

MEMORANDUM

To: PERSONNEL MANAGEMENT LIAISONS

Date: 8/10/88
Reference Code: 88-70

Please distribute this memorandum immediately to all Health Benefits Officers, Personnel Officers, Employee Relations Officers and all personnel transaction staff.

From: Department of Personnel Administration

Subject: 1988/1989 Dental/Vision Open Enrollment

DENTAL PROGRAM INFORMATION

The Department of Personnel Administration (DPA) has current contracts with Delta Dental Plan, Safeguard Health Plans, Inc., California Dental Health Plan (CDHP) and Private Medical-Care, Inc. (PMI) to provide dental insurance for: (1) annuitants; (2) excluded employees; and (3) represented employees in Bargaining Units 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19 and 20. While contract negotiations are currently in progress, the State dental insurance program will continue. State sponsored dental plan premiums will continue to be fully State funded at this time.

If employees are currently enrolled, and do not wish to make any changes, their coverage will be automatically extended.

Negotiations are continuing with Bargaining Units 5 and 6. More information will be distributed as soon as it is available. Continue to use the information as shown on Attachment 1 until you are notified otherwise. Employees in Bargaining Unit 13 will continue to receive coverage through the Operating Engineers Trust Fund.

The current contract with Delta Dental Plan terminates December 31, 1988. No changes in plan design or benefit coverage are planned. Notice will be provided of the new contract as soon as possible.

VISION PROGRAM INFORMATION

DPA has renewed its contract with Vision Service Plan (VSP) to provide vision insurance for excluded employees, and for represented employees in Bargaining Units 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19 and 20. When both an employee and their spouse are eligible State employees, each may enroll the other as a dependent on their vision plan. This provision does not apply to any other benefit. Dependent children may only be enrolled under one plan.

The premium amount for all party codes for the State sponsored vision plan through VSP is \$8.50. Continue to complete the appropriate party code of 1, 2 or 3 in Section E-3 of the STD 700 even though the rate is the same for all codes. State sponsored vision plan premiums will continue to be fully State funded.

The Vision Plan Organization Code for the State sponsored vision plan through VSP continues as 475-001.

Bargaining Units 5 and 13 will continue to provide a vision benefit through union sponsored health plans for their employees. For Unit 6 employees, continue to use Vision Plan Organization code 475-003 and \$6.44 premium rate until further notice.

OPEN ENROLLMENT - DENTAL/VISION

Open enrollment will be from September 1, 1988 through October 31, 1988. Eligible employees may enroll in a dental/vision plan, change dental plans, and add/delete dependents during open enrollment. **Employees must sign the enrollment form no later than October 31, 1988.** It is each department's responsibility to notify employees of the open enrollment period.

If the STD. Form 700/STD. Form 692
reaches the State Controller's Office by:

Coverage will be effective:

September 10, 1988
October 10, 1988
November 10, 1988
December 10, 1988
December 31, 1988

October 1, 1988
November 1, 1988
December 1, 1988
January 1, 1989
February 1, 1989

THE STATE CONTROLLER'S OFFICE WILL NOT ACCEPT OPEN ENROLLMENT DOCUMENTS AFTER DECEMBER 31, 1988.

NOTE: Flexelect procedures and effective dates are different than those in this memorandum. For Flexelect enrollments, follow the instructions in the Flexelect Training Material for Departmental Personnel Staff. Employees participating in Flexelect must make any dental plan changes during the Flexelect Annual Open Enrollment Period (September 1, 1988 through September 30, 1988).

CARRIER INFORMATION

Carrier addresses and phone numbers are provided below for inquiries regarding claims or complaints.

Dental

Delta Dental Plan
P.O. Box 7736
San Francisco, CA 94120
1-800-225-3368

Private Medical-Care, Inc. (PMI)
5122 Katella Avenue, Suite 206
Los Alamitos, CA 90720
1-800-422-4234 (Northern CA)
1-800-325-4529 (Southern CA)

California Dental Health Plan (CDHP)
P.O. Box 899
Tustin, CA 92681-0899
1-800-228-3384

Safeguard Health Plans, Inc.
505 North Euclid, Suite 2
P.O. Box 3210
Anaheim, CA 92803-3210
1-800-652-1152 (Northern CA)
1-800-352-4341 (Southern CA)

Vision

Vision Service Plan
100 Howe Avenue
Sacramento, CA 95825

(916) 481-8720
1-800-852-7600 (Within California)
1-800-826-6222 (Outside California)

CLAIM FORMS, EVIDENCE OF COVERAGE BOOKLETS, PROVIDER LISTS AND MEMBERSHIP CARDS

Dental

Claim forms are not required by PMI, CDHP or Safeguard. Blue Cross claim forms are available from the Exclusive Representative(s). Delta Dental claim forms are available at dental offices.

The Delta Dental Plan Evidence of Coverage booklets are available by calling Delta Dental on 415-972-8300, Ext. 3752. Delta Dental will NOT mail Evidence of Coverage booklets directly to employees. Blue Cross Evidence of Coverage booklets will be available from the Exclusive Representative. To order provider lists and Evidence of Coverage booklets from CDHP, PMI and Safeguard, please call the following number and representative:

PMI 1-800-422-4234 (Northern CA)
 1-800-325-4529 (Southern CA)

Safeguard 1-415-686-9600, Attn: Mary Wilkins

CDHP 1-800-228-3384, Jim Curtis

Membership cards (if appropriate) will be mailed by the carrier(s) after open enrollment.

Vision

VSP brochures and Evidence of Coverage booklets are available by calling Dee Vranesh or Lynn Medina:

In Sacramento area (916) 454-5355
Inside California 1-800-852-7600
Outside California 1-800-826-6222

DENTAL PLAN DESCRIPTIONS

A brief description of the State sponsored dental plans and a comparison chart is provided in Attachment 2. For more detailed information, consult each carrier's Evidence of Coverage booklet. For more detailed information regarding union sponsored plans, please contact the Exclusive Representative.

PERMITTING EVENT DATE/CODES - DENTAL/VISION

- 03 - New enrollment
- 15 - Add dependent(s)
- 28 - Change of plan
- 29 - Change of plan and addition of dependent(s) on one enrollment form.

Only these codes are appropriate during the open enrollment period for both the Dental and Vision Programs.

Use September 1, 1988 as the Permitting Event Date for both the Vision and Dental programs.

For the current dental deduction codes, group numbers and premium amounts, refer to Attachment 1. Use this chart until further notice.

Employees' inquiries should be directed to the departmental Personnel Office. However, if personnel staff require assistance relating to the 1988/1989 Dental/Vision Insurance Programs, please call the Benefit Programs Branch on (916) 322-0300, ATSS 492-0300.



Anita G. Leach, Chief
Benefits Division

Attachments

STATE DENTAL PLAN DEDUCTION CODES
GROUP NUMBERS AND PREMIUM AMOUNTS

DEDUCTION CODES

	Delta	Safeguard	PMI	CDHP	Blue Cross
FileXelect	351-008	351-010	351-009	351-011	
Non Represented	100-007	100-002	100-009	100-050	
Annuitants	NOTE: Public Employees' Retirement System (PERS) assigns these codes.				
Unit 1 (CSEA)	100-120	100-131	100-100	100-150	
2 (ACSA)	100-203	100-201	100-205	100-207	
3 (CSEA)	100-121	100-132	100-102	100-151	
4 (CSEA)	100-122	100-133	100-104	100-152	
5 (CAHP)		100-401	100-225	100-223	100-222
7 (CAUSE)	100-263	100-261	100-265	100-267	
8 (CDFEA)	100-283	100-281	100-285	100-287	
9 (PECG)	100-303	100-301	100-315	100-317	
10 (CAPS)	100-410	100-411	100-106	100-417	
11 (CSEA)	100-124	100-134	100-108	100-153	
12 (ATAM)	100-125	100-135	100-110	100-154	
14 (CSEA)	100-126	100-136	100-112	100-155	
15 (CSEA)	100-127	100-137	100-114	100-156	
16 (UAPD)	100-343	100-341	100-355	100-357	
17 (CSEA)	100-128	100-138	100-116	100-157	
18 (CWA)	100-363	100-361	100-375	100-367	
19 (AFSCME)	100-383	100-381	100-395	100-387	
20 (CSEA)	100-129	100-139	100-118	100-158	

Unit 6 (CCPOA) administers a Dental Trust for their employees. The deduction codes are:
 Unit 6 Dental Trust (Blue Cross) 100-245
 Unit 6 Dental Trust (Dental Net) 100-246

GROUP NUMBERS/PREMIUMS:

	Safeguard	PMI	Blue Cross 5 (Unit 5)	CDHP
<u>Group Number</u>	-	-	361165A	
<u>Premiums</u>				
Employee only	\$8.65	\$9.00	\$22.25*	\$ 8.05
Employee + 1	13.46	14.60	39.20*	12.55
Employee + 2	18.28	20.10	52.82*	17.05

*Includes employee contribution of \$2.93, \$4.99 and \$7.06, respectively.

	Delta	Delta	Unit 6 Dental Trust	
<u>Group Number</u>	9949	9949		
<u>Deduction Code</u>		100-007	100-245	100-246
<u>Premiums</u>				
Employee only	\$19.15	\$19.15	34.54**	34.54**
Employee + 1	33.91	39.17	34.54**	34.54**
Employee + 2	45.36	56.02	34.54**	34.54**

** Includes employee contribution of \$3.15.

COMPARISON OF DENTAL PLANS

DELTA DENTAL PLAN - GROUP #9949

Delta Dental features freedom of choice of dentist, full access to speciality care and guaranteed benefits through member dentists. Your present dentist may be a member of Delta Dental. However, you can see any dentist worldwide and still be covered. Member dentists will submit your treatment forms to Delta Dental. In California, dentists already have supplies of Delta Dental treatment forms. When you go to a non-participating dentist, either in California or out of state, your reimbursement will be based on the fee charged or the fee which satisfies the majority of Delta Dental's participating dentists, whichever is less. If you are out of state, you can be reimbursed from an itemized receipt or by submitting any standard claim form. Payment for services of non-participating dentists, both in California and out of state, will be made directly to you. For more detailed information, contact Delta Dental at 800-225-3368.

SAFEGUARD, PMI, AND CDHP

Safeguard, PMI, and CDHP provide dental services through member dentists within California. Many services are provided at no cost to you. You must enroll with a particular dentist. However, you may change dentists if you move. If you need emergency work done, you may go to any dentist if you are more than 50 miles from your own dentist. If you are interested in knowing the location of a Safeguard, PMI, or CDHP dentist in your area, call Safeguard at 800-352-4341 (Southern California), 800-652-1152 (Northern California), or call PMI at 800-422-4234 (Northern California), 800-325-4529 (Southern California) or call CDHP at 800-228-3384.

Note: These are brief descriptions and comparisons of the available dental plans. Please consult each carrier's Evidence of Coverage booklets or call the carrier for more detailed information.

**COMPARISON OF DENTAL PLANS
FOR REPRESENTED EMPLOYEES ONLY**

FOR THESE PROCEDURES:

YOU PAY

	<u>DELTA DENTAL</u>		<u>SAFEGUARD/PMI/CDHP</u>
	Employee	Dependents	
Diagnostic and Preventive	0	0	0
Basic Benefits (usual and customary rate)	10%	20%	0
Crowns	20%	50%	50
Bridges, partials, dentures	50%	50%	\$65 and up
Annual Deductible	\$50	\$50	0
Annual Maximum Deductible	\$150 per family		
Orthodontia	*	N/A	\$1000 (not including set up charges)
Annual Maximum	\$2000	\$1000	No Maximum

* A lifetime orthodontic benefit of \$1000 is provided for employees only.

FOR NONREPRESENTED EMPLOYEES ONLY

FOR THESE PROCEDURES:

YOU PAY

	<u>DELTA DENTAL</u>		<u>SAFEGUARD/PMI/CDHP</u>
	Employee	Dependents	
Diagnostic and Preventive	0	0	0
Basic Benefits (usual and customary rate)	10%	10%	0
Crowns	20%	20%	\$50
Bridges, partials, dentures	50%	50%	\$65 and up
Annual Deductible	\$50	\$50	0
Annual Maximum Deductible	\$150 per family		
Orthodontia	*	*	\$1000 (not including set up charges)
Annual Maximum	\$2000	\$2000	No Maximum

* A lifetime orthodontic benefit of \$1000 is provided for all employees and for dependents of nonrepresented employees only.