

MEMORANDUM

To: PERSONNEL MANAGEMENT LIAISONS

Date: November 18, 1992

Reference Code: 92-114

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

ALL PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS
SUPERVISORS AND PERSONNEL TRANSACTIONS STAFF

From: Department of Personnel Administration

Subject: Dental Coverage - Current Enrollees in California Dental Health Plan

Effective January 1, 1993, California Dental Health Plan (CDHP) will no longer be providing State-sponsored dental coverage for active or retired State employees. Safeguard is being added as a new prepaid carrier and will provide prepaid dental coverage along with Private Medical-Care, Inc., (PMI) and DentiCare. This action is the result of a bidding process which was recently conducted for the State's prepaid dental plans.

Accordingly, all active employees currently enrolled in CDHP will be required to move into one of these three available plans effective January 1, 1993. All employees enrolled in the State-sponsored CDHP plan are being sent a letter (copy attached) notifying them of this action and advising them that they need to make an election to another prepaid plan immediately. Included with their letter will be Evidence of Coverage Booklets for each plan.

DOCUMENT PROCESSING

To assist Personnel Offices in tracking their CDHP enrollees we are sending each Personnel Transactions Office a listing of their employees who are enrolled in CDHP with their copy of this PML.

The following instructions should be followed in completing all STD 692 Dental Enrollment Forms:

Effective Date - 1-1-93
Permitting Event Date - Blank
Permitting Event Code - Blank

Timeframes for Document Submission

Impacted employees have been advised to have their dental enrollment changes (STD 692) to their Personnel Office no later than December 4, 1992. All documents must then be processed in Personnel and sent to the State Controller's Office (SCO) by Friday, December 11, 1992.

All plan changes must be effective January 1, 1993 (December 1992 pay warrant). Current CDHP enrollees who do not take action to change their dental plan or whose documents are not processed by SCO in time to be reflected on the December pay warrant will be automatically moved to Safeguard effective January 1, 1993.

Impact on 1993 FlexElect Enrollees

You will note that the letter that was sent to CDHP enrollees advises them that if they enrolled in FlexElect for 1993 they would also have to submit a STD 701 FlexElect Enrollment Form. In light of the short timeframes for document completion and in recognition of the additional workload involved, we have subsequently been able to make arrangements with SCO to process documents for THIS PROCESS ONLY WITHOUT completing a STD 701. Your assistance in informing employees of this change SHOULD they inquire about the necessity of a FlexElect form will be appreciated.

PLAN CODES AND PREMIUMS

All prepaid plans continue to be fully state funded with no out-of-pocket premium deductions. Please make note of the plan codes and premiums listed below:

	SAFEGUARD	PMI	DENTICARE
Codes	- 100-016	100-009	100-070
POP/Flex	- 351-016	351-009	351-012
Rates			
1 Party	\$10.85	\$12.05	\$11.18
2 Party	17.30	19.52	17.89
3+Party	23.65	26.85	24.95

(These amounts include \$.40 administration fee.)

UNIT 6 EMPLOYEES - CCPOA TRUST

For your information, we have also been informed by the Unit 6, CCPOA Union Trust that effective December 1, 1992 (November pay period), CDHP will no longer be providing dental coverage to Unit 6 members. The new CCPOA prepaid dental carrier is Blue Cross Dental Net. SCO has assigned this new carrier the following plan codes of 100-248 and POP/Flex 351-248.

We understand that Unit 6 will be advising their members of this change and that conversion to this new plan will be automatic. CCPOA has indicated that they may request a special open enrollment period at a later date in 1993 to allow impacted members to elect to change to Blue Cross, the CCPOA indemnity plan. Unit 6 employees should be directed to contact the Union Trust in the event they have questions regarding this action.




SPECIAL OPEN ENROLLMENT

In light of the changes to the prepaid carriers, a special open enrollment period will be held sometime in January/February. Specific instructions will be sent out within the next few weeks. During this special open enrollment eligible employees will be allowed to enroll in any of the available prepaid plans. Enrollment into Delta Dental, the State's indemnity plan will not be allowed as part of this open enrollment period.

A new dental rate chart updating all of the dental plans and COBRA rates will be distributed along with the special open enrollment material. Your patience while we work to put all of this information in place is appreciated.

Questions regarding any of the information contained in this memo should be directed to Nicolas Villa, Statewide Dental Coordinator at (916) 324-9486 or CalNet 454-9486.


Patricia Pavone, Chief
Benefits and Training Division

Attachment (CDHP enrollee listing sent directly to Personnel
Transactions Supervisors)

DEPARTMENT OF PERSONNEL ADMINISTRATION

1515 "S" STREET, NORTH BUILDING, SUITE 400
SACRAMENTO, CA 95814-7243



November 16, 1992

To: ALL PARTICIPANTS ENROLLED IN THE STATE-SPONSORED CALIFORNIA DENTAL HEALTH PLAN

Subject: IMPORTANT INFORMATION CONCERNING YOUR DENTAL INSURANCE

The purpose of this letter is to provide you with important information concerning your state-sponsored dental insurance under your current carrier, California Dental Health Plan (CDHP). Effective January 1, 1993, CDHP will no longer be providing dental coverage for active or retired State employees. This action is the result of a bidding process which was recently conducted for the State's prepaid dental plans.

Effective January 1, 1993, the State's prepaid dental coverage will be provided by Private Medical Insurance (PMI), DentiCare, and Safeguard. Accordingly, employees currently enrolled in CDHP will be required to move into one of these three available plans.

To assist you in deciding which of the three plans will be best for you and your family, we have enclosed Evidence of Coverage pamphlets for each company. All three available prepaid plans are fully funded by the State with no out-of-pocket premium deductions. It is important that you review this information carefully and then initiate action with your Personnel Office to change to the plan of your choice. Since CDHP will no longer provide coverage effective January 1, 1993 your dental plan change must be processed immediately so as to be reflected on your December pay warrant.

In order to ensure that your dental plan change is processed timely, you must complete a Dental Enrollment Form (STD 692) which can be obtained from your Personnel Office. In addition, if you also enrolled in the FlexElect Program for the 1993 Plan Year, you will need to complete a FlexElect Enrollment Form (STD 701) which must be submitted along with the STD 692 form. **THIS FORM(S) MUST BE SUBMITTED TO YOUR PERSONNEL OFFICE FOR PROCESSING NO LATER THAN DECEMBER 4, 1992, SO THAT THEY HAVE SUFFICIENT TIME TO COMPLETE THEIR PROCESSING REQUIREMENTS AND FORWARD THE DOCUMENT(S) TO THE STATE CONTROLLER'S OFFICE (SCO).**

Employees who do not make an election to change to another plan or whose documents are not processed by SCO in time to be reflected on their December pay warrant, WILL BE AUTOMATICALLY MOVED INTO SAFEGUARD EFFECTIVE JANUARY 1, 1993. This action is being taken to ensure that there is no lapse in dental coverage.

Page 2
November 16, 1992

Every effort is being made to make this transition as smooth as possible. It is important however, that you take immediate action to review the information provided and change your current CDHP coverage to one of the other available prepaid plans. Any questions regarding a particular plan should be directed to the specific carrier at the address and phone number provided below:

DentiCare
P.O. Box 30019
Laguna Niguel CA 92607-0019
1-800 926-7828

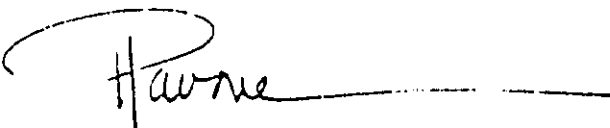
PMI
5122 Katella Avenue Suite 206
Los Alamitos CA 90720
(North) 1-800-422-4234
(South) 1-800-325-4529

Safeguard
P.O. Box 3210
Anaheim CA 92803-3210
1-800-352-4341

Prior to December 31, 1992, questions relating to any dental work performed under your CDHP coverage should be directed to:

California Dental Health Plan
P.O. Box 899
Tustin CA 92681-0899
1-800-622-6388

Please contact your Personnel Office for specific information regarding completion of your enrollment document. General questions regarding the State's dental insurance coverage can be directed to Nicolas Villa, Statewide Dental Coordinator, at (916) 324-9486 or CalNet 454-9486.


Patricia Pavone, Chief
Benefits and Training Division

Enclosures

