

MEMORANDUM

To: PERSONNEL MANAGEMENT LIAISONS

Date: October 26, 1989

Reference Code: 89-61

PLEASE DISTRIBUTE THIS MEMORANDUM IMMEDIATELY TO ALL PERSONNEL OFFICERS, HEALTH BENEFIT OFFICERS, EMPLOYEE RELATIONS OFFICERS AND ALL PERSONNEL TRANSACTION STAFF

From: Department of Personnel Administration

Subject: Prepaid Dental - Special Open Enrollment

After the attached memorandum to ALL STATE EMPLOYEES is distributed to personnel office staff, it must be sent immediately to all employees in your department eligible for dental coverage. **Detailed information on all prepaid plans will be sent separately to all dental program participants in November, 1989.** Carriers will also mail provider lists, the Evidence of Coverage booklet and a membership card to new enrollees and to your offices upon request.


During November 1, 1989 through November 30, 1989, employees in Bargaining Units 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, and excluded employees (and annuitants) will have the opportunity to enroll in any prepaid dental plan. Forms reaching the SCO by the 10th of the month will be effective the first of the following pay period. The SCO will not make any of these changes retroactive. Only prospective changes are allowed in this process. No special enrollment documents will be processed after an effective date of 3/1/90.

PERMITTING EVENT DATE AND CODES: During this enrollment only, use Permitting Event Date of November 1, 1989, and Permitting Event Code 28 (Change of Plan). The code for DentiCare (new plan) is: Regular 100-070, Flex Code 351-012.

CARRIER INFORMATION: Addresses and phone numbers for prepaid dental carriers:

CDHP	PMI	DentiCare
14471 Chambers Road	5122 Katella Avenue	One Park Plaza, Suite 1250
P.O. Box 899	Los Alamitos, CA 90720	P.O. Box 19664
Tustin, CA 92680-6902	213-493-6661	Irvine, CA 92714
800-622-6388	800-422-4234 (No. CA)	800-926-7828
714-731-4751	800-325-4529 (So. CA)	714-553-1577

Additional Evidence of Coverage booklets and provider lists etc. are available from:
1) **CDHP** (Pamela Smith) at 800-622-6388; 2) **PMI** (Carolyn Matull) at 800-422-4234 (No. CA)/800-325-4529 (So. CA); or 3) **DentiCare** (Donna Gould) at 800-926-7828, ext. 253. Personnel Office Staff requiring assistance relating to the Dental Insurance may call the Benefits Division on (916) 324-0535, ATSS 454-0535.


Patricia Pavone McDonald, Chief,
Benefits Division

M E M O R A N D U M

To: ALL STATE EMPLOYEES
From: Department of Personnel Administration
Subject: Prepaid Dental Plans - Special Open Enrollment

Date: October 30, 1989

The Department of Personnel Administration (DPA) is adding a new prepaid dental plan effective January 1, 1990. The new prepaid plan is "DentiCare." This plan is offered in lieu of the Safeguard Health Plan. The State will continue to offer Private Medical-Care, Inc. (PMI) and California Dental Health Plan (CDHP) as prepaid dental plan options. This change does not affect employees with coverage through Delta Dental (the "indemnity" plan). Also, the State will continue to pay monthly premiums for all State sponsored plans.

A special open enrollment period for the prepaid plans will be held from November 1, 1989 through November 30, 1989. Please note that the only changes allowable during this enrollment period are changes into one of the prepaid plans. Changes, such as an enrollment into Delta Dental, or other changes that should have been done during the last open enrollment, will not be allowed.

If you are enrolled in Safeguard, but do not make an election during November 1989, you will be assigned by the DPA to either CDHP or DentiCare based on the last digit of your "home address" zip code on the payroll data base. Even numbers will be assigned to CDHP and odd numbers to DentiCare. This decision is based on DPA's cost basis analysis and to ensure program success and stability in the near term. Please note that if you wish to choose one of the available prepaid dental plans, you should submit a signed Dental Plan Authorization Form (STD 692) to your Personnel Office by November 30, 1989. Employees currently enrolled in CDHP or PMI, and who wish to make a change and have already enrolled in 1990 FlexElect must also complete a corrected FlexElect enrollment form (STD 701). Flex enrollees who have already selected Safeguard for 1990 will be treated just like other Safeguard enrollees (see above criteria for assignment). If a change is made, submit the corrected STD 701 along with the corrected STD 692. The STD 701 must be completed entirely and all other Flex elections must remain the same as your original election. Corrected STD 701s should indicate "Corrected Document" at the top of the form.

For this special enrollment prospective changes only will be made, there will be no retroactive changes. Remember, no action is necessary if you are currently enrolled in CDHP, PMI or Delta and wish to continue your current dental insurance coverage.

If you have any questions regarding plan features, please contact the carrier offices directly: 1) CDHP at 1 800-622-6388; 2) PMI at 1-800-422-4234 (No. CA) or 1-800-325-4529 (So. CA); or 3) DentiCare at 1-800-926-7828. If you have questions regarding how to change plans, or if you need assistance in completing the appropriate enrollment forms, please contact your personnel office.



Patricia Pavone McDonald, Chief,
Benefits Division

