



OPEN ENROLLMENT: SEPTEMBER 10 – OCTOBER 5, 2018

The annual Open Enrollment period for health, dental, vision, reimbursement accounts, and cash options is September 10 through October 5, 2018. This publication provides information about this year's Open Enrollment and highlights 2019 benefit plan changes. Please take a moment to read this information carefully.

OPEN ENROLLMENT FACTS

During Open Enrollment, eligible employees may:

- Enroll, cancel, or change health, dental, and vision plans. You can also add or delete dependents.
- Enroll in a reimbursement account. If you have a reimbursement account and want to participate again next year, you need to re-enroll during Open Enrollment.
- Enroll in a cash option in lieu of health and/or dental benefits, if you have other qualifying group health or dental coverage through another source, such as your spouse.

If you are currently enrolled in health, dental, vision, or a cash option, you do not need to re-enroll unless you are a permanent-intermittent employee. Permanent-intermittent employees who want to continue receiving the cash option must re-enroll annually during Open Enrollment. All Open Enrollment actions will be effective January 1, 2019.

WHAT'S CHANGING FOR 2019?

- Premiums will increase for some CalPERS health plans. Plan changes to avoid premium increases must be made during Open Enrollment. Please visit CalPERS' website at www.calpers.ca.gov for 2019 premiums. The 2019 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit are on page 7.
- Premiums will increase for DeltaCare USA and Western Dental plans. The 2019 Dental Plan Premiums are on pages 4 and 5.
- The maximum amount you may contribute into a medical reimbursement account will increase to \$2,650 per year.

IMPORTANT OPEN ENROLLMENT REMINDERS

- If you are eligible for health benefits, but not currently enrolled, or are receiving cash in lieu of your state-sponsored health coverage, you may enroll in health benefits during Open Enrollment.
- The maximum amount you may contribute into a dependent care reimbursement account continues to be \$5,000 per household per year.
- If you have children, they are eligible for dependent coverage for health, dental, and vision plans up to the age of 26. Please check your health, dental, and vision coverage enrollments through your personnel office and ensure that only eligible dependents are enrolled.
- The CalHR 774 cannot be used to enroll or make changes to the Premier Vision Plan for Open Enrollment transactions. There are three ways to enroll or make changes to the Premier Vision Plan during Open Enrollment:
 1. Visit the Vision Service Plan (VSP) website at stateofcaemployee.vspforme.com and complete the online enrollment form.
 2. Call VSP at (800) 877-7195 and speak with a Member Services representative.
 3. Complete and mail the enrollment form VSP mailed to your home.

OPEN ENROLLMENT DEADLINES

Last day to submit forms to enroll, cancel, or make changes to health, dental, reimbursement accounts, and cash options.	October 5, 2018
Last day to mail Premier Vision Plan forms to VSP.	Must be postmarked by October 5, 2018
Last day to cancel or change your enrollment in a reimbursement account or cash option (if you enrolled or are re-enrolled during Open Enrollment).	December 31, 2018

BENEFITS CALCULATOR

The Benefits Calculator on CalHR's website allows you to compare premiums for health, dental, and vision plans. Simply select a year, your bargaining unit (BU), your vesting option (if applicable), and number of dependents. You will then be able to compare your benefit options, as well as populate a dental plan form. The Benefits Calculator is located at <http://eservices.calhr.ca.gov/BenefitsCalculatorExternal/>.

CONSOLIDATED BENEFITS

All excluded employees and employees represented by BUs 2, 7, 8, 16, 17, 18, and 19, are in Consolidated Benefits (CoBen). The state provides a lump sum benefit allowance to purchase health, dental, and vision benefits. If the premium cost of the benefit plans selected is less than your CoBen allowance, you receive the difference as taxable income. If the total premium cost of the benefit plans selected is more than your CoBen allowance, the difference is deducted on a pre-tax basis from your pay warrant. The Benefits Calculator can help you determine how much will be deducted from or added to your pay warrant, based on the benefit plans you choose. The 2019 CoBen allowances are on page 7.

DEPENDENT VESTING

New employees in Bargaining Unit 10 who were not previously eligible for state health benefit coverage may be subject to health dependent vesting. Health dependent vesting provides new employees a reduced employer health benefit contribution toward dependent coverage during the first 12 months of service, after which employees receive the full employer contribution for their dependents as specified in their BU agreement. Please contact your personnel office if you have questions about dependent health care vesting.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

COBRA enrollees can make changes to their coverage during Open Enrollment. CalHR will send specific instructions to all COBRA enrollees in dental coverage prior to the beginning of Open Enrollment. VSP will send specific instructions to all COBRA enrollees in vision coverage prior to the beginning of Open Enrollment. The 2019 COBRA rates are on CalHR's website.

FOR MORE INFORMATION

Additional benefit plan information, handbooks, and enrollment/change forms can be found on CalHR's website at www.calhr.ca.gov. For questions regarding the 2018 Open Enrollment period, please contact your personnel office.

2019 DENTAL PLAN PREMIUMS

The following tables show premiums effective January 1, 2019. For employees in CoBen, the state share and employee share does not apply. Therefore, the total dental premium will be deducted from the monthly CoBen allowance.

STATE-SPONSORED DENTAL PLANS

Delta Dental PPO plus Premier Basic Plan for Represented Employees

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$38.12	\$12.71	\$50.83
Party Code 2	\$66.56	\$22.19	\$88.75
Party Code 3	\$96.21	\$32.07	\$128.28

Delta Dental PPO plus Premier Enhanced Plan for Excluded Employees

Level of Coverage	Total Premium
Party Code 1	\$52.87
Party Code 2	\$104.06
Party Code 3	\$146.18

Delta Dental Preferred Provider Option for Excluded and Represented Employees

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$34.84	\$11.61	\$46.45
Party Code 2	\$67.73	\$22.58	\$90.31
Party Code 3	\$101.91	\$33.97	\$135.88

Prepaid Dental Plans—State Pays 100%

Level of Coverage	DeltaCare USA	Premier Access	SafeGuard Standard	SafeGuard Enhanced	Western Dental
Party Code 1	\$19.44	\$15.80	\$15.74	\$16.06	\$15.77
Party Code 2	\$31.90	\$25.59	\$25.50	\$27.18	\$26.02
Party Code 3	\$44.13	\$35.84	\$35.71	\$33.48	\$36.91

2019 DENTAL PLAN PREMIUMS (continued)

UNION-SPONSORED DENTAL PLANS

CAHP/Blue Cross (R05)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$38.12	\$11.11	\$49.23
Party Code 2	\$66.56	\$19.21	\$85.77
Party Code 3	\$96.21	\$28.68	\$124.89

CCPOA/Primary Dental (R06)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$0	\$69.06
Party Code 2	\$69.06	\$0	\$69.06
Party Code 3	\$69.06	\$0	\$69.06

CCPOA/Western Dental (R06)

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$0	\$69.06
Party Code 2	\$69.06	\$0	\$69.06
Party Code 3	\$69.06	\$0	\$69.06

CCPOA/Primary Dental (S06, M06, E06, C06)

Level of Coverage	Total Premium
Party Code 1	\$37.00
Party Code 2	\$79.00
Party Code 3	\$135.00

2019 VISION PLAN PREMIUMS

The following tables show premiums effective January 1, 2019. For employees in CoBen, the state share and employee share does not apply. Therefore, the total vision premium will be deducted from the monthly CoBen allowance.

STATE-SPONSORED VISION PLANS

Vision Service Plan Basic

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$8.64	\$0	\$8.64
Party Code 2	\$8.64	\$0	\$8.64
Party Code 3	\$8.64	\$0	\$8.64

Vision Service Plan Premier

Level of Coverage	State Share	Employee Share	Total Premium
Party Code 1	\$8.64	\$8.84	\$17.48
Party Code 2	\$8.64	\$17.68	\$26.32
Party Code 3	\$8.64	\$28.46	\$37.10

2019 COBEN ALLOWANCES AND EMPLOYER HEALTH BENEFIT CONTRIBUTIONS BY BARGAINING UNIT*

Bargaining Unit	Single	2-Party 75% Dependent Vesting	2-Party 100% Dependent Vesting	Family 75% Dependent Vesting	Family 100% Dependent Vesting
1	\$583	N/A	\$1,170	N/A	\$1,518
2	\$630	N/A	\$1,245	N/A	\$1,623
3	\$583	N/A	\$1,170	N/A	\$1,518
4	\$583	N/A	\$1,170	N/A	\$1,518
5	\$620	N/A	\$1,206	N/A	\$1,555
6	\$583	N/A	\$1,170	N/A	\$1,518
7	\$630	N/A	\$1,245	N/A	\$1,623
8	\$667	N/A	\$1,281	N/A	\$1,660
9	\$620	N/A	\$1,206	N/A	\$1,555
10	\$583	\$1,023	\$1,170	\$1,284	\$1,518
11	\$583	N/A	\$1,170	N/A	\$1,518
12	\$583	N/A	\$1,170	N/A	\$1,518
13	\$583	N/A	\$1,170	N/A	\$1,518
14	\$583	N/A	\$1,170	N/A	\$1,518
15	\$583	N/A	\$1,170	N/A	\$1,518
16	\$630	N/A	\$1,245	N/A	\$1,623
17	\$630	N/A	\$1,245	N/A	\$1,623
18	\$630	N/A	\$1,245	N/A	\$1,623
19	\$630	N/A	\$1,245	N/A	\$1,623
20	\$583	N/A	\$1,170	N/A	\$1,518
21	\$583	N/A	\$1,170	N/A	\$1,518
Excluded	\$668	N/A	\$1,293	N/A	\$1,673

*Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting levels.