



## OPEN ENROLLMENT: SEPTEMBER 9 – OCTOBER 4, 2019

The annual Open Enrollment period for health, dental, vision, FlexElect reimbursement accounts, and cash options is **September 9 - October 4, 2019**. This publication provides information about this year's Open Enrollment and highlights 2020 benefit plan changes. Please take a moment to read this information carefully.

### OPEN ENROLLMENT FACTS

During Open Enrollment, 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 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.

**If you are currently enrolled in health, dental, vision, or a cash option, you do not 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. All Open Enrollment actions will be effective January 1, 2020.

## WHAT'S CHANGING FOR 2020?

- Premiums have changed for some CalPERS health plans. If you would like to make health plan changes, they must be made during Open Enrollment. Please visit CalPERS' website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for 2020 premiums. The 2020 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit (BU) are on page 7.
- Premiums will decrease for Premier Access Dental plan. The 2020 dental plan premiums are on pages 4 and 5.
- The maximum amount you may contribute into a medical reimbursement account will increase from \$2,650 to \$2,700 per year.
- Premiums will decrease for Basic and Premier Vision Plans. The 2020 vision plan premiums are on page 6.
- Vision forms will no longer be available to enroll or make changes to your vision plan for Open Enrollment transactions. There are two ways to enroll or make changes to your vision plan during Open Enrollment:
  1. Visit the Vision Service Plan (VSP) website at [stateofcaemployee.vspforme.com](http://stateofcaemployee.vspforme.com) and complete the online enrollment form.
  2. Call VSP at (800) 877-7195 and speak with a member services representative.

## IMPORTANT OPEN ENROLLMENT REMINDERS

- Health coverage offered by the state meets the Affordable Care Act's affordability and minimum value standards. Employees who are eligible for state-sponsored health benefits are not eligible for a premium tax credit towards the purchase of individual health coverage through Covered California.
- If you are eligible for health benefits, but not currently enrolled, or are receiving cash in lieu of your state-sponsored health coverage, you may enroll in health benefits during Open Enrollment.
- If you have children, they are eligible for dependent coverage for health, dental, and vision plans up to the age of 26. Please check your health, dental, and vision coverage enrollments through your personnel office and ensure that only eligible dependents are enrolled.
- The maximum amount you may contribute into a dependent care reimbursement account continues to be \$5,000 per household per year.

# OPEN ENROLLMENT DEADLINES

Last day to submit enrollment forms to your personnel office for health, dental, FlexElect reimbursement accounts, and cash options.	October 4, 2019
Last day to contact Vision Service Plan to make changes or to enroll.	October 4, 2019
Last day to cancel or make changes to your FlexElect reimbursement account or a cash option.	December 31, 2019

## BENEFITS CALCULATOR

The Benefits Calculator on CalHR's website allows you to compare premiums for health, dental, and vision plans. Simply select a year, your bargaining unit and number of dependents. You will then be able to compare your benefit options, as well as populate a dental plan 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 Consolidated Benefits (CoBen). The state provides a lump sum benefit allowance to purchase health, dental, and vision benefits. If the premium cost of the benefit plans selected is less than your CoBen allowance, you receive the difference as taxable income. If the total premium cost of the benefit plans selected is more than your CoBen allowance, the difference is deducted on a pre-tax basis from your pay warrant. The Benefits Calculator can help you determine how much will be deducted from or added to your pay warrant, based on the benefit plans you choose. The 2020 CoBen allowances are on page 7.

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

COBRA enrollees can make changes to their coverage during Open Enrollment. CalHR will send specific instructions to all COBRA enrollees in dental coverage prior to the beginning of Open Enrollment. VSP will send specific instructions to all COBRA enrollees in vision coverage prior to the beginning of Open Enrollment. The 2020 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](http://www.calhr.ca.gov). For questions regarding the 2019 Open Enrollment period, please contact your personnel office.

## 2020 DENTAL PLAN PREMIUMS

The following tables show premiums effective January 1, 2020. 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	\$38.12	\$12.71	\$ 50.83
Party Code 2	\$66.56	\$22.19	\$ 88.75
Party Code 3	\$96.21	\$32.07	\$128.28

#### Delta Dental PPO plus Premier Enhanced Plan for Excluded Employees

Level of Coverage	Total Premium
Party Code 1	\$ 52.87
Party Code 2	\$104.06
Party Code 3	\$146.18

#### Delta Dental Preferred Provider Option for Excluded and Represented Employees

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$ 34.84	\$11.61	\$ 46.45
Party Code 2	\$ 67.73	\$22.58	\$ 90.31
Party Code 3	\$101.91	\$33.97	\$135.88

#### Prepaid Dental Plans—State Pays 100%

Level of Coverage	DeltaCare USA	Premier Access	SafeGuard Standard	SafeGuard Enhanced	Western Dental
Party Code 1	\$19.44	\$15.48	\$15.74	\$16.06	\$15.77
Party Code 2	\$31.90	\$25.08	\$25.50	\$27.18	\$26.02
Party Code 3	\$44.13	\$35.12	\$35.71	\$33.48	\$36.91

## 2020 DENTAL PLAN PREMIUMS (continued)

### UNION-SPONSORED DENTAL PLANS

#### CAHP/Blue Cross (R05)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$38.12	\$11.11	\$ 49.23
Party Code 2	\$66.56	\$19.21	\$ 85.77
Party Code 3	\$96.21	\$28.68	\$124.89

#### CCPOA/Primary Dental (R06)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$0	\$69.06
Party Code 2	\$69.06	\$0	\$69.06
Party Code 3	\$69.06	\$0	\$69.06

#### CCPOA/Western Dental (R06)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$0	\$69.06
Party Code 2	\$69.06	\$0	\$69.06
Party Code 3	\$69.06	\$0	\$69.06

#### 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

## 2020 VISION PLAN PREMIUMS

The following tables show premiums effective January 1, 2020. For employees in CoBen, the state share and employee share do not apply. Therefore, the total vision premium will be deducted from the monthly CoBen allowance.

### STATE-SPONSORED VISION PLANS

#### Vision Service Plan Basic

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$8.27	\$0	\$8.27
Party Code 2	\$8.27	\$0	\$8.27
Party Code 3	\$8.27	\$0	\$8.27

#### Vision Service Plan Premier

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$8.27	\$ 8.46	\$16.73
Party Code 2	\$8.27	\$16.92	\$25.19
Party Code 3	\$8.27	\$27.24	\$35.51

## 2020 COBEN ALLOWANCES AND EMPLOYER HEALTH BENEFIT CONTRIBUTIONS BY BARGAINING UNIT\*

BARGAINING UNIT	SINGLE	2-PARTY	FAMILY
1	\$609	\$1,223	\$1,585
2	\$630	\$1,245	\$1,623
3	\$609	\$1,223	\$1,585
4	\$609	\$1,223	\$1,585
5	\$647	\$1,261	\$1,623
6	\$609	\$1,223	\$1,585
7	\$630	\$1,245	\$1,623
8	\$693	\$1,336	\$1,727
9	\$647	\$1,261	\$1,623
10	\$609	\$1,223	\$1,585
11	\$609	\$1,223	\$1,585
12	\$609	\$1,223	\$1,585
13	\$583	\$1,170	\$1,518
14	\$609	\$1,223	\$1,585
15	\$609	\$1,223	\$1,585
16	\$655	\$1,298	\$1,689
17	\$655	\$1,298	\$1,689
18	\$630	\$1,245	\$1,623
19	\$655	\$1,298	\$1,689
20	\$609	\$1,223	\$1,585
21	\$609	\$1,223	\$1,585
<b>EXCLUDED</b>	\$695	\$1,347	\$1,741

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