

Human Resources Memorandum

SUBJECT: 2016 OPEN ENROLLMENT FOR HEALTH, DENTAL, VISION, FLEXELECT, CONSOLIDATED BENEFITS (CoBen), AND EMPLOYER CONTRIBUTIONS	NUMBER: HRB 16-026
	DATE ISSUED: September 16, 2016
DISTRIBUTION: All Employees	EXPIRES: N/A

On September 12, 2016, the California Department of Human Resources (CalHR) released PML 2016-22 regarding the 2016 Open Enrollment for Health, Dental and Vision. This memorandum provides benefit information regarding Health, Dental, Vision, Consolidated Benefits (CoBen), FlexElect Reimbursement Accounts, and Cash Options.

Open Enrollment

The open enrollment period is September 12, 2016 through October 7, 2016. Enrollment and benefit changes made during this open enrollment period are effective January 1, 2017. Employees must sign and submit their open enrollment documents to their Personnel Specialist **no later than October 7, 2016**. Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting levels. The Human Resources Branch (HRB) will notify the California Department of Fish and Wildlife (CDFW) employees of any changes.

Benefits Calculator

Employees are encouraged to review their benefit choices during this open enrollment period. The Benefits Calculator will help determine how much will be deducted from their pay warrant, or added to it, based on the health, dental, and vision plans chosen. To use the calculator, select a year, your bargaining unit, your vesting option (if applicable), and how many dependents will be covered. Employees will then be able to compare their benefit options. The Benefits Calculator is located at <http://eservices.calhr.ca.gov/BenefitsCalculatorExternal/>.

Benefit coverage is effective January 1, 2017, and deducted from the December 2016 pay period. In some cases, employee's pay warrants may not reflect the 2016 open enrollment health plan change due to unavoidable processing delays. If this happens, an accounts receivable will be established to collect unpaid premiums. Employees who select a different health or dental provider must discontinue using their prior plan after December 31, 2016.

Health Benefits

The California Public Employees' Retirement System (CalPERS) administers health insurance coverage for state employees. Employees should visit CalPERS' website at <https://www.calpers.ca.gov/> for information on health plans and premiums (Attachment A). Please review Attachment C for the 2017 Employer Health Benefit Contributions by Bargaining Unit.

Some bargaining units (BUs) are subject to dependent health care vesting where the state provides new employees a reduced health benefit contribution toward dependent health coverage during the first 12 or 24 months of service. Additional information on dependent health care vesting is available at: <http://www.calhr.ca.gov/employees/Pages/health.aspx>. Contributions may be subject to change

through the collective bargaining process. When changes occur, HRB will notify CDFW employees of any changes. Employees should review the 2017 health plans and premium changes prior to enrolling or making any plan changes during open enrollment.

Consolidated Benefits

All excluded employees and represented employees in BUs 2 and 7 are in CoBen. Contributions may be subject to change through the collective bargaining process.

The 2017 CoBen allowances for health benefits by bargaining unit is included in Attachment C, to assist employees with choosing the desired health, dental or vision options. Some employer contributions for 2017 have slightly decreased. It is important to look at the 2017 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit when making any desired plan changes during open enrollment. Please refer to Attachment C and the links provided before making any benefit changes during open enrollment.

- [2017 Consolidated Benefits Handbook | Text Only \(RTF\)](#)
- [Consolidated Benefits Cash Option Authorization \(STD. 702\)](#)

Dental Program

Premiums will increase for the 2017 Plan Year for Delta Dental PPO plus Premier Basic, Delta Dental PPO plus Premier Enhanced, Delta Dental Preferred Provider Option (PPO), and Delta Care USA dental plans.

Premiums will decrease for the 2017 Plan Year for the Premier Access plan.

Premiums will remain the same for the 2017 Plan Year for Western Dental and SafeGuard dental plans.

Please refer to Attachment B and the links provided before enrolling or making any desired plan changes during open enrollment.

- [2017 Dental Plan Premiums](#)
- [2017 Dental Benefits Handbook for Active Employees | Text Only \(RTF\)](#)
- [Dental Plan Enrollment Authorization - STD 692](#)
- [Dependent Eligibility Verification Checklist - CalHR 781](#)
- [Affidavit for Domestic Partners \(Claimed as Economic Dependents\) - CalHR 680](#)
- [Affidavit of Parent-Child Relationship - CalHR 025](#)

Vision Program

Premiums will remain the same for the 2017 Plan Year for both the Basic and Premier Plans. Vision Service Plan (VSP) will mail open enrollment materials to employees. Employees must choose between the Vision Service Plan Basic and the Premier plan. Employees may not be enrolled in both plans. Employees may choose to upgrade their vision coverage during open enrollment. Please refer to Attachment B and the link provided before enrolling or making any vision plan changes during open enrollment.

- [2017 Vision Plan Premiums](#)

During open enrollment, VSP will provide you with 3 ways to enroll:

1. Visit VSP at <https://vsp.com/go/stateofcaemployee> and complete the online enrollment form.
2. Complete and mail the VSP Enrollment Form you receive in the mail.
3. Call VSP at (800) 877-7195 and speak to a member services representative.

FlexElect Program

The FlexElect Program offers two types of employee benefits: (1) Pre-tax reimbursement accounts for out-of-pocket medical and dependent care expenses, and (2) Cash Option: Cash in lieu of the state's sponsored health and/or dental benefits. 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. Please refer to the links provided before enrolling or making plan changes during open enrollment. Employees must re-enroll during open enrollment if they wish to continue participating in a reimbursement account for 2017. During open enrollment eligible employees may enroll, cancel, or change covered plans and add or delete eligible dependents no later than **December 31, 2016**.

Employees currently enrolled in the Cash Option with the exception of Permanent Intermittent (PI) employees will automatically be re-enrolled. PI employees who want the Cash Option in 2017 are required to annually re-enroll during open enrollment.

- [2017 FlexElect Handbook| Text Only \(RTF\)](#)
- [Reimbursement Account Enrollment Authorization - STD 701R - PDF](#)
- [Cash Option Enrollment Authorization - STD 701C \(PDF\)](#)

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 Dental and Vision plans. Dependents 26 years of age are automatically dropped from the health plan only. Contact your assigned Personnel Specialist and provide the date of a family status and dependent eligibility change.

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."

Additional Information

Medical Leave during open enrollment

Eligible employees who are off active pay status during the entire open enrollment period may contact their assigned 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, 2017.

Enrollment requirements and restrictions

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.

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 Vision Service Plan (VSP) will send specific instructions to all COBRA enrollees in vision coverage prior to the beginning of the open enrollment period. The 2017 COBRA rates are provided in Attachment D.

Questions regarding the 2016 Open Enrollment period, please contact your assigned Personnel Specialist.

CalPERS 2017 Health Premiums - State Only

Effective Date: 1/1/2017 - 12/31/2017

Basic Monthly Rate (B)

PLAN	If you are ←	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
Anthem EPO Del Norte		\$740.88	172 1	1	\$1,481.76	172 2	2	\$1,926.29	172 3	3
Anthem EPO Monterey		740.88	127 1	1	1,481.76	127 2	2	1,926.29	127 3	3
Anthem HMO Select		740.23	181 1	1	1,480.46	181 2	2	1,924.60	181 3	3
Anthem HMO Traditional		872.91	180 1	1	1,745.82	180 2	2	2,269.57	180 3	3
BSC Access+		830.44	141 1	1	1,660.88	141 2	2	2,159.14	141 3	3
BSC EPO		830.44	191 1	1	1,660.88	191 2	2	2,159.14	191 3	3
CAHP		620.79	230 1	1	1,205.17	230 2	2	1,576.26	230 3	3
CCPOA North		691.50	256 1	1	1,385.69	256 2	2	1,870.73	256 3	3
CCPOA South		570.26	266 1	1	1,143.15	266 2	2	1,544.60	266 3	3
Health Net Salud y Más		475.46	184 1	1	950.92	184 2	2	1,236.20	184 3	3
Health Net SmartCare		692.89	185 1	1	1,385.78	185 2	2	1,801.51	185 3	3
Kaiser Permanente		662.92	056 1	1	1,325.84	056 2	2	1,723.59	056 3	3
PERS Choice		740.88	222 1	1	1,481.76	222 2	2	1,926.29	222 3	3
PERS Select		673.25	045 1	1	1,346.50	045 2	2	1,750.45	045 3	3
PERSCare		826.37	278 1	1	1,652.74	278 2	2	2,148.56	278 3	3
PORAC		699.00	207 1	1	1,467.00	207 2	2	1,876.00	207 3	3
United Healthcare		686.17	187 1	1	1,372.34	187 2	2	1,784.04	187 3	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	4	\$688.00	231 2	5	\$874.00	231 3	6
CCPOA North Med Supp		426.09	257 1	4	853.95	257 2	5	1,277.05	257 3	6
CCPOA South Med Supp		426.09	267 1	4	853.95	267 2	5	1,227.05	267 3	6
Kaiser Permanente SR Adv		300.48	066 1	4	600.96	066 2	5	901.44	066 3	6
PERS Choice Med Supp		353.63	223 1	4	707.26	223 2	5	1,060.89	223 3	6
PERS Select Med Supp		353.63	046 1	4	707.26	046 2	5	1,060.89	046 3	6
PERSCare Med Supp		389.76	279 1	4	779.52	279 2	5	1,169.28	279 3	6
PORAC Med Supp		464.00	208 1	4	924.00	208 2	5	1,477.00	208 3	6
United Healthcare Group MA/PPO		324.21	163 1	4	648.42	163 2	5	972.63	163 3	6

ATTACHMENT A (CONTINUED)

Combination Monthly Rate										
PLAN	If you are ←	Employee in M 1 Dependent in B	Plan Code	Party Rate	Employee in M & 2+ Dependent B	Plan Code	Party Rate	Employee M & 1 Dependent in M & 1 Dependent in B	Plan Code	Party Rate
Anthem EPO Del Norte/Med Supp		\$1,094.51	162 4	7	\$1,539.04	162 5	8	\$1,151.79	162 6	9
Anthem EPO Monterey /Med Supp		1,094.51	159 4	7	1,539.04	159 5	8	1,151.79	159 6	9
CAHP/Med Supp		956.38	117 4	7	1,327.47	117 5	8	1,059.09	117 6	9
CCPOA North/Med Supp		1,120.28	118 4	7	1,605.32	118 5	8	1,338.99	118 6	9
CCPOA South/Med Supp		998.98	119 4	7	1,400.43	119 5	8	1,255.40	119 6	9
Kaiser Permanente Sr. Adv.		963.40	120 4	7	1,361.15	120 5	8	998.71	120 6	9
PERS Choice/Med Supp		1,094.51	140 4	7	1,539.04	140 5	8	1,151.79	140 6	9
PERS Select/Med Supp		1,026.88	148 4	7	1,430.83	148 5	8	1,111.21	148 6	9
PERSCare/Med Supp		1,216.13	149 4	7	1,711.95	149 5	8	1,275.34	149 6	9
PORAC/Med Supp		1,232.00	158 4	7	1,641.00	158 5	8	1,333.00	158 6	9
United Healthcare/Group MA/PPO		1,010.38	164 4	7	1,422.08	164 5	8	1,060.12	164 6	9
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		\$1094.51	162 7	10	\$1,448.14	162 8	11	\$1,539.04	162 9	12
Anthem Blue Cross EPO Monterey/Med Supp		1,094.51	159 7	10	1,448.14	159 8	11	1,539.04	159 9	12
CAHP/Med Supp		936.79	117 7	10	1,122.79	117 8	11	1,307.88	117 9	12
CCPOA North/Med Supp		1,119.36	118 7	10	1,542.46	118 8	11	1,604.40	118 9	12
CCPOA South/Med Supp		998.12	119 7	10	1,421.22	119 8	11	1,399.57	119 9	12
Kaiser Permanente Sr. Adv.		963.40	120 7	10	1,263.88	120 8	11	1,361.15	120 9	12
PERS Choice/Med Supp		1,094.51	140 7	10	1,448.14	140 8	11	1,539.04	140 9	12
PERS Select/Med Supp		1,026.88	148 7	10	1,380.51	148 8	11	1,430.83	148 9	12
PERSCare/Med Supp		1,216.13	149 7	10	1,605.89	149 8	11	1,711.95	149 9	12
PORAC/Med Supp		1,159.00	158 7	10	1,712.00	158 8	11	1,568.00	158 9	12
United Healthcare/Group MA/PPO		1,010.38	164 7	10	1,334.59	164 8	11	1,422.08	164 9	12

2017 Dental and Vision Plan Deduction Codes and Premiums

The following tables show premiums effective January 1, 2017. 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 Premier Basic Plan for Represented Employees

Group Number: 9949-0101

Dental Org. Code: 351-007

Coverage Levels	Total Premium (CoBen)	State Share	Employee Share
Party Code 1	\$51.63	\$38.72	\$12.91
Party Code 2	\$90.14	\$67.61	\$22.53
Party Code 3	\$130.29	\$97.72	\$32.57

Delta Dental PPO plus Premier Enhanced Plan for Excluded Employees

Group Number: 9949-2101

Dental Org. Code: 351-008

Coverage Levels	Total Premium
Party Code 1	\$53.70
Party Code 2	\$105.69
Party Code 3	\$148.47

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

Group Number: 9946

Dental Org. Code: 351-018

Coverage Levels	Total Premium (CoBen)	State Share	Employee Share
Party Code 1	\$47.18	\$35.39	\$11.79
Party Code 2	\$91.72	\$68.79	\$22.93
Party Code 3	\$138.01	\$103.51	\$34.50

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	\$18.87	\$15.80	\$16.58	\$16.92	\$15.16
Party Code 2	\$30.97	\$25.59	\$26.86	\$28.63	\$25.02
Party Code 3	\$42.84	\$35.84	\$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	\$17.68
Party Code 3	\$37.10	\$8.64	\$28.46

2017 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit
 (*) Revised September 15, 2016

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	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
2	\$606	N/A	N/A	\$1,201	N/A	N/A	\$1,568
4	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
7	\$609	N/A	N/A	\$1,204	N/A	N/A	\$1,575
9	\$594	N/A	N/A	\$1,160	N/A	N/A	\$1,497
10	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
11	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
12	\$524	N/A	\$919	\$1,050	N/A	\$1,157	\$1,368
14	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
15	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
Excluded	\$643	N/A	N/A	\$1,248	N/A	N/A	\$1,617

(*) Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting.

2017 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
PPO plus Premier Basic	Rank and File Employees	\$53.49	\$93.67	\$135.55
PPO plus Premier Enhanced	Excluded employees and eligible dependents	\$55.65	\$109.89	\$154.51
Preferred Provider Option (PPO)	Excluded and Rank and File employees and their eligible dependents	\$48.84	\$95.31	\$143.61
Dependents	Eligible dependents of Rank and File employees	\$45.88	\$68.76	\$89.91

DeltaCare USA

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$19.25	\$31.59	\$43.70

Premier Access

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$16.12	\$26.10	\$36.56

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