

**California Department of Human Resources
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: Vision BAM Update – Premier Vision Plan Update	REFERENCE NUMBER: PML 2013-014
DATE ISSUED: 04/04/2013	SUPERSEDES: PML 2012-035

This memorandum should be forwarded to:

**Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff**

FROM: California Department of Human Resources
Benefits and Training Division

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This memo provides important information on the 2013 Vision BAM as well as detailed information on the vision plan deductions for the basic and premier vision plans. Please note the deduction code update in the vision section on Attachment C of PML 2012-035, which is also attached to distribute to employees.

Vision BAM

Section 1200 of the BAM has been revised and updated with the addition of the Premier Vision Plan, as well as updates to the Permitting Event Code Chart to include the new Premier Vision Plan.

Deduction Clarification

CoBen

The \$8.64 State contribution is part of the CoBen allowance. When an employee is enrolled in the premier vision plan, the \$8.64 is still present in the allowance and \$8.64 is still paid to VSP as the employer share of this plan. The balance or employee share (1 Party \$6.56, 2 Party \$13.12, or 3 Party \$21.12) is reported as a separate, miscellaneous deduction. Both deductions are itemized on the warrant stub to verify the deductions occurred and were paid to VSP.

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Non-CoBen Employees

The \$8.64 State contribution is still paid for by the State for non-CoBen employees. When an employee is enrolled in the new premier vision plan, the \$8.64 is still present as the employer contribution and \$8.64 is still paid to VSP as the employer share of this plan. The balance or employee share (1 Party \$6.56, 2 Party \$13.12, or 3 Party \$21.12) is reported as a separate, miscellaneous deduction. Both deductions are itemized on the warrant stub to verify the deductions occurred and were paid to VSP.

Enrollment Process for Changes and Newly Eligible Employees

The CalHR 774 Premier Vision Enrollment form must be submitted by the employee's personnel office directly to VSP within 60 days from the date of eligibility or with any permitting event changes (i.e. marriage, divorce, adding/deleting dependents). The form can be found on CalHR's website at <http://www.calhr.ca.gov/Documents/calhr-774.pdf> . If there are any questions regarding this process, please contact LaTrice Moore at (916) 323-2712.

/s/ Greg Beatty

Greg Beatty, Chief
Benefits and Training Division

**California Department of Human Resources
Benefits Division**

Dental and Vision Plan Premiums Effective January 1, 2013

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental P.O. Box 429086 San Francisco, CA 94142 1-800-225-3368	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded and Rank and File (PPO)	351-008 351-007 351-018	\$56.55 \$54.28* \$46.09**	\$113.53 \$96.48* \$91.39**	\$160.40 \$140.48* \$138.46**
Safeguard 5 Park Plaza, Suite 1900 Irvine, CA 92614 1-800-880-1800	SOC Standard Plan SOC Enhanced Plan Parent Group. Number 156777	351-016 351-015	\$16.58 \$16.92	\$26.86 \$28.63	\$37.62 \$35.27
DeltaCare USA PO Box 1803 Alpharetta, GA 30023 1-800-632-8555	2003	351-009	\$17.72	\$29.07	\$40.21
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 1-888-534-3466	12700	351-020	\$16.63	\$26.94	\$37.73
Western Dental 530 South Main Street, 6th Floor Orange, CA 92868 1-866-859-7525	2140352	351-025	\$14.72	\$24.29	\$34.46

State-sponsored Delta Dental plans – employee share

*Employee's Share: 1 party - \$13.57 / 2 party - \$24.12 / 3 family - \$35.12

**Employee's Share: 1 party - \$11.52 / 2 party - \$22.85/ 3 family - \$34.61

Union Sponsored Dental Plans

CAHP/Blue Cross (R05)	336817-A	351-013	\$ 52.78***	\$ 93.23***	\$136.44***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	105.00****	105.00****	105.00****
CCPOA/Western Dental (R06)	Prepaid	351-249	105.00****	105.00****	105.00****
CCPOA/Primary Dental (S06, M06, E06, C06)	Fee-For-Service	351-246	35.00*****	75.00*****	129.00*****

*** CAHP Employee's Share: 1 party - \$11.11 / 2 party - \$19.21 / 3 or more party - \$28.68

**** CCPOA Employee's Share R06 – Western Dental - \$35.94 CCPOA Primary - \$35.94

***** CCPOA Employee's Share S06,M06,E06,C06– CCPOA Primary – Total Premium Deducted From CoBen Allowance

(RO5 Employee's share for the Delta Premier Plan is \$13.57/\$24.12/\$35.12 and to be determined for the PPO plan).

(Under CoBen the total premium is deducted from the benefit allowance).

(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.)

State-Sponsored Vision Plan

Vision Service Plan	12020000	475-001-Non CoBen	\$8.64	\$8.64	\$8.64
3333 Quality Drive		475-002-CoBen	\$8.64	\$8.64	\$8.64
Rancho Cordova, CA 95670					
1-800-877-7195		+ 361-475-Premier Plan	\$15.20	\$21.76	\$29.76

+State-sponsored Premier Vision Plan – Employee's Share: 1 party - \$6.56 / 2 party - \$13.12 / 3 family - \$21.12