

MEMORANDUM

To: PERSONNEL MANAGEMENT LIAISONS

Date: August 10, 1994
Reference Code: 94-44

Please distribute this memorandum to all Personnel Officers, Personnel Transactions Supervisors and Personnel Transactions Staff.

From: Department of Personnel Administration

Subject: 1994 Dental Open Enrollment Period

The following information regarding the 1994 Dental Open Enrollment Period should be distributed to all employees as soon as possible.

DENTAL PROGRAM INFORMATION

The Department of Personnel Administration (DPA) has current contracts with Delta Dental, DentiCare of California, Inc., Private Medical Care, Inc. (PMI), and Safeguard Health Plan to provide dental insurance for: (1) annuitants; (2) excluded employees; (3) represented employees in Bargaining Units 1 through 21, with the exception of Units 6 and 13 who have their dental insurance provided through their respective union-sponsored trusts. Unit 5 employees have their own indemnity dental plan, but may enroll in the State-sponsored prepaid plans.

OPEN ENROLLMENT - DENTAL

Open enrollment for dental benefits will be from September 1, 1994 through September 30, 1994. All actions taken during this open enrollment period will become effective January 1, 1995. Eligible employees may enroll in a dental plan, change dental plans, and add/delete dependents during this period. **Employees wishing to enroll or make a change to their current dental coverage must sign a Dental Enrollment Authorization (STD. 692) no later than September 30, 1994.** No action is necessary for those employees who are currently enrolled and do not wish to make any changes in their dental coverage.

Documentation

Please use the following information when completing the dental open enrollment documents:

PERMITTING EVENT CODES:

- 03 - New Enrollment
- 15 - Add/Delete Dependent(s) - may use one form
- 28 - Change of Plan
- 29 - Change of Plan and Add/Delete Dependent(s) - may use one form

PERMITTING EVENT DATE: 9/1/94

Effective Date

All documents that are submitted to the State Controller's Office (SCO) during the open enrollment period will have an effective date of January 1, 1995. The STD. 692 must reach SCO no later than December 12, 1994, in order to be effective January 1, 1995. This effective date will allow sufficient time for submission and processing of all enrollment actions.

Current FlexElect participants and those electing to enroll in FlexElect during the September FlexElect Open Enrollment Period may make changes to their dental coverage. These changes will also be effective January 1, 1995.

THE STATE CONTROLLER'S OFFICE WILL NOT ACCEPT OPEN ENROLLMENT DOCUMENTS RECEIVED AFTER DECEMBER 12, 1994.

DELTA DENTAL RESTRICTION

Represented employees who are restricted to a prepaid plan until they have completed 24 months of State service will not be allowed to enroll in Delta Dental during the Open Enrollment Period. At the end of the 24 months, these employees will have 60 days to elect coverage into Delta Dental, should they wish to do so.

DENTAL PREMIUM RATES - EMPLOYEE COPAYMENT - CARRIER INFORMATION

Attachment I reflects the State contribution, employee premium copay amount for represented and excluded employees enrolled in the State-sponsored Dental Plans, and carrier information. The Delta Dental rates shown are the same as the current 1994 rates. As a result, there will be no employee dental premium copay increase January 1, 1995. The State contribution for the prepaid plans continues to be 100 percent paid with no cost to the employee.

DENTAL PLAN DESCRIPTIONS, CLAIM FORMS, EVIDENCE OF COVERAGE (EOC) BOOKLETS, PROVIDER OFFICE LISTS AND MEMBERSHIP CARDS,

A brief description of the State-sponsored dental plans and a comparison chart is provided on Attachments II and III. For more detailed information, consult each carrier's EOC booklet. For more information regarding union sponsored plans, Units 5, 6, and 13 employees should be advised to contact their Exclusive Representative. Claim forms are not required by DentiCare, PMI, or Safeguard. Delta Dental claim forms are available at most dental offices. Although the departmental Personnel Office should maintain a small supply of EOC booklets and provider lists, employees should contact the carriers directly for additional booklets and/or information. Membership cards (if appropriate) will be mailed by the carrier(s) after open enrollment.

COBRA RATES

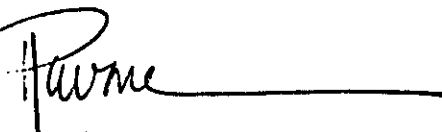
Current COBRA rates are provided on Attachment IV.

DENTAL PROGRAM BOOKLET

We have recently completed a Dental Program Booklet, which will provide active State employees with eligibility and enrollment information. In addition, the booklet contains a description of the State-sponsored dental plans. A copy of the booklet will be sent to the home of all eligible State employees during the latter part of August. In addition all Personnel Offices will be mailed a booklet. Information regarding the availability of additional booklets will be provided at a later date. Also, we plan to have the revised Dental Procedures Manual completed in early 1995.

DEPARTMENT ROLE IN THE OPEN ENROLLMENT PROCESS

Your assistance in making this open enrollment a success will be appreciated. Personnel offices are being asked to inform all employees; have informational packages available; review all documents before submitting them to SCO; and be aware of the cut-off date. All employees electing to enroll or change their dental enrollment should be advised to check their December "Statement of Earnings and Deductions" to ensure correct dental plan coverage. Please instruct your employees **"not to use their dental coverage if they see the appropriate deduction on their earnings statement. If they do, they will be liable for any expenses incurred for dental services which are performed prior to their actual effective date"**. Employees should be directed to contact their departmental Personnel Office if they have any questions regarding this open enrollment period. Personnel Office staff requiring assistance or clarification of the information contained in this memo should call William Page, Dental Program Analyst, at (916) 324-0525 or CalNet 454-0525.



Patricia Pavone, Chief
Benefits and Training Division

Attachments

cc: Del Delgado/Linda Edwards/Laverne Krebs, SCO
Mark Quillici, PERS
STRS
CAHP DENTAL TRUST
CCPOA DENTAL TRUST
DEPARTMENT OF THE MILITARY
FAIRS AND EXPOSITIONS
LOS ANGELES COUNTY SUPERIOR COURT JUDGES
VENTURA COUNTY SUPERIOR COURT JUDGES

DEPARTMENT OF PERSONNEL ADMINISTRATION

DENTAL PLAN CARRIERS AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1995

<u>Carrier/Address</u>	<u>Group #</u>	<u>Deduction Codes</u>		<u>Premiums</u>		
		<u>Regular</u>	<u>POP/Flex</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
<i>State Sponsored</i>						
Delta Dental P.O. Box 7736 San Francisco, CA 94120 1-800-225-3368	9949-Excluded 9949-Represented	100-007 100-120	351-008 351-007	\$33.78* \$32.38*	\$69.27* \$58.30*	\$97.57* \$85.14*
DentiCare of California, Inc. P.O. Box 30019 Laguna Niguel, CA 92607-0019 1-800-926-7828	901690-Standard 903042-Enhanced	100-070 100-014	351-012 351-014	\$12.17 \$14.59	\$19.48 \$24.40	\$27.18 \$35.30
PMI 5122 Katella Avenue, Suite 206 Los Alamitos, CA 90720 1-800-422-4234 1-800-325-4529	0171	100-009	351-009	\$13.12	\$21.26	\$29.25
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-750-4303	4039	100-016	351-016	\$11.81	\$18.84	\$25.76
<i>Union Sponsored</i>						
CAHP/Blue Cross (RO5)	336817-A	100-013	351-013	\$29.39**	\$50.83**	\$73.96**
CCPOA/Blue Cross (RO6)	370101-E	100-245	351-006	\$47.25***	\$47.25***	\$47.25***
CCPOA/Dental Net (RO6)	1121SA	100-248	351-248	\$47.25***	\$47.25***	\$47.25***

* Employee Share \$7.99/\$14.47/\$21.18

** Employee Share \$5.00/\$7.00/\$10.00

*** Employee Share \$2.50

(Note: SCO/DPA administrative fee of \$.42 is included in the total premium amount)

(Rev. 8/94)

ATTACHMENT II COMPARISON OF DENTAL PLANS

PREPAID DENTAL PLANS

DentiCare, Private Medical Care, Inc. (PMI), Safeguard

DentiCare, PMI, and Safeguard provide dental services through panel member dentists throughout California. Many services are provided at little or no cost to you. There are no deductibles or maximum limitations, as with Delta Dental. You must enroll with a specific dentist, but you may change dentists upon request and/or change dental plans if you move and your plan is no longer available. If you need emergency dental work done and you are outside your service area, you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year within 90 days from the date of treatment. If you are interested in knowing the location of a prepaid dentist in your area, call DentiCare at 1-800-999-2848 or 1-800-926-7828, and PMI at 1-800-422-4234 or 1-800-325-4529, and Safeguard at 1-800-750-4303.

INDEMNITY DENTAL PLAN

Delta Dental Plan of California - Group #9949

Delta Dental features freedom of choice of dentist, full access to specialty 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 as costs are assessed on the California, Usual, Customary and Reasonable (UCR) fees. Member dentists will submit your treatment and/or claim forms to Delta Dental. When you go to a non-participating dentist your reimbursement is 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 on non-participating dentists, will be made directly to you. For more information, contact Delta Dental at 1-800-225-3368.

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

**ATTACHMENT III
COMPARISON OF DENTAL PLANS**

FOR REPRESENTED EMPLOYEES ONLY

<u>For these procedures:</u>	<u>Employee Pays</u>		
	<u>INDEMNITY</u>		<u>PREPAID</u>
	Self	Dependents	
Diagnostic and Preventive	0	0	0
Basic Benefits (UCR)	10%	20%	0
Crowns	20%	50%	\$50
Bridges, partial, & dentures	50%	50%	\$65 and up
Annual Deductible & Maximum Deductible	\$50 \$150 per family	\$50	No deductible
Orthodontia (Lifetime)	*	*	\$1,000
Annual Maximum	\$2,000	\$1,000	No maximum

FOR EXCLUDED EMPLOYEES ONLY

<u>For these procedures:</u>	<u>Employee Pays</u>			<u>DENTICARE ENHANCED</u>
	<u>INDEMNITY</u>		<u>PREPAID</u>	
	Self	Dependents		
Diagnostic and Preventive	0	0	0	0
Basic Benefits (UCR)	10%	10%	0	0
Crowns	20%	20%	\$50	0
Bridges, partial, & dentures	50%	50%	\$65 and up	0
Annual Deductible & Maximum Deductible	\$25 \$100 per family	\$25	No deductible	No deductible
Orthodontia (Lifetime)	*	*	\$1,000	\$1,000
Annual Maximum	\$2,000	\$2,000	No maximum	No maximum

* Delta will pay up to \$1,000 for employee and each dependent for orthodontia. The employee is responsible for any amount over the \$1,000 maximum.

ATTACHMENT IV

**COBRA
DENTAL GROUP CONTINUATION RATES*
Monthly Insurance Premiums Effective January 1, 1995**

<u>DENTAL PLAN NAME</u>	<u>1 PARTY</u>	<u>2 PARTY</u>	<u>FAMILY 3 OR MORE</u>
Delta Dental (Enhanced) Excluded Employees & Dependents	\$34.03	\$70.23	\$99.09
Delta Dental (Basic) Represented Employees	\$32.60	\$59.03	\$86.41
Delta Dental (Basic) Dependents of Represented Employees Only	\$26.19	\$39.89	\$53.48
DentiCare (Standard)	\$11.99	\$19.44	\$27.30
DentiCare (Enhanced)	\$14.45	\$24.46	\$35.58
Val	\$12.95	\$21.26	\$29.41
Safeguard Health Plan	\$11.62	\$18.79	\$25.85

Note: For Unit 5, Unit 6 and Unit 13 employees/dependents, ALL COBRA administration will be handled through the exclusive representative. Accordingly, please refer parties to CAHP (Unit 5), CCPOA (Unit 6), IUOE (Unit 13). All COBRA enrollment documents are sent directly to the Dental carriers.

* These premium rates are 102% of current premium, minus the administrative fee.