

Human Resources Branch Memorandum

SUBJECT: 2018 OPEN ENROLLMENT FOR HEALTH, DENTAL, VISION, FLEXELECT, CONSOLIDATED BENEFITS (COBEN), COBRA, AND EMPLOYER CONTRIBUTION	NUMBER: HRB 18-019
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Action Required Informational Only Control Agency Directive

Purpose

The purpose of this memorandum is to inform employees of the California Department of Fish and Wildlife (CDFW) of the 2018 Open Enrollment Period. The Open Enrollment Period will **begin on September 10, 2018 and end on October 5, 2018**.

Authority

- [California Department of Human Resources \(CalHR\) Open Enrollment Announcement to All State Employees Eligible for Health, Dental, Vision](#)

Open Enrollment

During the Open Enrollment period of September 10, 2018 – October 5, 2018, eligible employees may:

- Enroll, cancel, or change health, dental, and vision plans. You can also add or delete dependents.
- Enroll in a FlexElect Reimbursement Account. If you have a FlexElect Reimbursement Account and want to participate again next year, you need to re-enroll during Open Enrollment.
- Enroll in a Cash Option in lieu of health and/or dental benefits, if you have other qualifying group health or dental coverage through another source, such as your spouse.

Employees can also view their Health Plan Statement via my.calpers.ca.gov.

Employees can explore their health plan to assess their options, cost change in 2018, and if they will still have access to their doctors and/or hospitals.

Additional information can also be found on the [CalHR Open Enrollment Toolkit](#).

Due Dates

Open enrollment forms must be signed and submitted to your assigned Personnel Specialist **no later than October 5, 2018**. Enrollments and changes made during open enrollment are effective January 1, 2019.

Additional Information

Remove Ineligible Dependents: Employees are responsible for removing ineligible dependents from their Dental and Vision plans. Contact your assigned Personnel Specialist and provide the date of a family status and dependent eligibility change.

No Further Action is 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, 2019.

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 (medical leave) 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.

Resources

Please see the links below for additional information:

Health Plans

- [Health Benefits](#)
- [Health Benefit Plan Enrollment Form – HBD 12](#)
- [Affidavit of Parent-Child Relationship – CalHR 25](#)
- [Affidavit for Domestic Partners \(Claimed as Economic Dependents\) - CalHR 680](#)
- [Dependent Eligibility Verification Checklist - CalHR 781](#)

Dental Plans

- [Dental Benefits](#)
- [2018 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 Plans

- [Vision Benefits](#)

- [Visit VSP at stateofcaemployee.vspforme.com and complete the online enrollment form.](http://stateofcaemployee.vspforme.com)
- [Complete and mail the VSP enrollment form you receive in the mail.](#)
- [Call VSP at \(800\) 877-7195 and speak to a member services representative.](#)

FlexElect

- [2018 FlexElect Handbook | Text Only \(RTF\)](#)
- [FlexElect Reimbursement Accounts](#)
- [Reimbursement Account Enrollment Authorization - STD 701R - PDF](#)
- [Cash Options Non CoBen \(cash in lieu of health and/or dental benefits\)](#)
- [Cash Option Enrollment Authorization - STD 701C \(PDF\)](#)

Consolidated Benefits (for excluded employees and represented employees in Bargaining Units 2 and 7)

- [2018 Consolidated Benefits \(CoBen\) Handbook \(PDF\) | Text Only \(RTF\)](#)
- [Consolidated Benefits \(for excluded employees and eligible represented employees in Bargaining Units 2 and 7\)](#)
- [Cash Options CoBen \(cash in lieu of health and/or dental benefits\)](#)
- [Consolidated Benefits Cash Option Authorization - STD 702 - \(PDF\)](#)
- [Cash Option Enrollment Authorization \(STD. 701C\) - PDF](#)

Contact

If you have any questions, please contact your assigned Personnel Specialist.