

DENTAL 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: 9/1/96

CUT-OFF/EFFECTIVE DATES

All documents submitted to the State Controller's Office (SCO) during the open enrollment period must be signed/dated by the Personnel Office and the employee no later than October 15, 1996. **The effective date for all actions will be January 1, 1997.** All documents should be received at SCO no later than November 1, 1996. Documents returned to the Personnel Office by SCO for needed corrections must be resubmitted to SCO no later than December 6, 1996.

DELTA DENTAL RESTRICTION

Represented employees who are restricted to a State-sponsored prepaid plan, until they have completed 24 months of State service, will not be allowed to enroll or change to the indemnity Delta Dental Plan during this open enrollment period. At the end of their respective 24 month period, these employees will have 60 days to elect or change to the Delta Dental Plan, should they wish to do so.

BLUE CROSS RESTRICTION

Bargaining Unit 6 (R06) employees who are restricted to the union-sponsored prepaid Dental Net Plan until they have completed 12 months of State service will not be allowed to change to the indemnity Blue Cross Plan during this open enrollment period. At the end of their respective 12 month period, these employees will have 60 days to change to the Blue Cross Dental Plan, should they wish to do so.

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 I and II. 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 Representatives. Claim forms are not required by DentiCare, PMI, or Safeguard. Delta Dental claim forms are available at most dental offices or Delta Dental. 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.

DENTAL PREMIUMS/EMPLOYEE COPAYMENT AND COBRA RATES

Attachment III reflects the total premiums and employee copay amounts for represented and excluded employees enrolled in the State-sponsored dental plans, and carrier information. There will be no increase for 1997 in the amount employees pay each month for their Delta Dental coverage. The State contribution for the prepaid plans continues to be 100 percent paid with no premium cost to those employees enrolled in a prepaid plan.

COBRA rates for 1997 are provided on Attachment IV.

DEPARTMENTS' ROLE IN THE DENTAL OPEN ENROLLMENT PROCESS

Your assistance in making this open enrollment a success is 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 dates. All employees electing to enroll or change their dental enrollments should be advised to check their December "Statement of Earnings and Deductions" to ensure the correct dental plan coverage is shown. Please instruct your employees **not to use their dental coverage until 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.

FLEXELECT OPEN ENROLLMENT

In conjunction with the dental and health open enrollment period, the FlexElect open enrollment period for the 1997 FlexElect Plan Year is September 1, 1996 through October 15, 1996. At this time, there will be no major changes to the FlexElect Program for the 1997 Plan Year.

For those Departments who have ordered 1997 FlexElect Brochures and Procedure Manuals, these items will be distributed shortly. If you have not taken the opportunity to order 1997 Brochures and Procedure Manuals, please refer to PML 96-026 dated June 5, 1996 for instructions.

Departments must submit all FlexElect enrollment documents to the State Controller's Office (SCO) no later than **November 1, 1996**. If a FlexElect package is initially received at SCO by the November 1, 1996 deadline and subsequently returned to the department for correction, the Personnel Office must resubmit the package to SCO no later than **December 6, 1996**.

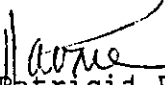
Employee Communications

As in the past, the DPA will be communicating the FlexElect Open Enrollment Period to employees through a variety of sources. A notification will be mailed in August to the home of all employees currently enrolled in the 1996 Cash Option informing them that they will be automatically re-enrolled for the 1997 Plan Year. As permanent intermittent (PI) employees are required to re-enroll in the Cash Option each year, they will not receive this notification but will receive a postcard reminder about the FlexElect open enrollment period.

In addition to the automatic Cash Option notification, postcard reminders are being sent to all employees enrolled in a FlexElect Reimbursement Account. There will also be a payroll stuffer to be distributed with the August pay warrants informing all employees about the FlexElect Open Enrollment Period. In addition, a global message will appear on the August pay warrant regarding the FlexElect/Dental Open Enrollment Period. Additionally, we encourage departments to conduct training/awareness sessions for employees prior to the open enrollment period.

QUESTIONS REGARDING DENTAL AND FLEXELECT OPEN ENROLLMENT

Employees should be directed to contact their departmental Personnel Office if they have any questions regarding this dental and FlexElect open enrollment period. Personnel Office staff requiring assistance or clarification of the dental information contained in this memo should call William Page, Dental Program Coordinator, at (916) 324-0525 or CalNet 454-0525. Personnel Office staff with questions on the FlexElect Program should call Janice Yates, Benefits Program Specialist, at (916) 324-0535 or CalNet 454-0535.


Patricia Pavone, Chief
Benefits Division

Attachments

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



ATTACHMENT I

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 II

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>INDEMNITY</u>		<u>PREPAID</u>	<u>DENTICARE ENHANCED</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 ded.
Orthodontia (Lifetime)	*	*	\$1,000	\$1,000
Annual Maximum	\$2,000	\$2,000	No maximum	No maximum

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

DENTAL PLAN CARRIERS AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1997

<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	100-007	351-008	\$33.81*	\$69.30*	\$97.60*
	9949-Represented	100-120	351-007	\$32.41*	\$58.33*	\$85.17*
DentiCare of California, Inc. P.O. Box 30019 Luna Niguel, CA 92607-0019 1-800-926-7828	901690-Standard	100-070	351-012	\$13.02	\$20.84	\$29.08
	903042-Enhanced	100-014	351-014	\$15.61	\$26.11	\$37.77
PMI 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	0171	100-009	351-009	\$13.91	\$22.54	\$31.01
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-750-4303	4039	100-016	351-016	\$13.01	\$20.77	\$28.39

Union Sponsored

CAHP/Blue Cross (RO5)	336817-A	100-013	351-013	\$30.00**	\$53.00**	\$77.00*
CCPOA/Blue Cross (RO6)	370101-E	100-245	351-006	\$51.75***	\$51.75***	\$51.75***
CCPOA/Dental Net (RO6)	1121SA	100-248	351-248	\$51.75***	\$51.75***	\$51.75***

VISION CARRIER AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1997

Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-622-7444				\$9.33	\$9.33	\$9.33
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*Employee Share \$7.99/\$14.47/\$21.18

**Employee Share \$6.00/\$9.00/\$13.00

***Employee Share \$7.00

(Note: The above dental premiums include the SCO/DPA administrative fee of \$.45. The vision premium includes the SCO/DPA administrative fee of \$.35 (Rev. 07/96)



DEPARTMENT OF PERSONNEL ADMINISTRATION

ATTACHMENT IV

COBRA GROUP CONTINUATION RATES*MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 1997*DENTAL*

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail to: Total COBRA Services P.O. Box 17059 Irvine, CA 92713 1-800-397-1570	Enhanced	Excluded Employees & Dependents of Excluded Employees	\$34.03	\$70.23	\$99.09
	Basic	Represented Employees	\$32.60	\$59.04	\$86.41
	Basic	Dependents of Represented Employees	\$26.19	\$39.89	\$53.48
DentiCare of California, Inc. P.O. Box 30019 Laguna Niguel, CA 92607-0019 1-800-926-7828	Standard	Represented Employees and Their Dependents	\$12.82	\$20.80	\$29.20
	Enhanced	Excluded Employees and Their Dependents	\$15.46	\$26.17	\$38.07
PMI 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded/Represented Employees and Their Dependents	\$13.73	\$22.53	\$31.17
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-352-4341	Basic	Excluded/Represented Employees and Their Dependents	\$12.81	\$20.73	\$28.50

VISION

Vision Service Plan P.O. Box 997100 Sacramento, CA 95899-7100 1-800-622-7444	Basic	Excluded/Represented Employees and Their Dependents	\$9.16	\$9.16	\$9.16
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NOTE: For Unit 5, Unit 6 and Unit 13 employees and dependents, ALL COBRA administration will be handled through the exclusive representative. Accordingly, please refer parties to CAHP (Unit 5), CCPOA (Unit 6) and IUOE (Unit 13) respectively. All COBRA enrollment documents should be sent directly to the carriers. Refer to the Benefits Administration Manual (BAM) Section 400 for complete instructions on COBRA.

*These premium rates are 102% of current premium, minus the \$.45 administrative fee.

