

2016 Open Enrollment

September 12–October 7, 2016

For Dental, Vision, Consolidated Benefits, Reimbursement Accounts, and Cash Options

The annual Open Enrollment period for Health, Dental, Vision, FlexElect, and CoBen programs is September 12 through October 7, 2016. The following information will help you to better understand the benefits available to you and your eligible dependents. Please take a moment to read this information carefully.

During Open Enrollment, eligible employees may:

- Enroll, cancel, or change health, dental, and vision plans. You can also add or delete dependents.
- You can 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.
- If you have other qualifying group health or dental coverage through another source, such as your spouse, you may enroll in a Cash Option in lieu of health and/or dental benefits.
- If you are currently enrolled in Health, Dental, Vision, or a Cash Option, you don't need to re-enroll unless you are a Permanent-Intermittent employee. Permanent-Intermittent employees who want to continue receiving the Cash Option must re-enroll annually during Open Enrollment.

Open Enrollment forms must be signed and submitted to your personnel office no later than October 7, 2016. All Open Enrollment actions will be effective January 1, 2017. If you enroll in a FlexElect Reimbursement Account or a Cash Option during the Open Enrollment period, you have until December 31, 2016, to cancel or change your enrollment.

Summary of Changes for 2017

- Premiums will increase for most CalPERS health plans. Plan changes to avoid premium increases must be made during Open Enrollment. Please visit CalPERS' website at: www.calpers.ca.gov for 2017 premiums.
- Some CoBen allowances and employer health benefit contributions will decrease. The 2017 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit are on page 6.
- Premiums will increase for Delta Dental PPO plus Premier Basic, Delta Dental PPO plus Premier Enhanced, Delta Dental Preferred Provider Option (PPO), and DeltaCare USA plans. Premiums will decrease for the Premier Access plan. Premiums will remain the same for Western Dental and SafeGuard dental plans. The 2017 Dental and Vision Plan Premiums are on pages 3 through 5.

Important Open Enrollment Reminders

- If you are eligible for health benefits, but not currently enrolled, or are receiving CoBen or FlexElect cash in lieu of other qualifying group health coverage, you may enroll in health benefits during Open Enrollment.

- The Dependent Care Reimbursement Account maximum continues to be \$5,000 per household per year. The Medical Reimbursement Account maximum continues to be \$2,550 per year.
- If you have children, they are eligible for dependent coverage for dental and vision programs up to the age of 26.
- Please check your dental and vision coverage enrollments through your personnel office and ensure that only eligible dependents are enrolled.

Benefits Calculator

We encourage you to review your benefit choices during the Open Enrollment period. The Benefits Calculator on CalHR's website will help you determine how much will be deducted from your pay warrant, or added to it, based on the health, dental, and vision plans chosen. Simply select a year, your bargaining unit (BU), your vesting option (if applicable), and how many dependents will be covered. You will then be able to compare your benefit options, as well as populate a dental benefit form. The Benefits Calculator is located at: <http://eservices.calhr.ca.gov/BenefitsCalculatorExternal/>.

Consolidated Benefits

All excluded employees and employees represented by BUs 2, 7, 8, 16, 17, 18, and 19, 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 your CoBen allowance, you receive the difference as taxable income. If the total premium cost of the benefit plans chosen is more than your CoBen allowance, the difference is deducted on a pre-tax basis from your pay warrant. The 2017 CoBen allowances are on page 6.

Dependent Vesting

New employees in some BUs who have not previously been eligible for state health benefit coverage may be subject to health dependent vesting. Health dependent vesting provides new employees a reduced employer health benefits contribution toward dependent coverage during the first 12 or 24 months of service, after which employees receive the full employer contribution for their dependents as specified in their BU agreement. The 2017 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit are provided on page 6.

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 on CalHR's website.

For More Information

Additional benefit plan information, handbooks, and enrollment/change forms can be found on CalHR's website at www.calhr.ca.gov. For questions regarding the 2016 Open Enrollment period, please contact your personnel office.

2017 Dental and Vision Plan 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 allowance.

State-Sponsored Dental Plans

Delta Dental PPO plus Premier Basic Plan for Represented Employees

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$38.72	\$12.91	\$ 51.63
Party Code 2	\$67.61	\$22.53	\$ 90.14
Party Code 3	\$97.72	\$32.57	\$130.29

Delta Dental PPO plus Premier Enhanced Plan for Excluded Employees

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

Delta Dental Preferred Provider Option for Excluded and Represented Employees

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$ 35.39	\$11.79	\$ 47.18
Party Code 2	\$ 68.79	\$22.93	\$ 91.72
Party Code 3	\$103.51	\$34.50	\$138.01

Prepaid Dental Plans—State Pays 100%

Level of Coverage	DeltaCare USA	Premier Access	SafeGuard Standard	SafeGuard Enhanced	Western Dental
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

2017 Dental and Vision Plan Premiums (continued)

Union-Sponsored Dental Plans

CAHP/Blue Cross (R05)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$38.72	\$11.11	\$ 49.83
Party Code 2	\$67.61	\$19.21	\$ 86.82
Party Code 3	\$97.72	\$28.68	\$126.40

CCPOA/Primary Dental (R06)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$21.00	\$90.06
Party Code 2	\$69.06	\$21.00	\$90.06
Party Code 3	\$69.06	\$21.00	\$90.06

CCPOA/Western Dental (R06)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$21.00	\$90.06
Party Code 2	\$69.06	\$21.00	\$90.06
Party Code 3	\$69.06	\$21.00	\$90.06

CCPOA/Primary Dental (S06, M06, E06, C06)

Level of Coverage	Total Premium
Party Code 1	\$ 37.00
Party Code 2	\$ 79.00
Party Code 3	\$135.00

2017 Dental and Vision Plan Premiums (continued)

State-Sponsored Vision Plans

Vision Service Plan Basic

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$8.64	\$0	\$8.64
Party Code 2	\$8.64	\$0	\$8.64
Party Code 3	\$8.64	\$0	\$8.64

Vision Service Plan Premier

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$8.64	\$ 8.84	\$17.48
Party Code 2	\$8.64	\$17.68	\$26.32
Party Code 3	\$8.64	\$28.46	\$37.10

2017 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	Family 50% Dependent Vesting	Family 75% Dependent Vesting	Family 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
3	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
4	\$559	N/A	\$984	\$1,125	N/A	\$1,236	\$1,462
5	\$594	N/A	N/A	\$1,160	N/A	N/A	\$1,497
6	\$562	N/A	N/A	\$1,128	N/A	N/A	\$1,469
7	\$609	N/A	N/A	\$1,204	N/A	N/A	\$1,575
8	\$641	N/A	N/A	\$1,236	N/A	N/A	\$1,603
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
13	\$562	N/A	\$ 986	\$1,128	N/A	\$1,242	\$1,469
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
16	\$606	\$918	\$1,060	\$1,201	\$1,117	\$1,342	\$1,568
17	\$606	N/A	\$1,060	\$1,201	N/A	\$1,342	\$1,568
18	\$609	N/A	\$1,062	\$1,204	N/A	\$1,348	\$1,575
19	\$606	N/A	\$1,060	\$1,201	N/A	\$1,342	\$1,568
20	\$559	N/A	\$ 984	\$1,125	N/A	\$1,236	\$1,462
21	\$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 levels.