

Common Issues Delaying Dental Enrollment Benefits

Save Time and Avoid Unexpected Costs



Parwana Mohabbat, Program Specialist

Agenda

- Introduction
- Dental enrollment issues
- Completing Std.692
- Resources
- What's next?



Introduction: Customer Service & Support




Parwana Mohabbat


CalHR Benefits Division


- The Benefits Division is responsible for the design, acquisition, and oversight of the various statewide benefit programs administered by the California Department of Human Resources (CalHR) offered to state employees, retirees and dependents.
- Our goal is to ensure access to competitive, quality and affordable benefits. Successful delivery of these responsibilities enables the state, as an employer, to offer optimal benefits packages for recruiting and maintaining a top-performing workforce.





Dental Care Has Immediate and Long-term Effects On Wellbeing

 **Prevents bigger health issues:** Poor oral health is linked to heart disease, diabetes, and other chronic conditions.

 **Early detection matters:** Dentists can spot signs of health problems like high blood pressure, infections, or even cancer.

 **Supports everyday wellbeing:** Healthy teeth and gums make it easier to eat well, speak clearly, and feel confident.

 **Saves money long-term:** Preventive care like cleanings reduces the need for costly emergency treatments.

 **Boosts overall wellness:** Good oral health contributes to physical health, mental wellbeing, and quality of life.

Dental Enrollment Issues

Departments submit incomplete or incorrect Std.692 to State Controller's Office (SCO) for processing.

This leads to a delay in processing dental enrollments.

This causes accounts receivable to the employee.

Then the employee has to pay out of pocket for dental services.



Dental Plans

DHMO (Prepaid Plans)

DeltaCare, MetLife Basic and Enhanced, Premier Access and Western Dental

- The prepaid plans require you and your eligible dependents to use a dentist from a specific list of dentists who are located in California and who contract with your selected prepaid carrier.
- Dentists receive a flat fee for each member assigned to their offices.
- Most basic services are covered at no cost.

PPO (Indemnity and PPO Plans)

Delta Dental PPO plus Premier Basic and Enhanced Plans; Delta Dental PPO

- See any licensed dentist nationwide and internationally; best savings with in-network PPO dentists.
- Higher flexibility, but higher premiums and out-of-pocket costs.
- Annual maximums (i.e., limit on what your plan will pay in a year) and deductibles (i.e., what you need to pay before the plan kicks in) apply.
- Coverage includes major services and orthodontia (with coinsurance).

Eligibility

- **Newly hired eligible employees in the following bargaining units 1, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15, 20 and 21 must complete 24 months in state service to be eligible to enroll in an indemnity or PPO dental plan.**
 - May enroll in a prepaid plan for the first 24 months of employment
 - At the end of 24 months of state employment, 60 days to enroll in the PPO or indemnity plan if they so choose
- **Newly hired employees in following bargaining units 2, 7, 8, 16, 17, 18 and 19, and excluded employees are not under the 24 months restrictions**
 - May elect the Delta PPO plan or Delta PPO plus Premier plan at the time of hire
 - Not restricted to the state-sponsored prepaid plans.
- **Bargaining Unit 5 (union sponsored plan)**
 - California Association of Highway Patrolmen (CAHP) (800) 468-6486
- **Bargaining Unit 6 (union sponsored plan)**
 - California Correctional Peace Officers Association (CCPOA) Benefits Trust Fund (916) 779-6300 or (800) 468-6486

Dental Enrollment Issues Continued



Common Errors & Fixes

Most errors occur during open enrollment:

- 😞 Departments do not refer to "Instructions for Completing Open Enrollment Forms."
- 😞 Older version of forms are being used.
- 😞 Forms for enrollment, plan change or adding or deleting dependents are filled out incorrectly.

These errors are easy to avoid!

- 😊 The "Instructions for Completing Open Enrollment Forms gives you lots of helpful information."
- 😊 Use the most current form!
- 😊 Double check that your employee filled out the form correctly!

Completing Std. 692



Completing Std.692 – Employee

- Use the most current form: (REV. 4/2024).
- All highlighted sections of the Std.692 must be completed by the employee.
- The information must be legible to prevent any errors with spelling of employee name and address.

✓ Double check to make sure your employee has filled out the form correctly!

Clear Print D

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES
DENTAL PLAN ENROLLMENT AUTHORIZATION
 STD. 692 (REV. 4/2024)

PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEARLY - SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE

SECTION A		SECTION B																																																										
1. TYPE OF ACTION <input checked="" type="checkbox"/> NEW - ENROLLING IN A PLAN FOR THE FIRST TIME (Complete Sections A, B, and D) <input type="checkbox"/> CANCEL - (Complete Sections A, C, D) <input type="checkbox"/> CHANGE - CHANGING PLANS OR DEPENDENT COVERAGE (Complete Sections A, B, C, and D) <input type="checkbox"/> COBRA - ENROLLING IN COBRA CONTINUATION COVERAGE (Complete Sections A, B, and D)		1. NAME OF DENTAL PLAN Delta Dental PPO																																																										
2. NAME (First) (Middle) (Last) New Employee ADDRESS (Number and Street) 1234 CalHR Drive (City, State, and Zip) Sacramento, Ca 12345		2. PROVIDER/FACILITY NUMBER (If applicable) (prepaid plans only)																																																										
3. CHECK IF PERMANENT <input type="checkbox"/> INTERMITTENT EMPLOYEE		3. WHEN CHANGING FAMILY MEMBER ENROLLMENT , LIST ALL FAMILY MEMBERS CURRENTLY ENROLLED, AS WELL AS FAMILY MEMBERS TO BE ADDED AND/OR DELETED. ENTER THE ACTION CODE A (ADD) AND/OR D (DELETE) BESIDES THE NAMES OF ONLY THOSE MEMBERS TO BE ADDED OR DELETED.																																																										
4. MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DOMESTIC PARTNER		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">ACTION CODE</th> <th style="width: 45%;">LIST ALL PERSONS TO BE ENROLLED IN DENTAL PLAN (Include self) (First) (Middle) (Last)</th> <th style="width: 15%;">DATE OF BIRTH (MM/ DD/ YY)</th> <th style="width: 15%;">DEPENDENT TYPE</th> <th style="width: 10%;">GENDER</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>New Employee</td> <td>12/27/65</td> <td>SELF</td> <td>Male</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				ACTION CODE	LIST ALL PERSONS TO BE ENROLLED IN DENTAL PLAN (Include self) (First) (Middle) (Last)	DATE OF BIRTH (MM/ DD/ YY)	DEPENDENT TYPE	GENDER	A	New Employee	12/27/65	SELF	Male																																													
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A	New Employee	12/27/65	SELF	Male																																																								
5. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY		6. SOCIAL SECURITY NUMBER 123-45-6789																																																										
7. SPOUSE'S OR DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER		7. SPOUSE'S OR DOMESTIC PARTNER'S SOCIAL SECURITY NUMBER																																																										
SECTION C (Complete for Plan changes if different than B-1 and cancellations only)																																																												
1. PRIOR DENTAL PLAN NAME																																																												
SECTION D																																																												
1. CHECK APPROPRIATE BOX <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A DENTAL PLAN (Keep in employee's file)																																																												
<input checked="" type="checkbox"/> I ELECT TO ENROLL IN (OR CHANGE TO) A DENTAL PLAN AS SHOWN ABOVE AND AUTHORIZE DEDUCTIONS TO BE MADE FROM MY SALARY OR RETIREMENT ALLOWANCE TO COVER MY SHARE OF COST OF ENROLLMENT AS IT IS NOW OR AS IT MAY BE IN THE FUTURE. I ALSO CERTIFY THAT THE NAMES OF THE PERSONS LISTED IN SECTION B, ITEM 3 ARE ELIGIBLE FAMILY MEMBERS AS DEFINED BY THE STATE OF CALIFORNIA AND ARE NOT ENROLLED IN ANOTHER STATE OF CALIFORNIA DENTAL PLAN.																																																												
<input type="checkbox"/> I ELECT TO CANCEL THE DENTAL PLAN SHOWN ABOVE.																																																												
2. EMPLOYEE'S OR ANNUITANT'S SIGNATURE (See Privacy Information on reverse of employee copy)					3. DATE SIGNED 01/01/2025																																																							

Completing Std.692 – Personnel Office

- All highlighted sections of the form must be completed by the personnel department.
- The DENTAL ORG. CODE depends on the plan (see next slide).

SECTION E (FOR AGENCY OR RETIREMENT SYSTEM USE ONLY)																			
1. EMPLOYER DED. CODE <input type="checkbox"/> CSU-150 <input checked="" type="checkbox"/> NON-CSU-351		2. DENTAL ORG. CODE 018		3. PARTY CODE 1		4. PAY PERIOD MONTH YEAR 12 25		5. STATE SHARE AMOUNT \$ 50.00		6. EMPLOYEE COBEN DEDUCTION AMOUNT \$ 11.00		7. EMPLOYEE DESIGNATION R		8. BARGAINING UNIT 01		9. TOTAL PREMIUM AMOUNT \$			
COMPLETE ON CHANGES ONLY																			
10. PRIOR EMPLOYER DED. CODE <input type="checkbox"/> CSU-150 <input checked="" type="checkbox"/> NON-CSU-351		11. PRIOR DENTAL ORG. CODE		PRIOR PARTY CODE		12. PERMITTING EVENT DATE (MM / DD / YY) MONTH DAY YEAR 09 15 25		13. PERMITTING EVENT CODE 03		14. EFFECTIVE DATE OF ACTION MONTH DAY YEAR 01 1 26		15. AGENCY CODE 525		16. UNIT CODE 450		17. AGENCY NAME OR RETIREMENT SYSTEM (IF RETIRED) <input type="checkbox"/> AGENCY <input type="checkbox"/> CALPERS RETIREE			
18. REMARKS Provide any remarks to SCO, such as Open Enrollment Plan Change Adding/deleting dependents												19. SIGNING PERSONNEL OFFICER'S NAME (Please Print) Your Name							
												20. AUTHORIZED AGENCY SIGNATURE I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employees named herein is eligible for enrollment in the State Dental Insurance Program. Sign here							
												21. TELEPHONE NUMBER (Include Area Code) Your Phone Number				22. DATE RECEIVED IN EMPLOYING OFFICE Month Day Year 10 10 25			
												23. EMAIL ADDRESS Your Email Address							

Org Codes: State-Sponsored Dental

Plan	Eligibility	Org Code
Delta Dental PPO	Eligible active employees and retirees	018
Delta Dental PPO plus Premier Basic	Represented employees and retirees	007
Delta Dental PPO plus Premier Enhanced	Active excluded employees	008
DeltaCare USA	Active employees and retirees [California Only]	009
MetLife Enhanced	Excluded employees and retirees [California Only]	015
MetLife Standard	Active represented employees [California Only]	016
Premier Access	Active employees and retirees [California Only]	020
Western Dental	Active employees and retirees [California Only]	025

Org Codes: Union-Sponsored Dental

Plan	Eligibility	Org Code
CAHP Blue Cross	BU5 employees after completing 24 months	013
CCPOA Primary	Dues paying BU6 employees [Supervisors]	246
CCPOA Primary	Dues paying BU6 employees [Represented]	245

Additional Resources



Resources

- [BAM for Dental](#)
- [HR Manual for Dental](#)
- [Open Enrollment Resources](#)
- Program Inbox: Dental@calhr.ca.gov

Additional Program Resources

- Compare plans and review premium information
- Go to [CalHR's Benefits Website Virtual Library](#)
- Click on **Retiree Bookshelf**
> **2026 Dental Retiree Handbook**



Type of Plan	Delta Dental PPO plus Premier Basic No. 9949	Delta Dental PPO plus Premier Basic No. 9949	Delta Dental PPO In-Network ¹ (PPO Dentist) No. 9946	Delta Dental PPO Out-of-Network (non-PPO Dentist) No. 9946
Who is Covered?	Retirees	Dependents of Retirees	Retirees and Dependents	Retirees and Dependents
Diagnostic and Preventive (two cleanings annually)	No charge ^{2,3}	No charge ^{2,3}	No charge ^{2,3}	20% ³
Basic Benefits	10%	10%	10%	20%
Crowns	20%	50%	20%	50%
Bridges, Full and Partial Dentures	50%	50%	40%	50%
Implants	50% Subject to Calendar Year Maximum	50% Subject to Calendar Year Maximum	50% Subject to Calendar Year Maximum	50% Subject to Calendar Year Maximum
Orthodontia	Will pay up to 50% of the approved fee for orthodontia, with a lifetime maximum for this benefit of \$1,000 for retiree	Will pay up to 50% of the approved fee for orthodontia, with a lifetime maximum for this benefit of \$1,000 for dependent	Will pay up to 50% of the approved fee, with a lifetime maximum of \$1,000 for each eligible adult and \$1,500 for eligible children	Will pay up to 50% of the approved fee, with a lifetime maximum of \$1,000 for each eligible adult and eligible children
Annual Deductibles	\$50	\$50 per person	\$25 per person	\$75 per person
Maximum Deductible	\$50	\$150 per family	\$100 per family	\$200 per family
Annual Maximum	\$2,000	\$2,000 per person	\$2,000 per person	\$1,000 per person

¹The level of benefits and covered services shown here are based on services provided by a PPO Plan dentist; for services provided by a non-PPO plan dentist, the level of benefits is lower.
²Diagnostic and Preventive Benefits are exempt from the deductible, and the Calendar Year Maximum (CYM).
³Includes a third cleaning for high-risk patients.

What's Next



Request Tracking System (RTS)

CalHR launched a new way to submit Dental, FlexElect, and Vision appeals through the [Request Tracking System \(RTS\)](#).

RTS highlights:

- Simple, user-friendly online submission
- Real-time status updates—from submission to resolution
- Reporting tools to track trends and response times
- Centralized platform for employees, managers, and program staff

Transition timeline:

- Appeals may still be submitted by email until January 1, 2026
- After that date, all Dental, FlexElect, and Vision appeals must be submitted through RTS under “Customer Service and Support Appeals Requests.”

What's Next with Benefits

- Use the Request Tracking System for submitting appeals for FlexElect, CoBen Cash, Dental and Vision benefit programs
- Last day for SCO to receive all Open Enrollment forms from departmental personnel offices: Friday, Oct. 31



Thank you!

For Dental related inquiries, please contact:
Dental@calhr.ca.gov

Q&A

