

**Department of Personnel Administration  
Memorandum**

**TO: Personnel Management Liaisons (PML)**

<b>SUBJECT:</b> 2009 Open Enrollment Period for Dental, FlexElect, and Consolidated Benefits (CoBen) Programs, 2010 Dental and Vision Plan Premiums, and 2010 CoBen Allowance Amounts	<b>REFERENCE NUMBER:</b> 2009-038
<b>DATE ISSUED:</b> 08/31/09	<b>SUPERSEDES:</b>

This memorandum should be forwarded to:

**Personnel Officers  
Personnel Transactions Supervisors  
Personnel Transactions Staff**

**FROM:** Department of Personnel Administration  
Benefits Division

**CONTACT:** Bryan Bruno, Staff Personnel Program Analyst  
(916) 445-9841  
Fax: (916) 322-3769  
Email: BryanBruno@dpa.ca.gov

This memo provides important information on the 2009 Open Enrollment for the Dental, FlexElect, and CoBen Programs, 2010 Dental and Vision plan premiums, and 2010 CoBen allowance amounts. Please let your employees know about the open enrollment period and the information contained in this memo. The Department of Personnel Administration (DPA), Benefits Division recently mailed dental open enrollment information to State retirees, annuitants, and COBRA enrollees.

Please distribute the attached items to your active employees:

Attachment A - Memorandum to All State Employees (Open Enrollment)

Attachment B - Dental Plan Options and Benefit Cost Comparison

Attachment C - 2010 Dental and Vision Plan Premiums

Attachment D - 2010 Dental and Vision COBRA Group Continuation Coverage Premiums

**OPEN ENROLLMENT**

Open Enrollment for the Dental, FlexElect, and CoBen programs is September 14, 2009 through October 9, 2009. Enrollments/changes during this period are effective January 1, 2010. For Dental, eligible employees may enroll, cancel, or change plans, and add/delete dependents. For FlexElect and CoBen, eligible employees may enroll, cancel, or change their current options.

No action is necessary for currently enrolled employees who don't want to change their FlexElect Cash Option, CoBen Cash Option, and/or dental enrollment. However, Permanent Intermittent (PI) employees must re-enroll in the FlexElect/CoBen Cash Option during open enrollment if they want to remain in the program next year. Additionally, employees who want to continue enrollment next year in a FlexElect Reimbursement Account must re-enroll during open enrollment.

### **Completing the Open Enrollment Forms**

Use the following information to complete open enrollment forms:

Permitting Event Date: Dental/FlexElect/CoBen Cash – 9/14/09

Effective Date: Dental/FlexElect/CoBen Cash – 1/1/10

Permitting Event Codes:

Dental

03 – New Enrollment

15 – Add/Delete Dependent(s) (May use one form for this type of transaction.)

28 – Change of Plan

29 – Change of Plan and Add/Delete Dependent(s) (May use one form for this type of transaction.)

FlexElect/CoBen – Leave Permitting Event Code Blank

Deadlines:

10/09/09 Last day for employees to sign and submit open enrollment forms to Personnel Offices.

10/19/09 Last day for enrollment forms to be received in Personnel Offices (as shown on enrollment forms).

10/26/09 Last day for receipt by the State Controller's Office (SCO) of all open enrollment forms from Personnel Offices.

12/07/09 Last day for receipt by SCO of open enrollment forms returned to departments for correction (in order to be reflected on the 12/31/09 pay warrant).

1/10/10 Last day for receipt by SCO of FlexElect and CoBen open enrollment forms reflecting cancellation and/or changes (forms signed/submitted to Personnel Office by 12/31/09). The effective date will be retroactive to 1/1/10.

Employees who enroll in or make changes to their dental coverage during the open enrollment period may cancel or change their election until 10/09/09. A new STD. 692 must be completed and signed by the employee by 10/09/09. It is not an option to rescind a dental enrollment/change by submitting a copy of the original STD. 692 marked "rescind". In the remarks section of a new STD. 692 indicate the type of action taken and attach a copy of the original form that was previously sent to SCO during the open enrollment period. Employees may not cancel or change a dental election after the end of the open enrollment period unless they experience a valid change in status.

Employees who enroll in or make changes to their FlexElect/CoBen election during the open enrollment period and employees, who are automatically reenrolled into the Cash Option, are allowed by Internal Revenue Code 125 to cancel or change their elections until 12/31/09. A new STD. 701C, STD. 701R, or STD. 702 must be completed and signed by the employee by 12/31/09. Once the new plan year begins, employees may not cancel or change their FlexElect/CoBen enrollment unless they experience a valid change in status.

Retroactive premiums for mandatory cancellations and/or deletions to employees' dental coverage will be reimbursed for a maximum period of six months. This limitation impacts all mandatory cancellations and/or deletions to employees' State-sponsored dental coverage. You may want to have your employees check their dental coverage and ensure that only eligible dependents are enrolled.

Eligible employees, who are off active pay status during the entire open enrollment period, may contact their Personnel Office during the open enrollment period to make changes in their dental enrollment or may wait and make changes within 60 days after returning to active pay status.

## **DENTAL PROGRAM**

DPA contracts with Delta Dental, DeltaCare USA, and SafeGuard to provide dental insurance for eligible:

1. rank and file employees (except those in Bargaining Unit (BU) 6);
2. excluded employees; and
3. retirees/annuitants.

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members, but its members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members. Represented employees in BU 5 and 6 should be advised to contact their Benefit Trust for information regarding their union-sponsored dental plan premiums and benefits. Dental premiums for union-sponsored plans are listed on Attachment C.

### **Restriction on Enrollment in Delta Dental Plans**

Except as noted below, employees must enroll in a State-sponsored prepaid dental plan during their first 24 months of State service. At the end of this 24-month period, employees who wish to enroll in the Delta Dental Premier or Delta Dental Preferred Provider Option (PPO) plan have 60 days to do so. Those employees who chose not to enroll in a prepaid plan may elect Delta Dental, within 60 days after completing the restriction period, unless they enrolled in the FlexElect or CoBen cash option for dental. This enrollment is available outside the open enrollment period.

The following employees are **not** subject to the 24-month restriction:

1. represented employees in BUs 2, 7, 8, 16, 17, 18, and 19;
2. excluded employees; and
3. employees who were previously State employees for 24 consecutive months without a permanent break in service during the 24 months.

### **CCPOA Dental Plan Restriction**

Employees in BU 6 who are restricted to the union-sponsored prepaid plan, Western Dental, must complete 12 months in the prepaid plan before they are allowed to enroll in the union-sponsored indemnity dental plan, Primary Dental. At the end of this 12-month period, employees have 60 days to enroll in the union-sponsored indemnity dental plan if they want to. This enrollment is available outside of the open enrollment period.

### **CAHP Dental Plan Restriction**

Employees in BU 5 who are restricted to a State-sponsored prepaid dental plan must complete 24 months of State service before they are allowed to enroll in the union-sponsored indemnity Blue Cross Dental Plan. At the end of this 24-month period, employees have 60 days to enroll in their union-sponsored Blue Cross Dental plan if they want to. This enrollment is available outside of the open enrollment period.

### **Delta Dental 2010 Premiums**

Delta Dental premiums will increase for the Delta Premier plan and the Delta Preferred Provider Option (PPO) dental plan effective January 1, 2010. The charts on page 5 and 6, and Attachments C and D show Delta's dental premiums that go into effect January 1, 2010.

### **Impact on Employees not in Consolidated Benefits**

Employees not in Consolidated Benefits (CoBen), who are enrolled in the Delta Premier plan, and Delta PPO plan, will see an increase in their out-of-pocket premium on their 12/31/09, pay warrant (December 2009 pay period).

### Impact on Employees in Consolidated Benefits

Represented employees in BUs 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in CoBen. Employees in CoBen pay the total dental premium with their CoBen benefit allowance. For employees enrolled in the Delta Premier plan and Delta PPO plan, the increased dental premium will result in a higher amount deducted from their monthly CoBen allowance on their 12/31/09, pay warrants (December 2009 pay period).

For employees in CoBen, the State's share and employee's share do not apply. Therefore, when you complete their dental forms, use the total premium amount as the amount deducted from their CoBen allowance.

### Delta Dental Premiums effective January 1, 2010:

#### Delta Dental Premier Basic Plan for Represented Employees

Coverage	2010 Total Premium	2010 State Share	2010 Employee Share	2009 Employee Share	Employee Share Increase
Employee only	\$51.87	\$38.90	\$12.97	\$12.02	\$0.95
Employee plus one dependent	\$92.08	\$69.06	\$23.02	\$21.28	\$1.74
Employee plus two or more dependents	\$134.00	\$100.50	\$33.50	\$30.94	\$2.56

#### Delta Dental Premier Enhanced Plan for Excluded Employees

Coverage	2010 Total Premium
Employee only	\$54.04
Employee plus one dependent	\$108.32
Employee plus two or more dependents	\$152.97

**Delta Dental Preferred Provider Option (PPO) for Excluded and Represented Employees**

<b>Coverage</b>	<b>2010 Total Premium</b>	<b>2010 State Share</b>	<b>2010 Employee Share</b>	<b>2009 Employee Share</b>	<b>Employee Share Increase</b>
Employee only	\$44.07	\$33.05	\$11.02	\$10.22	\$0.80
Employee plus one dependent	\$87.23	\$65.42	\$21.81	\$20.16	\$1.65
Employee plus two or more dependents	\$132.08	\$99.06	\$33.02	\$30.50	\$2.52

**Prepaid Dental Plan 2010 Premiums**

Premiums for DeltaCare USA will not change in 2010. Premiums for Safeguard plans will increase. The State will continue to pay 100 percent of the premium for employees not in Consolidated Benefits (CoBen). For employees in CoBen, the State's share and employee's share do not apply. Therefore, when you complete their dental forms, use the total premium amount as the amount deducted from their CoBen allowance.

The following chart and Attachments C and D show the prepaid plans dental premiums that go into effect January 1, 2010.

<b>Coverage</b>	<b>SafeGuard Standard</b>	<b>SafeGuard Enhanced</b>	<b>DeltaCare USA</b>
Employee only	\$16.58	\$16.92	\$17.35
Employee plus one dependent	\$26.86	\$28.63	\$28.47
Employee plus two or more dependents	\$37.62	\$35.27	\$39.38

**Evidence of Coverage (EOC) Booklets, Participating Dentist Lists, and Membership Cards**

You may want to request a small supply of EOC booklets and participating dentist lists from the dental plans to have available in your Personnel Office for employees. Advise employees in BU 5 and 6 to contact their Benefit Trust for information on claim forms, EOCs, participating dentist lists, or membership cards.

### **Affidavit for Domestic Partners Being Claimed As Economic Dependent (DPA 680)**

As a reminder, the Affidavit for Domestic Partners Being Claimed as Economic Dependents (DPA 680 rev. 12-2002) form must be completed and retained in the employee's personnel file for employees who enroll domestic partners as dependents on their State dental and/or health plans. If the domestic partner does not qualify as an economic dependent, the the value of the additional benefits received by a domestic partner will be added to an employee's taxable income.

For more information regarding the purpose of the DPA 680, please refer to the Benefits Administration Manual (BAM) Dental Section 500.

### **FLEXELECT**

Employees who enroll in any FlexElect Option during the open enrollment period and employees who are automatically re-enrolled in FlexElect Cash Option have until December 31, 2009, to cancel their enrollment or make changes. The 2010 FlexElect handbook is available and can be downloaded from DPA's Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Publications). Please refer to BAM Section 700 for information regarding FlexElect and processing instructions for open enrollment forms.

DPA mails an open enrollment notification to the homes of employees currently enrolled in a FlexElect Reimbursement Account, as a reminder that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2010. As in the past, DPA sends Personnel Offices a list of employees in your department who are enrolled in a 2009 FlexElect Reimbursement Account. Where possible, we mail the listing to the appropriate field office. You may want to send the employee(s) a reminder that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2010.

When an employee wants to cancel his/her Cash Option enrollment and re-enroll in dental and/or medical coverage, the Personnel Office needs to ensure that a Cash Option cancellation form is attached to the dental and/or medical enrollment form for SCO processing.

Effective January 1, 2010, the Third Party Administrator record keeper for the FlexElect Program will change from FBMC to Application Software Inc. (ASI). ASI can be contacted at 800-659-3035 or at P.O. Box 6044, Columbia, MO 65205-6044. Because of the 2.5 month grace period, 2009 plan participants who have a balance in their 2009 account must submit their claims for services up to March 15, 2010, to FBMC for payment. Once the 2009 account has been exhausted, submit all other claims for services in 2010 to ASI.

## **CONSOLIDATED BENEFITS**

All excluded employees and represented employees in BUs 2, 7, 8, 16, 17, 18, and 19 are in Consolidated Benefits (CoBen).

### **Health Dependent Vesting Criteria and Employee CoBen Allowance Amounts**

New employees who have never had State health benefit eligibility may be subject to health dependent vesting. Employees in bargaining units that have contracted for health dependent vesting are provided with 50 percent of the employer dependent contribution the first 12 months, and 75 percent of the employer dependent contribution for months 13 through 24. After 24 months, these employees will receive the full employer dependent contribution applicable to their bargaining unit. Please refer to the appropriate collective bargaining agreement for specific criteria for determining if an employee is subject to health dependent vesting.

As of the date of this PML, the following CoBen allowance amounts will be effective January 1, 2010. However, the collective bargaining process is fluid and changes may be agreed to which alter these amounts. DPA will notify departments if there are subsequent changes to these rates. Additionally, many union contracts have expired and these rates may be subject to change through the collective bargaining process and are subject to Budget approval. Although we anticipate that these will be the final rates, any future changes will be posted to DPA's Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov).

Following are the CoBen allowance amounts effective January 1, 2010, for employees in BUs 2, 7, 8, 16, 17, 18, and 19.

**The CoBen allowances for BU 2 employees who are not subject to health dependent vesting are as follows:**

<b>Unit 2</b>	<b><u>2010</u></b>
Employee only	\$439
Employee plus one dependent	\$836
Employee plus two or more dependents	\$1,084

**The CoBen allowances for BU 2 employees who are subject to health dependent vesting are as follows:**

<b>Unit 2</b>	<b>50% Vesting <u>2010</u></b>	<b>75% Vesting <u>2010</u></b>
Employee only	\$439	\$439
Employee plus one dependent	\$651	\$744
Employee plus two or more dependents	\$790	\$937

**The CoBen allowances for BU 7 and 18 employees who are not subject to health dependent vesting are as follows:**

<b>Units 7 and 18</b>	<b><u>2010</u></b>
Employee only	\$416
Employee plus one dependent	\$813
Employee plus two or more dependents	\$1,061

**The CoBen allowances for BU 7 and 18 employees who are subject to health dependent vesting are as follows:**

<b>Units 7 and 18</b>	<b>50% Vesting <u>2010</u></b>	<b>75% Vesting <u>2010</u></b>
Employee only	\$416	\$416
Employee plus one dependent	\$628	\$721
Employee plus two or more dependents	\$767	\$914

**The CoBen allowances for BU 16, 17, and 19 employees who are not subject to health dependent vesting are as follows:**

<b>Units 16, 17 and 19</b>	<b><u>2010</u></b>
Employee only	\$441
Employee plus one dependent	\$865
Employee plus two or more dependents	\$1,134

**The CoBen allowances for BUs 16, 17, and 19 employees who are subject to health dependent vesting are as follows:**

<b>Units 16, 17 and 19</b>	<b><u>50% Vesting 2010</u></b>	<b><u>75% Vesting 2010</u></b>
Employee only	\$441	\$441
Employee plus one dependent	\$668	\$767
Employee plus two or more dependents	\$818	\$976

**The following CoBen Unit does not have dependent vesting:**

<b>Unit 8</b>	<b><u>2010</u></b>
Employee only	\$466
Employee plus one dependent	\$890
Employee plus two or more dependents	\$1,158

**The CoBen allowance for Excluded employees is determined by DPA. Effective January 1, 2010, the CoBen allowances for all excluded employees are as follows:**

	<b><u>2010</u></b>
Employee only	\$468
Employee plus one dependent	\$902
Employee plus two or more dependents	\$1,172

Employees who enroll in CoBen Cash during the open enrollment period and employees who are automatically re-enrolled in CoBen Cash have until December 31, 2009, to cancel their enrollment or make changes.

When an employee wants to cancel his/her Cash Option enrollment and re-enroll in dental and/or medical coverage, the Personnel Office needs to ensure that a Cash Option cancellation form is attached to the dental and/or medical enrollment form for SCO processing.

The 2010 CoBen handbook will be available and can be downloaded from DPA's Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Publications). Please refer to the BAM Section 1600 for information regarding CoBen and processing instructions for open enrollment forms.

### **CoBen Calculator**

The CoBen calculator on DPA's Web site will help employees determine how much they want to deduct from their paycheck based on which health and dental plans chosen. Employees simply click on their health and dental plan choices, and how many dependents will be covered.

The calculator automatically computes the total cost of the benefits selected and subtracts them from the CoBen allowance. The result shows whether the employee will have a monthly benefit deduction or receive extra cash. There are two separate calculators, one for excluded employees and another for rank and file employees in BUs 2, 7, 8, 16, 17, 18, and 19. The CoBen calculator is located at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Benefits and then click on Consolidated Benefits).

### **VISION PROGRAM**

The premium paid to Vision Service Plan (VSP) for vision coverage for active employees will remain at the current rate of \$9.19 and will continue to be fully paid by the State. State employees' vision coverage is automatically established for employees and their eligible dependents and no form is required to enroll, add, or delete dependents during open enrollment. Therefore, employees need to continue to ensure that only eligible dependents are provided services under their State-sponsored vision plan.

## **Retiree Vision Program**

VSP will notify State retirees and annuitants regarding the Retiree Vision Program Annual Open Enrollment Period, which will coincide with the open enrollment period for Health, FlexElect, CoBen, and Dental benefits. VSP will process all Retiree Vision open enrollment transactions.

## **PERSONNEL OFFICES**

Your assistance in the following areas will be appreciated and will help make this open enrollment period successful:

1. provide a copy of the attached open enrollment memorandum to all employees (Attachment A);
2. make Dental, FlexElect, and CoBen Program material available or advise employees how to obtain such material;
3. assist employees in completing enrollment/change forms, review, and submit enrollment forms by the due dates listed in this memo; and
4. send completed enrollment forms and packages to SCO.

Please help your employees who have questions regarding open enrollment for the Dental, FlexElect, or CoBen Programs. If you need assistance to answer your employees' questions, please call Bryan Bruno, Staff Personnel Program Analyst, at (916) 445-9841.

/s/Greg Beatty

Greg Beatty  
Chief, Benefits Division

Attachment(s)

**DEPARTMENT OF PERSONNEL ADMINISTRATION** ARNOLD SCHWARZENEGGER, Governor  
**MEMORANDUM**



**ATTACHMENT A**

**DATE:** September 2009

**TO:** State Employees Eligible for Dental, FlexElect, or Consolidated Benefits

**FROM:** **Department of Personnel Administration  
Benefits Division**

**SUBJECT:** 2009 Open Enrollment for Dental, FlexElect, and Consolidated Benefits Programs, 2010 Dental and Vision Plan Premiums, and 2010 CoBen Allowance Amounts

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) is September 14, 2009 through October 9, 2009. If you want to enroll in these benefit programs, or make a change to your current enrollment, contact your Personnel Office for the necessary forms.

Open enrollment forms must be signed and submitted to your Personnel Office no later than October 9, 2009. All open enrollment actions will be effective January 1, 2010.

You don't need to submit anything if you're not making any changes in your dental coverage or cash options. Permanent Intermittent employees who want to continue receiving the cash option must re-enroll. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment.

If you enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period, or if you are automatically re-enrolled in the FlexElect/CoBen Cash Option, you have until December 31, 2009, to cancel your enrollment or make changes.

**DENTAL BENEFITS**

Your dental plan options are listed on page 2. Contact your Personnel Office for a brochure, list of participating dentists, and cost comparison, or call the dental plans. You may also obtain brochures and listings of participating dentists by accessing each plan's Web site at the addresses listed on page 2.

Retroactive premiums for mandatory cancellations and/or deletions to your dental coverage will be reimbursed for a maximum period of six months. This limitation impacts all mandatory cancellations and/or deletions to your State-sponsored dental coverage. You may want to check your dental coverage enrollment through your Personnel Office to ensure that only eligible dependents are enrolled.

**Delta Dental Plans**

Delta Premier and Delta Preferred Provider Option (PPO) 1-800-225-3368  
[www.deltadentalca.org/state](http://www.deltadentalca.org/state)

**Prepaid Dental Plans**

DeltaCare USA 1-800-422-4234  
[www.deltadentalca.org](http://www.deltadentalca.org)

SafeGuard Dental Plan 1-800-880-1800  
[www.safeguard.net](http://www.safeguard.net)

The following charts show Delta's dental premiums that go into effect January 1, 2010.

**Delta Dental Premier Basic Plan for Represented Employees:**

Coverage	2010 Total Premium	2010 State Share	2010 Employee Share	2009 Employee Share	Employee Share Increase
Employee only	\$51.87	\$38.90	\$12.97	\$12.02	\$0.95
Employee plus one dependent	\$92.08	\$69.06	\$23.02	\$21.28	\$1.74
Employee plus two or more dependents	\$134.00	\$100.50	\$33.50	\$30.94	\$2.56

**Delta Dental Premier Enhanced Plan for Excluded Employees:**

Coverage	2010 Total Premium
Employee only	\$54.04
Employee plus one dependent	\$108.32
Employee plus two or more dependents	\$152.97

**Delta Dental Preferred Provider Option (PPO) for Excluded and Represented Employees:**

<b>Coverage</b>	<b>2010 Total Premium</b>	<b>2010 State Share</b>	<b>2010 Employee Share</b>	<b>2009 Employee Share</b>	<b>Employee Share Increase</b>
Employee only	\$44.07	\$33.05	\$11.02	\$10.22	\$0.80
Employee plus one dependent	\$87.23	\$65.42	\$21.81	\$20.16	\$1.65
Employee plus two or more dependents	\$132.08	\$99.06	\$33.02	\$30.50	\$2.52

**Prepaid Dental Plan 2010 Premiums**

Premiums for DeltaCare USA will remain the same in 2010. Premiums for SafeGuard will increase for 2010. The State will continue to pay 100 percent of the premium for employees not in CoBen. For employees in CoBen, the State's share and employee's share do not apply. Therefore, the total dental premium will be deducted from the monthly CoBen allowance on their December 31, 2009, pay warrants (December 2009 pay period). Prepaid dental plan premiums are reflected below.

<b>Coverage</b>	<b>SafeGuard Standard</b>	<b>SafeGuard Enhanced</b>	<b>DeltaCare USA</b>
Employee only	\$16.58	\$16.92	\$17.35
Employee plus one dependent	\$26.86	\$28.63	\$28.47
Employee plus two or more dependents	\$37.62	\$35.27	\$39.38

**Union-Sponsored Dental Plans: Bargaining Units 5 and 6**

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members; however, members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members.

Employees in BU 5 and 6 should contact their Benefit Trust for information on their union-sponsored dental plan premiums and benefits.

## **CONSOLIDATED BENEFITS**

All excluded employees and employees represented by BUs 2, 7, 8, 16, 17, 18, and 19 are in CoBen. The State provides you a benefit allowance to purchase health, dental, and vision benefits. If the total cost of the plans you choose is less than your CoBen allowance, the employee will receive the difference as taxable income. If the total cost of the plans is more than the CoBen allowance, the difference is deducted from your pay warrant pre-tax.

As of the date of this memo, the following rates will be effective January 1, 2010. However, the collective bargaining process is fluid and changes may be agreed to which alter these amounts. DPA will notify departments if there are subsequent changes to these rates. Please be advised that as of the date of this notice, many union contracts have expired and these rates may be subject to change through the collective bargaining process and are subject to Budget approval. Although we anticipate that these will be the final rates, any future changes will be posted to DPA's Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov).

### **Health Dependent Vesting Criteria and Employee CoBen Allowance Amounts**

New employees who have never had State health benefit coverage may be subject to health dependent vesting. Employees in bargaining units that have contracted for health dependent vesting are provided with 50 percent of the employer dependent contribution the first 12 months, and 75 percent of the employer dependent contribution for months 13 through 24. After 24 months, these employees will receive the full employer dependent contribution applicable to their bargaining unit. Please refer to the appropriate collective bargaining agreement for specific criteria for determining if you are subject to health dependent vesting.

Following are the CoBen allowance amounts effective January 1, 2010, for employees in BUs 2, 7, 8, 16, 17, 18, and 19.

**The CoBen allowances for BU 2 employees who are not subject to health dependent vesting are as follows:**

<b>Unit 2</b>	<b><u>2010</u></b>
Employee only	\$439
Employee plus one Dependent	\$836
Employee plus two or more dependents	\$1,084

**The CoBen allowances for BU 2 employees who are subject to health dependent vesting are as follows:**

<b>Unit 2</b>	<b>50% Vesting <u>2009</u></b>	<b>75% Vesting <u>2009</u></b>
Employee only	\$439	\$439
Employee plus one Dependent	\$651	\$744
Employee plus two or more dependents	\$790	\$937

**The CoBen allowances for BU 7 and 18 employees who are not subject to health dependent vesting are as follows:**

<b>Units 7 and 18</b>	<b><u>2009</u></b>
Employee only	\$416
Employee plus one Dependent	\$813
Employee plus two or more dependents	\$1,061

**The CoBen allowances for BU 7 and 18 employees who are subject to health dependent vesting are as follows:**

<b>Units 7 and 18</b>	<b>50% Vesting <u>2009</u></b>	<b>75% Vesting <u>2009</u></b>
Employee only	\$416	\$416
Employee plus one Dependent	\$628	\$721
Employee plus two or more dependents	\$767	\$914

**The CoBen allowances for BU 16, 17, and 19 employees who are not subject to health dependent vesting are as follows:**

<b>Units 16, 17, and 19</b>	<b><u>2010</u></b>
Employee only	\$441
Employee plus one dependent	\$865
Employee plus two or more dependents	\$1,134

**The CoBen allowances for BUs 16, 17, and 19 employees who are subject to health dependent vesting are as follows:**

<b>Units 16, 17, and 19</b>	<b><u>50% Vesting 2009</u></b>	<b><u>75% Vesting 2009</u></b>
Employee only	\$441	\$441
Employee plus one dependent	\$668	\$767
Employee plus two or more dependents	\$818	\$976

**The following CoBen Unit does not have health dependent vesting:**

<b>Unit 8</b>	<b><u>2010</u></b>
Employee only	\$466
Employee plus one Dependent	\$890
Employee plus two or more dependents	\$1,158

**The CoBen allowance for Excluded employees is determined by DPA. Effective January 1, 2010, the CoBen allowances for all excluded employees are as follows:**

	<b><u>2010</u></b>
Employee only	\$468
Employee plus one dependent	\$902
Employee plus two or more dependents	\$1,172

If you have health and dental coverage through another source, you may enroll in the CoBen Cash Option. These amounts are \$155 a month in-lieu of health and dental coverage, and \$130 a month in-lieu of health coverage only. To enroll in a CoBen Cash Option, complete a Consolidated Benefits (COBEN) Cash Enrollment Election (STD. 702) form during open enrollment.

For details, refer to the 2010 CoBen handbook that will be available and can be downloaded from DPA's Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Publications).

### **CoBen Calculator**

If you are going to make a change in your benefit choices during the open enrollment period, you may want to use the CoBen calculator on DPA's Web site, which will help them determine how much will be deducted from your paycheck, or added to it, based on which health and dental plans you choose. Simply click on health and dental plan choices, and how many dependents will be covered. The calculator automatically computes the total cost of the benefits you select and subtracts them from the CoBen allowance. The result shows whether you will have a monthly benefit deduction or receive extra cash. There are two separate calculators, one for excluded employees and another for rank and file employees in BUs 2, 7, 8, 16, 17, 18, and 19. The CoBen calculator is located at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Benefits and then click on Consolidated Benefits).

### **FLEXELECT**

If you have health and/or dental coverage through another source, you can opt for cash in-lieu of your State-sponsored benefit. The FlexElect Cash Option is \$128 a month for health and \$12 a month for dental. To enroll in FlexElect Cash Option, complete a Cash Option Enrollment Authorization (STD. 701C) form during open enrollment. FlexElect also offers reimbursement accounts that allow you to use pre-tax salary to pay for dependent care and/or medical care that aren't covered by insurance. To enroll in a FlexElect

Reimbursement Account, complete a Reimbursement Account Enrollment Authorization (STD. 701R) form during open enrollment.

Effective January 1, 2010, the Third Party Administrator record keeper for the Flex Program will change from FBMC to Application Software Inc. (ASI). ASI can be contacted at 1-800-659-3035 or at P.O. Box 6044, Columbia, MO 65205-6044. Because of the 2.5 month grace period, 2009 plan participants who have a balance in their 2009 account must submit their claims for services up to March 15, 2010 to FBMC for payment. Once the 2009 account has been exhausted, submit all other claims for services in 2010 to ASI.

For details, refer to the 2010 FlexElect handbook that is available and can be downloaded from DPA's Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Publications).

## **VISION PROGRAM**

The premium paid to Vision Service Plan (VSP) for vision coverage will remain at the current rate of \$9.19 and will continue to be fully paid by the State. State employees' vision coverage is automatically established for employees and their eligible dependents and no form is required to enroll, add, or delete dependents during open enrollment. Therefore, employees need to continue to ensure that only eligible dependents are provided services under their State-sponsored vision plan.

## **COBRA CONTINUATION COVERAGE ENROLLEES**

COBRA enrollees have the same rights as active employees to make allowable changes to their coverage during the annual open enrollment period. Specific instructions will be sent to all COBRA enrollees in dental coverage by DPA Benefits Division prior to the beginning of the open enrollment period.

To learn more about Dental, FlexElect, and CoBen or for questions regarding the 2009 open enrollment period, please contact your Personnel Office. You may also visit DPAs Web site at [www.dpa.ca.gov](http://www.dpa.ca.gov) (click on Benefits).

## Your Dental Plan Options

### Prepaid Plans

DeltaCare USA and SafeGuard

Prepaid plans provide services through member dentists throughout California. (These plans are not available outside of California.)

Monthly premiums are fully paid by the State. You have no monthly premiums, deductibles, or maximum annual benefit limits. Many services are provided at low or no cost to you. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental work and are outside of your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year. For more information or a list of member dentists, contact the plans at: DeltaCare USA 1-800-422-4234, or visit [www.deltadentalca.org](http://www.deltadentalca.org) and SafeGuard 1-800-880-1800 or visit [www.safeguard.net](http://www.safeguard.net).

### Indemnity Plan

Delta Dental Premier - Group #9949

Delta Premier features full access to specialty care and guaranteed benefits through member dentists. However, you can see any dentist worldwide and still be covered, although your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit [www.deltadentalca.org/state](http://www.deltadentalca.org/state).

### Preferred Provider Option Plan

Delta Dental Preferred Provider Option (PPO) - Group #9946

Delta Preferred Provider Option (PPO) provides services through its network of participating dentists, although you may use non-PPO dentists worldwide. If you receive services outside of the PPO network, your out-of-pocket costs will be substantially higher. Please note that not all Delta Premier dentists are members of the PPO network; however, you can see the Delta dentist of your choice and still be covered.

As a reminder of certain advantages in being enrolled in the PPO dental plan, your treatment costs are based on a discounted fee agreement between Delta and the PPO provider. This fee agreement will result in lower out-of-pocket costs to you when you visit a PPO network dentist. Additionally, for rank and file employees, the annual maximum benefit available to dependents is \$2,000 when using a dentist who's a member of the PPO network, compared to a \$1,000 yearly maximum under Delta Premier. PPO offers a \$2,500 lifetime benefit for dental implants and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants. Your present dentist may be a PPO provider so you may want to change your coverage to the PPO to take advantage of this richer benefit.

For more information, contact Delta Dental at 1-800-225-3368 or visit [www.deltadentalca.org/state](http://www.deltadentalca.org/state).

These are brief descriptions of the available dental plans. Please consult each plan's "Evidence of Coverage" brochure or call the plan for a more detailed explanation. You may also obtain brochures and listings of participating dentists by accessing each plan's Web site at the addresses listed above.

## State-Sponsored Dental Plans Benefit Cost Comparison

The following chart provides a comparison of your costs for certain types of procedures. Please consult each dental plan's Evidence of Coverage brochure for detailed information and plan limitations.

For these procedures:	Delta Dental				SafeGuard DeltaCare USA	SafeGuard
	Premier Basic		Premier Enhanced	Preferred Provider Option (PPO) **	Standard	Enhanced***
	Rank and File Employees	Dependents of Rank and File Employees	Excluded Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded & Rank and File Employees and Dependents	Excluded Employees and Dependents
Diagnostic and Preventive Benefits (Two cleanings per 12 month period) *	0	0	0	0	0	0
Basic Benefits (Usual, Customary, and Reasonable)	10%	20%	10%	10%	0	0
Crowns	20%	50%	20%	20%	\$50	0
Bridges, Full & Partial Dentures	50%	50%	50%	40%	\$65 and up	0
Annual Deductible	\$50*	\$50*	\$25*	\$25*	No deductible	No deductible
Maximum Deductible	\$150 per family		\$100 per family	\$100 per family	N/A	N/A
Orthodontia	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.			Delta will pay 50% up to a lifetime maximum of \$1,000 per adult and pay 50% up to a lifetime maximum of \$1,500 per child.	\$1,000 plus up to \$250 for start-up costs	\$1,000 plus up to \$250 for start-up costs
Annual Maximum	\$2,000	\$1,000	\$2,000	\$2,000	No Maximum	No Maximum

\* Diagnostic and Preventive Benefits are exempt from the deductible.

\*\* The level of benefits and covered services reflected in the chart are based on services provided by a PPO Network dentist. The level of benefits and covered services provided by a non-PPO dentist are lower. Additionally, the PPO includes up to a \$2,500 lifetime benefit for dental implants and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, and persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

\*\*\* The SafeGuard enhanced coverage provides for three cleanings per 12-month calendar year service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under SafeGuard. Rank and File employees and their dependents have the standard coverage under SafeGuard.

**DEPARTMENT OF PERSONNEL ADMINISTRATION  
BENEFITS DIVISION**

**Dental and Vision Plan Premiums Effective January 1, 2010**

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<b><u>State-Sponsored Dental Plans</u></b>					
Delta Dental P.O. Box 429086 San Francisco, CA 94142 <b>1-800-225-3368</b>	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded & Rank and File (PPO)	351-008 351-007 351-018	\$54.04 \$51.87* \$44.07**	\$108.32 \$92.08* \$87.23**	\$152.97 \$134.00* \$132.08**
SafeGuard 95 Enterprise, Ste. 200 Aliso Viejo, CA 92656 <b>1-800-880-1800</b> <b>Fax: (949) 471-2288</b>	SOC Standard Plan SOC Enhanced Plan  Parent Group. Number 156777	351-016 351-015	\$16.58 \$16.92	\$26.86 \$28.63	\$37.62 \$35.27
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 <b>1-800-422-4234</b>	2003	351-009	\$17.35	\$28.47	\$39.38
<b><u>Union Sponsored Dental Plans</u></b>					
CAHP/Blue Cross (R05) CCPOA/Primary Dental (R06) CCPOA/Western Dental (R06)	336817-A Fee-For-Service Prepaid	351-013 351-006 351-249	\$48.34*** \$95.93**** \$95.93****	\$85.39*** \$95.93**** \$95.93****	\$124.97*** \$95.93**** \$95.93****
<b><u>State-Sponsored Vision Plan</u></b>					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 <b>1-800-877-7195</b>	12020000	475-001-Non CoBen 475-002-CoBen	\$9.19 \$9.19	\$9.19 \$9.19	\$9.19 \$9.19

\* Employee Share: 1 party - \$12.97 / 2 party - \$23.02 / 3 or more party - \$33.50

\*\* Employee Share: 1 party - \$11.02 / 2 party - \$21.81 / 3 or more party - \$33.02

\*\*\* CAHP Employee Share (w/subsidy): 1 party - \$9.44 / 2 party - \$16.33 / 3 or more party - \$24.47

\*\*\*\* CCPOA Employee Share \$51.60

(R05 Employees' share for the DeltaPremier Plan is \$12.97/\$23.02/\$33.50 and \$11.02/\$21.81/\$33.02 for the PPO plan).

(Under CoBen the total premium is deducted from the benefit allowance).

(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.).

**DEPARTMENT OF PERSONNEL ADMINISTRATION  
BENEFITS DIVISION**

COBRA Group Continuation Coverage  
Dental Plan Monthly Premiums Effective January 1, 2010

<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 STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$55.12	\$110.49	\$156.03
	Basic	Rank and File employees	\$52.91	\$93.92	\$136.68
	Basic	Eligible dependents of Rank and File employees	\$45.16	\$68.49	\$90.10
	PPO	Excluded & Rank and File employees and their eligible dependents	\$44.95	\$88.97	\$134.73
SafeGuard Health Plans Attn: COBRA Billing P.O Box 30910 Laguna Hills, CA 92654 1-800-880-1800 Billing questions 949-471-2283 Fax (949) 471-2288	Standard	Rank and File employees and their eligible dependents	\$16.91	\$27.40	\$38.37
	Enhanced	Excluded employees and their eligible dependents	\$17.26	\$29.20	\$35.98
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.