMIUMS – STATE PAYS 100%

Coverage Levels	Delta Care USA Group Number: 2003 Dental Org. Code 351-009	Premier Access Group Number: 12700 Dental Org. Code: 351-020	SafeGuard Standard Group Number: 74503 Dental Org. Code: 351-016	SafeGuard Enhanced Group Number: 74503 Dental Org. Code: 351-015	Western Dental Group Number: 2140352 Dental Org. Code: 351-025
Party Code 1	\$17.99	\$16.63	\$16.58	\$16.92	\$15.16
Party Code 2	\$29.52	\$26.94	\$26.86	\$28.63	\$25.02
Party Code 3	\$40.83	\$37.73	\$37.62	\$35.27	\$35.49

STATE-SPONSORED BASIC VISION PLANS

Vision Services Plan (VSP) Basic
Group Number: 30052011
Vision Org. Code: 475-001 (Non-CoBen)
Vision Org. Code: 475-002 (CoBen)

VSP Basic Coverage Levels	Total Premium (CoBen)	State Share	Employee Share
Party Code 1	\$8.64	\$8.64	\$0
Party Code 2	\$8.64	\$8.64	\$0
Party Code 3	\$8.64	\$8.64	\$0

VSP Premier
Group Number: 30034581
Vision Org. Code: 361-475

VSP Premier Coverage Levels	Total Premium (CoBen)	State Share	Employee Share
Party Code 1	\$17.48	\$8.64	\$8.84
Party Code 2	\$26.32	\$8.64	\$26.32
Party Code 3	\$37.10	\$8.64	\$28.46

2016 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit

Bargaining Unit	Single	2-Party 50% Dependent Vesting	2-Party 75% Dependent Vesting	2-Party 100% Dependent Vesting	3-Party 50% Dependent Vesting	3-Party 75% Dependent Vesting	3-Party 100% Dependent Vesting
1	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
2	\$608	\$919	\$1,060	\$1,202	\$1,119	\$1,345	\$1,572
4	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
7	\$608	\$919	\$1,060	\$1,202	\$1,119	\$1,345	\$1,572
9	\$597	N/A	N/A	\$1,163	N/A	N/A	\$1,504
10	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
11	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
12	\$524	N/A	\$919	\$1,050	N/A	\$1,157	\$1,368
14	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
15	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
Excluded	\$644	N/A	N/A	\$1,248	N/A	N/A	\$1,620

2016 COBRA Group Continuation Coverage for Dental and Vision Plan Premiums

STATE-SPONSORED DENTAL PLANS

Delta Dental

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Basic	Rank and File Employees	\$53.08	\$92.95	\$134.51
Enhanced	Excluded employees and eligible dependents	\$55.22	\$109.05	\$153.33
PPO	Excluded and Rank and File employees and their eligible dependents	\$48.47	\$94.58	\$142.51
Basic Dependents	Eligible dependents of Rank and File employees	\$45.53	\$68.23	\$89.22

DeltaCare USA

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$18.35	\$30.11	\$41.65

Premier Access

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$16.96	\$27.48	\$38.48

SafeGuard

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Rank and File employees and their eligible dependents	\$16.91	\$27.40	\$38.37
Enhanced	Excluded employees and their eligible dependents	\$17.26	\$29.20	\$35.98

Western Dental

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$15.46	\$25.52	\$36.20

STATE SPONSORED VISION PLANS

Vision Services Plan (VSP)

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Basic	Excluded and Rank and File employees and their eligible dependents	\$8.81	\$8.81	\$8.81
Premier	Excluded and Rank and File employees and their eligible dependents	\$17.83	\$26.85	\$37.84