

MEMORANDUM

TO: PERSONNEL MANAGEMENT LIAISONS DATE: August 15, 1995
REFERENCE CODE: 95-039

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS SUPERVISORS AND
PERSONNEL TRANSACTIONS STAFF

FROM: Department of Personnel Administration
Benefits and Training Division

SUBJECT: 1995 Dental Open Enrollment Period

CONTACT: William Page, Dental Program Coordinator
(916) 324-0525 or CALNET 454-0525
Office Vision: DPA (WHPAGE)
INTERNET: WHPAGE@SMTP.DPA.CA.GOV

The following information regarding the 1995 Dental Open Enrollment Period should be communicated 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) retirees/annuitants; (2) excluded employees; and (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. State Retirees/Annuitants will receive dental open enrollment information during August from DPA at their home address.

DENTAL OPEN ENROLLMENT

Open enrollment for dental benefits will be held from September 1, 1995 through September 30, 1995. All actions taken during this open enrollment period will become effective January 1, 1996. 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/date a Dental Enrollment Authorization (STD. 692) no later than September 30, 1995. 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: 9/1/95

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 September 30, 1995. **The effective date for all actions will be January 1, 1996.** All documents should be received at SCO no later than November 13, 1995. All documents returned to the Personnel office by SCO for needed corrections must be corrected and received at SCO no later than December 11, 1995.

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, 1996. Any dental form (STD.692) that is submitted as part of a FlexElect enrollment or change must be submitted to SCO according to the FlexElect instructions. Please refer to the FlexElect Procedures Manual.

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 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 Representative. 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 PREMIUM RATES - EMPLOYEE COPAYMENT

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 1996 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

COBRA rates for 1996 are provided on Attachment IV. Please note that there has been an increase in the 1996 COBRA rates for the prepaid plans.

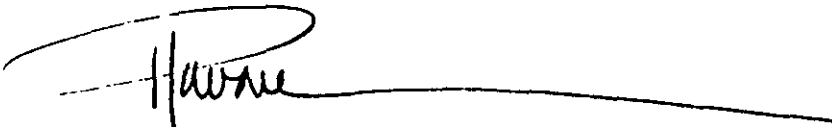
INDEMNITY DENTAL PLAN BID - DENTAL PROCEDURES MANUAL

DPA has recently completed the Indemnity Dental Plan Bid evaluation. The Delta Dental Plan has been selected as the successful bidder. The new Delta Dental contract will begin January 1, 1996. The updated Dental Procedures Manual is scheduled to be completed and mailed to departments in late 1995.

DEPARTMENTS' 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 dates. 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 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".

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 Coordinator, at (916) 324-0525 or CalNet 454-0525.



Patricia Pavone, Chief
Benefits and Training Division

Attachments

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

ATTACHMENTS WILL BE MAILED WITH ORIGINAL COPY.

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

For these procedures:

	<u>Employee Pays</u>		<u>PREPAID</u>
	<u>INDEMNITY</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

For these procedures:

	<u>Employee Pays</u>		<u>PREPAID</u>	<u>DENTICARE ENHANCED</u>
	<u>INDEMNITY</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.

DEPARTMENT OF PERSONNEL ADMINISTRATION

DENTAL PLAN CARRIERS AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1996

<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 Laguna 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	\$14.04	\$22.75	\$31.30
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-750-4303	4039	100-016	351-016	\$12.41	\$19.79	\$27.06
<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	\$51.75***	\$51.75***	\$51.75***
CCPOA/Dental Net (RO6)	1121SA	100-248	351-248	\$51.75***	\$51.75***	\$51.75***
<u>VISION CARRIER AND PREMIUM RATES - EFFECTIVE JANUARY 1, 1996</u>						
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-622-7444				\$9.33	\$9.33	\$9.33

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

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

***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. 8/95)



DEPARTMENT OF PERSONNEL ADMINISTRATION

COBRA GROUP CONTINUATION RATES*

MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 1996

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	\$13.86	\$22.75	\$31.47
Safeguard Health Plan P.O. Box 3210 Anaheim, CA 92803-3210 1-800-352-4341	Basic	Excluded/Represented Employees and Their Dependents	\$12.20	\$19.73	\$27.14

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.