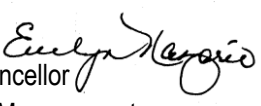



Date: August 18, 2015

Code: TECHNICAL LETTER
HR/Benefits 2015-05

To: Human Resources Officers
Benefit Officers

From: Evelyn Nazario 
Associate Vice Chancellor
Human Resources Management

Ann Latham 
Director, Benefits & HR Programs
Human Resources Management

Subject: Annual Benefits Open Enrollment Period – September/October 2015

Dear Colleagues:

We are pleased to provide you with the Annual Open Enrollment Technical Letter that announces the open enrollment period for CalPERS health, CSU dental, CSU vision, Dependent Care Reimbursement Account, Health Care Reimbursement Account, FlexCash, Tax Advantage Premium Plan, and CSU Voluntary Benefits plans for plan year 2016.

The open enrollment period is from September 14, 2015 through October 9, 2015. During this time employees can enroll, change or cancel benefits.

If you have any questions, please contact Human Resources Management at 562-951-4411.


Warm regards,


Evelyn and Ann

Date: August 18, 2015

Code: TECHNICAL LETTER
HR/Benefits 2015-05

To: Human Resources Officers
Benefit Officers

From: Evelyn Nazario 
Associate Vice Chancellor
Human Resources Management

Ann Latham 
Director, Benefits & HR Programs
Human Resources Management

Subject: Annual Benefits Open Enrollment Period – September/October 2015

Summary

This Technical Letter announces the annual open enrollment period for CalPERS health, CSU dental, CSU vision, Dependent Care Reimbursement Account, Health Care Reimbursement Account, FlexCash, Tax Advantage Premium Plan, and CSU Voluntary Benefits plans.

Campuses designees who administer CSU benefit programs should review the Technical Letter in its entirety.

The official annual open enrollment period for CalPERS health, CSU dental, CSU vision, Dependent Care Reimbursement Account (DCRA), Health Care Reimbursement Account (HCRA), FlexCash, Tax Advantage Premium Plan (TAPP), and CSU Voluntary Benefits plans is from **September 14, 2015, through October 9, 2015**. The Effective date for all Open Enrollment transactions is January 1, 2016. For your convenience, we have provided a high level overview of the key contents included in this Technical Letter.

Distribution:

CSU East Bay President
Cal Maritime Academy President
Vice Chancellor, Human Resources

Associate Vice Presidents/Deans of Faculty
Payroll Managers
Budget Officers

CONTENTS OF TECHNICAL LETTER	PAGE
Open Enrollment Communication Tools	3
CalPERS Health Plans	4
<ul style="list-style-type: none"> • Health Plan Options in 2016 	4
<ul style="list-style-type: none"> • CalPERS Health Benefit Changes for 2016 	4
<ul style="list-style-type: none"> • 2016 Employer Contribution Rates for Health Plans 	5
<ul style="list-style-type: none"> • 2016 CalPERS Health Plan Decision Tools Promotional Video 	6
<ul style="list-style-type: none"> • Health Open Enrollment Packets 	6
<ul style="list-style-type: none"> • CalPERS On-line Tools 	7
<ul style="list-style-type: none"> • CalPERS Open Enrollment Circular Letter 	7
CSU Dental Program	7
<ul style="list-style-type: none"> • Dental Premiums Changes for 2016 	8
CSU Vision Plan	8
Dependent Care Reimbursement Account (DCRA)/ Health Care Reimbursement Account (HCRA)	9
FlexCash	9
Tax Advantage Premium Plan (TAPP)	10
MetLaw® Legal Plan	10
Voluntary Benefit Plans: <ul style="list-style-type: none"> • Critical Illness Plan • Voluntary Life Insurance • Voluntary Long Term Disability Insurance • Auto and Home Insurance 	10
Open Enrollment Processing Deadlines	11
CMS Processing Instructions	11
General Information	11
Attachments To Technical Letter	
CSU Benefits Open Enrollment Brochure	Attachment A
Sample Employee Communication	Attachment B
2016 CalPERS Health Benefits Program Basic Plan Rates Sheet	Attachment C
CSU Dental Documents: <ol style="list-style-type: none"> 1. Dental Plans Overview 2. Basic Plans Benefits Comparison 3. DeltaCare USA Basic and Delta Dental PPO Enhanced Level I Benefits 4. DeltaCare USA Enhanced and Delta Dental PPO Enhanced Level II Benefits 5. Delta Dental PPO Premium Rates 6. DeltaCare USA Premium Rates 7. CSU Dental Program Group Plan Numbers 	Attachment D
CSU Voluntary Life, Long Term Disability and AD&D Insurance 2016 Rates	Attachment E
CSU VSP Benefits Summary	Attachment F

OPEN ENROLLMENT COMMUNICATION TOOLS

The Systemwide Benefits Office is committed to helping campus benefits representatives navigate smoothly through the open enrollment process in order to ensure that employees are provided the proper resources to analyze and select the benefit plans that best suit their needs. Utilizing the marketing tools listed below will assist campuses during the open enrollment period. The marketing tools include the following:

1. CSU Open Enrollment Benefits Brochure
2. Open Enrollment E-mail Template
3. Systemwide Open Enrollment CSYou Page

The CSU Open Enrollment Benefits brochure is a four page brochure that provides employees with important information about this year's open enrollment period. It contains information about the CalPERS health plans, as well as important links to the following CSU benefits plans: dental, vision, Flexible Spending Accounts (DCRA/HCRA), Aflac Group Critical Illness Insurance, The Standard Insurance Programs (Employer paid and Voluntary Life, AD&D and Long Term Disability Insurance), MetLaw Legal Plan, California Casualty and the CalPERS Retirement plan. The CSU Open Enrollment Benefits brochure can also be customized by each campus to include specific information about each campus' annual open enrollment Benefits Fair.

In order to promote the upcoming Open Enrollment period, CSU created a standard Open Enrollment e-mail template for campuses to distribute to employees. This template can also be customized by each campus. A copy of this template is included in this Technical Letter as Attachment B.

In addition, the Systemwide Open Enrollment CSYou webpage is being updated. Campuses are encouraged to direct employees to this site to learn more about CalPERS health plan options and the CSU sponsored core and voluntary benefits plans.

Please be advised that our office will send out a Benefits Alert email to all benefits officers that contain an electronic copy of the CSU Open Enrollment Benefits Brochure and Open Enrollment E-mail Template that can be customized by each campus. The email will also contain the official link to the Systemwide Open Enrollment CSYou Page.

CALPERS HEALTH PLANS

Health Plan Options in 2016

CalPERS will continue to offer the same health plans in 2016:

Health Plan Name	Plan Code	Plan Type
Anthem Blue Cross Traditional HMO California	180/194	HMO
Anthem Blue Cross Select HMO California	181/195	HMO
Blue Shield Access+ California	141/205	HMO
Blue Shield NetValue California	042/146	HMO
Health Net Salud y Mas California	184	HMO
Health Net SmartCare California	185	HMO
Kaiser Permanente California	056	HMO
Kaiser Permanente – Out of State	Varies	HMO
Peace Officers Research Association of California (PORAC)*	207	HMO
Sharp Performance Plus California (San Diego County only)	189	HMO
UnitedHealthCare Alliance HMO California	187	HMO
Anthem Blue Cross EPO California (Monterey County only)	127/128	EPO
Anthem Blue Cross EPO California (Del Norte County only)	172	EPO
Blue Shield EPO (Colusa, Mendocino and Sierra Counties only)	191	EPO
PERSCare	278	PPO
PERS Choice	222	PPO
PERS Select California	045	PPO

*To enroll in PORAC, eligible employees must belong to and pay dues to the Association. Currently, only Unit 8, Statewide University Police Association (SUPA) employees are eligible to enroll in the PORAC health plan.

CalPERS Health Benefit Changes for 2016

Highlights of the 2016 CalPERS health benefit changes are listed below. Please refer to the health plan's Evidence of Coverage (EOC) booklet for a complete explanation of the benefits covered, as well as limitations and exclusions that apply. For additional information on CalPERS health plans, please refer to the CalPERS open enrollment materials, or visit the CalPERS website at: <http://www.calpers.ca.gov>.

1. Anthem Blue Cross and Blue Shield of California are introducing Welvie, an online tool that will help educate members and place more power in their hands when it comes to minimizing unnecessary and inappropriate surgeries.
2. Inclusion of Acupuncture and Chiropractic benefits for the PERS/Cares, Choice, and Select Plans and all three Medicare Supplemental plans Choice/Care/Select plans.
 - a. Acupuncture or Chiropractic services will provide twenty (20) annual visits (combined) for these services, regardless of medical necessity, at the standard office visit copay level (\$15).
3. PERS Select is expanding into San Diego County.
4. Blue Shield of California will be enhancing the Prescription (Rx) benefit with a 90-day supply options allowing members the option to fill their prescriptions at select retail pharmacies.

5. United Healthcare has expanded its service area to also encompass Kings, Marin and San Diego Counties.
 - a. United Healthcare Rx to offer a 90-day supply option at select participating retail pharmacies at the mail order price.
6. Health Net SmartCare is expanding into Alameda, Contra Costa, Fresno, Kern, Kings, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare and Yolo Counties.
7. United Healthcare will be the single carrier for Medicare. This change will not affect the PERS Care/Choice/Select, or Kaiser Permanente Medicare plans. This plan will allow all plan members to receive care from any willing Medicare provider in California and across the country. It covers all of the care covered by Medicare Parts A, B and D and includes a comprehensive national network of contracted health care providers. United Healthcare Medicare Advantage (MA) Preferred Provider Organization (PPO) will be offered in all 58 counties in California and out of state.
 - a. United Healthcare Medicare will also offer HouseCalls and Silver Sneakers programs to members.
 - i. The HouseCalls program is an innovative home assessment program available nationally to qualified members of select United Healthcare Medicare Advantage plans at no cost to members. Helps to prevent complications by identifying gaps in care; increases adherence to care plan and care coordination and collaboration with member's primary care physician.
 - ii. Silver Sneaker fitness program helps members with staying physically fit and active at no additional cost. The program allows members to choose a fitness center from more than 11,000 participating locations which offer classes, cardio equipment, resistance machines, free weights and heated pools (at certain locations). Many locations offer women-only fitness such as Curves nationwide.

As more information becomes readily available regarding the Medicare changes, the campuses will be updated by HRM Benefits.

2016 Employer Contribution Rates for Health Plans

The chart below reflects the 2016 employer contribution rates for the health plans, per California Government Code 22871. As a result of collective bargaining, employees represented by the State Employees Trades Council (SETC–Unit 6) have slightly different employer contribution rates, which are noted in the chart.

Coverage Level	All Employees (Except R06)	R06 Employees
Employee Only	\$705	\$710
Employee + One	\$1,343	\$1,353
Employee + Two or More	\$1,727	\$1,747

Please note: English Language Program Instructors (CSULA only) Unit 13, have negotiated an 80% (employer), 20% (employee) cost sharing agreement for medical benefits, so coverage amounts vary.

A copy of the 2016 CalPERS Health Benefits Program Basic Plan Rates chart that contains the 2016 CSU contribution rates, monthly premiums and employee share of premium rate is attached (See Attachment C).

2016 CalPERS Health Plan Decision Tools Promotional Videos

CalPERS offers the Health Plan Decision Tools Promotional Video Series which presents information on the Health Plan Chooser, rates and 2016 Health Benefit Summary. Included with these videos are instructions on how to schedule an onsite health fair. The videos will be available on the CalPERS website at www.calpers.ca.gov for viewing by campus benefit representatives and employees in September. To access the video, go to www.calpers.ca.gov and select the "Members", then scroll down and select "View CalPERSNetwork Videos. Enter "Health Care Decision Videos", in the search box and hit enter. Links to the videos will also be available on CalPERS social media channels: www.facebook.com/mycalpers; www.twitter.com/calpers; www.youtube.com/calpersnetwork.

Health Open Enrollment Packets

Please be advised that CalPERS is responsible for the distribution of health plan (e.g., medical) information to CSU employees during open enrollment. CalPERS will mail health plan open enrollment packets to enrolled employees between August 17, 2015, and August 24, 2015. The open enrollment packet will contain the following information:

1. **Open Enrollment Newsletter** - provides information about this year's Open Enrollment period, as well as highlights of the 2016 health plan design changes.
2. **Annual Health Plan Statement** - identifies the health plan in which the employee and the employee's family members are enrolled in as of July 1, 2015.
3. **Health Plan Premium Rate Sheet** - informs the employee of available health plans and rates based on their eligibility ZIP Code.
4. **Publication Request Postcard** - allows employees to order the following publications:
 - a. **2016 Health Benefit Summary** - Provides valuable information to help make an informed choice about a health plan; compares benefits, covered services, and co-payment information for all CalPERS health plans.
 - b. **Health Program Guide** - Describes Basic and Medicare health plan eligibility and enrollment requirements, and explains when and how an employee can make a health plan change.
 - c. **CalPERS Medicare Enrollment Guide** – Provides information about how Medicare works with CalPERS health benefits, including when to enroll in a CalPERS Medicare health plan.

Please Note: Employees enrolled in a CalPERS health plan after July 1, 2015, will not receive an Open Enrollment packet from CalPERS. New employees who did not receive an Open Enrollment packet can review the information electronically online by visiting the CalPERS website at: www.calpers.ca.gov beginning August 17, 2016. The information is available by selecting the Open Enrollment button on the home page.

Please be advised that CalPERS will mail each campus an "Employer Report" that lists all employees who were mailed an Open Enrollment packet. The report will contain the employee name, address (per CalPERS record) and current health plan and eligibility ZIP code. An asterisk on this report will identify Open Enrollment packets returned with an undeliverable address by the United States Postal Service. Changes submitted after July 1, 2015, will not be reflected on this report. Health Plan Statements returned with an undeliverable address by the United States Postal Service will be forwarded by CalPERS to the applicable campuses by September 24, 2015. Campuses will be responsible for providing the information to the applicable employees and ensuring that the employee's address is updated accordingly.

Beginning August 21, 2015 through August 26, 2015, CalPERS will mail campuses a supply of Open Enrollment publication packets equivalent to two percent of each campus' enrolled employees. These publications should be used for distribution to the following employee groups:

- New Hires,
- Employees who are eligible for health benefits, but who are not currently enrolled in a health plan, and
- All health enrollments or address changes recorded after July 1, 2015.

Open Enrollment and Health Plan Chooser posters will also be included with the Open Enrollment packets that will be mailed to each campus. Posters should be displayed in the campuses HR/Benefits office and common work areas. Campuses can access additional publications packets online at: www.calpers.ca.gov. This information is not posted at this time.

Please Note: As there has been no change to the Health Program Guide and CalPERS continues their efforts to "Go Green" they will be sending the remaining inventory of the Health Program Guides dated August 2011 in the Open Enrollment publication packets.

CalPERS Online Tools

CalPERS has two helpful online tools that employees can utilize to review important health plan options and information during open enrollment, which include the *Health Plan Search by ZIP Code* tool and the *Health Plan Chooser* tool. To use the online tools, at the CalPERS main page choose "Active Members" tab, then select "Find Health Plan Rates". From there you would choose either the Health Plan Search by Zip Code or Health Plan Chooser. Please note that CalPERS is currently in the process of updating these tools to include the new 2016 plan information.

The *Health Plan Search by ZIP Code* tool is an online tool that identifies which plans are available within a particular ZIP Code. To use the online tool simply enter your residential or work ZIP Code, then Search to view the results.

The online *Health Plan Chooser* tool helps employees compare the features and estimates out-of-pocket cost for each plan, search for doctors, and compare and rank plans based on personal preferences. Complete the Chooser's five steps, and the Chooser provides a Results Summary chart highlighting the plan(s) rated as the best fit in each category.

CalPERS Open Enrollment Circular Letter

Please reference the CalPERS [Circular Letter 600-044-15](#) for additional information regarding the CalPERS health plans, open enrollment communications, distribution dates of open enrollment packets, CalPERS Employer Reports and helpful online resources.

CSU DENTAL PROGRAM

The CSU continues to offer eligible employees two dental plan coverage types which include:

- Delta Dental - an indemnity plan (PPO)
- DeltaCare USA - a pre-paid dental health maintenance organization (DHMO)

Participating dentists in the Delta Dental Premier and PPO networks, applicable only to Delta Dental PPO, can be identified by accessing the Delta Dental website at: <http://www.deltadentalins.com/csu>; or employees can request a list by contacting Delta Dental.

Employees enrolled in DeltaCare USA will continue to select dentists from DeltaCare USA's exclusive list of providers, which is also provided at: <http://www.deltadentalins.com/csu>.

Dental Premium Changes for 2016

The monthly premiums for the Delta Dental PPO plans will remain the same for 2016 plan year, while the DeltaCare USA plans decreased for the 2016 plan year. **Please note that premiums for the dental plans are currently paid by the CSU, with no cost to the employee.** All coverage levels and plan benefits will remain the same for the 2016 plan year.

The following dental documents are provided in this Technical Letter as Attachment D:

- Dental Plans Overview
- Basic Plans Benefits Comparison
- DeltaCare USA Basic and Delta Dental PPO Enhanced Level I Benefits
- DeltaCare USA Enhanced and Delta Dental PPO Enhanced Level II Benefits
- Delta Dental PPO Premium Rates
- DeltaCare USA Premium Rates
- CSU Dental Program Group Plan Numbers

Please refer to the Evidence of Coverage (EOC) booklets for a complete explanation of the benefits covered within each dental plan, as well as limitations and exclusions that apply. These documents, along with additional information on the dental plans, can be reviewed online at: <http://www.deltadentalins.com/csu>.

CSU VSP VISION PLAN

CSU is pleased to continue providing CSU employees with a comprehensive vision plan for the 2016 plan year. The rates for the employer sponsored vision plan administered by Vision Service Provider (VSP) will remain the same for the 2016 plan year. The Plan will change to the Advantage Network from the VSP Regional Network Plan.

The VSP's Advantage Program will bring employees much more value due to many additional discounts and access to promotional programs within VSP; such as many popular lens enhancements (progressive, anti-reflective, photochromic, scratch resistant coating, polycarbonate, plastic dyes and UV protection). CSU employees will also receive a 20% savings on amounts over allowances (See Attachment F).

The current rates are listed below and will be in effect through December 31, 2016. **The monthly premiums will continue to be fully paid by CSU for the 2016 plan year.**

Active Employee Vision Plan Rate	
Basic Coverage	\$7.41
VDT Coverage	\$0.46
Total Coverage Rate	\$7.87

Highlights of the CSU sponsored vision plan can be reviewed by visiting the CSU Systemwide Benefits Portal at: <http://www.calstate.edu/hr/benefitsportal/>. Please refer to the vision plan's Evidence of Coverage (EOC) booklet for a complete explanation of the benefits covered, as well as limitations and exclusions that apply.

DEPENDENT CARE REIMBURSEMENT ACCOUNT & HEALTH CARE REIMBURSEMENT ACCOUNT

Employees who wish to continue to participate in the Dependent Care Reimbursement Account (DCRA) and/or Health Care Reimbursement Account (HCRA) plan(s) **must re-enroll annually** during open enrollment. Administrative and Debit Card fees remain the same in 2016.

The Health Care Reimbursement Account (HCRA) has increased its annual maximum. The 2016 annual maximum is \$2,550. The HCRA plan offers participants the ability to pay for eligible out-of-pocket medical expenses with pre-tax dollars. The minimum monthly contribution for HCRA is \$20 per month (\$240 annually), up to a maximum contribution amount of \$212.50 per month (\$2,550 annually).

The DCRA offers participants the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. The minimum monthly contribution for the Dependent Care Reimbursement Account (DCRA) is \$20 per month (\$240 annually), up to a maximum contribution amount of \$416.66 per month (\$5,000 annually). The DCRA plan offers participants the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars.

As a reminder, HCRA enrollees are eligible to receive an optional Flexible Spending Plan (FSA) debit card. In 2016 health care FSA participants who have elected the optional debit card will receive an updated card, the ASIFlex Visa Card. A set of two cards will be mailed to their home and additional card sets are available for \$5 which will be billed to their FSA HCRA account. The optional "ASIFlex Visa" issued by ASIFlex, allows HCRA enrollees to pay for out-of-pocket medical expenses (i.e., health, dental, vision, etc.) when issued as payment at Health Care Providers and at certain retail locations that have implemented an Inventory Control System, per IRS regulations. Employees must submit the Debit Card Application directly to ASI Flex to enroll in the Debit Card.

FSA claim payments began being issued daily effective August 1, 2015. Claims were previously paid only three times per month so this means, participants will receive reimbursement faster. Claims can be filed online at www.asiflex.com, through the ASIFlex Mobile Application, by fax or mail.

Please remind employees to review their enrollment choices and dollar amounts to be certain that enrollments are processed accurately.

The deduction codes for the 2016 plan year are as follows:

Plan	Administration Deduction Code	Enrollment Deduction Code
DCRA	375-001	380-029
HCRA	375-001	378-029

FLEXCASH

FlexCash is available to all CSU employees eligible for medical and dental coverage if they have other, non-CSU group coverage. The benefit amounts for FlexCash are reflected in the chart below:

Flex Cash	Amount
Medical	\$128.00
Dental	\$ 12.00
Total	\$140.00

During open enrollment employees can enroll or make changes to their existing FlexCash election. Employees planning to remain in FlexCash are not required to complete enrollment forms during open enrollment.

When enrolling newly eligible employees, campuses are to follow the normal enrollment process and report the appropriate effective date of coverage on the existing FlexCash Enrollment Authorization Form.

As a reminder, lecturers and coaches who are appointed for at least six (6) weighted teaching units (0.4 time base) for one semester or two consecutive quarters may enroll in the FlexCash plan.

Please note: Campuses must continue to monitor ongoing benefits eligibility for AB 211 employees. If an employee enrolled in FlexCash drops below a 0.4 time base, the FlexCash deduction must be cancelled.

TAX ADVANTAGE PREMIUM PLAN (TAPP)

The Tax Advantage Premium Plan (TAPP) allows you to pay required health plan premiums from your salary on a pre-tax basis. Employees enrolled in health coverage, will be automatically enrolled in TAPP.

Employees planning to remain in the TAPP plan are not required to complete enrollment forms during open enrollment. A Misc. 674 document must be completed for each employee who elects to enroll in or cancel TAPP participation. The form must be clearly marked "TAPP" and forwarded to the State Controller's Office (SCO).

METLAW® LEGAL PLAN

The MetLaw Legal Plan monthly premiums will increase to \$21.70 from \$19.70 effective January 1, 2016. MetLaw's Legal Plan offered by Hyatt Legal Plans, Inc., provides representation for many personal legal services for employees and their eligible dependents. Participants can receive services from a Network or Out-of-Network attorney. Services for covered legal matters performed by a Network attorney are fully paid for by the plan. Out-of-Network attorney fees for covered services are reimbursed based on a set fee schedule.

The plan covers telephone and office consultations for an unlimited number of matters, even if the matter is not fully covered, so long as it is not excluded. The following services are fully covered under the plan: consumer protection matters, defense of civil lawsuits, document preparation and review, estate planning documents, family law, financial matters, immigration, juvenile matters, real estate matters, and traffic offenses (no DUI). In addition to unlimited advice and consultation, the plan also has an Identity Theft component. Employees can receive a consultation from an attorney on preventing identity theft. In addition the plan provides legal representation in the event of identity theft.

Please Note: this plan has a designated enrollment election period. The annual open enrollment period for the plan will be held in conjunction with the CSU annual open enrollment period which will be: September 14, 2015, through October 9, 2015. Employees that do not enroll in the plan during open enrollment or within 60 days of employment will not have another opportunity to enroll in the plan until next year's open enrollment period. In order to promote the annual open enrollment period, MetLaw will be mailing plan enrollment information to CSU eligible employees' home address, if the employee has not opted out of receiving mail from vendors. To learn more about this plan or to enroll, go to www.metlife.com/mybenefits, or call (800) 438-6388.

VOLUNTARY BENEFIT PLANS

Campuses are encouraged to promote the CSU Voluntary Benefit Plans listed below during this year's open enrollment period. Campuses that will be hosting onsite open enrollment fairs are encouraged to invite representatives from each of the voluntary benefit plans to attend their fairs.

As a reminder, the vendors are responsible for processing the enrollments and forwarding them to the State Controller's Office (SCO) for payroll deduction processing (if applicable). If an employee has a question about his/her benefits, coverage level, or an issue with his/her monthly payroll deduction, the campuses Benefits Officer should direct him/her to the vendor for assistance. Additional information regarding each of the voluntary benefit plans and how to enroll can be located on the CSU Systemwide Benefits Portal at: www.calstate.edu/hr/benefitsportal/.

Plan	Vendor	Website	Customer Service
1. Auto and Home Insurance	California Casualty	www.calcas.com/csu	866-680-5142
2. Critical Illness Plan	Aflac	www.aflac.com/csu	800-433-3036
3. Voluntary Accidental Death and Dismemberment	The Standard	www.standard.com/mybenefits/csu	800-378-5745
4. Voluntary Life Insurance	The Standard		
5. Voluntary Long Term Disability	The Standard		

OPEN ENROLLMENT PROCESSING DEADLINES

All open enrollment documents (i.e., medical (HBD-12), dental, DCRA/HCRA, FlexCash, and TAPP) must be signed by the employee by October 9, 2015. The deadline to submit all open enrollment forms to the State Controller's Office (SCO) and transactions to CalPERS via the Oracle/PeopleSoft PSR interface will be October 23, 2015, by close of business.

Campuses are encouraged to enter open enrollment transactions in Oracle/PeopleSoft as they are received, which will automatically be sent to CalPERS via the interface. Early submission will ensure timely processing of health plan identification cards and proper payroll deductions.

Campuses are further encouraged to submit enrollment change requests to the SCO on a "flow basis" rather than holding them until the October 23, 2015 deadline. This will allow adequate processing time and ensure CSU documents are not delayed unnecessarily.

All open enrollment elections will be processed with a January 1, 2016 effective date.

CMS PROCESSING INSTRUCTIONS

This open enrollment Technical Letter provides information regarding annual changes to Medical (plan eligibility and rate changes), Dental (rate changes), Vision (rate changes) and HCRA/DCRA for 2016; therefore, there is impact to CMS baseline for Benefits.

GENERAL INFORMATION

Questions regarding this Technical Letter may be directed to Human Resources Management at (562) 951-4411. This Technical Letter is available on Human Resources Management's Web site at: <http://www.calstate.edu/HRAdm/memos.shtml>.

EN/AL/dw

Attachments

BENEFITS MAKE A DIFFERENCE

CSU Benefits Open Enrollment
SEPTEMBER 14, 2015 – OCTOBER 9, 2015

MY BENEFITS

Open Enrollment is your annual opportunity to review your current enrollments to determine the best options available to you and your family.

Consider these factors when selecting your benefit options:

- ✓ Your current plan enrollments and any upcoming plan changes
- ✓ Any new plan costs
- ✓ Any life changes that may occur for you in the new year

Once you have reviewed your plan options you can make additions, changes or deletions to your benefits, which will become effective January 1, 2016.

Your health and retirement benefits are provided in partnership with the California Public Employees' Retirement System (CalPERS). Full details on health plans are available in the information packet mailed by CalPERS.



For comprehensive, up-to-date information, visit:
<https://csyou.calstate.edu/openenrollment>

HEALTH PLANS

Before you select a health plan you should understand how different types of health plans work.

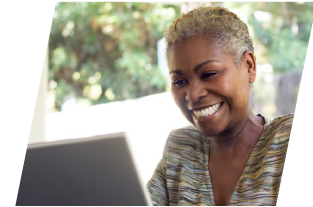
✓ PPO plans are Preferred Provider Organizations

These plans let you choose from a network of preferred providers. Unlike the HMO plans a primary care physician is not required and no referrals are necessary for other in-network providers. You pay more to use an out-of network provider. Members of PPO plans are also subject to an annual deductible.



✓ HMO plans are Health Maintenance Organizations

Requires you to receive care through a network of providers. You and your eligible family members must select a primary care physician (PCP), who is responsible for coordinating your health care, including any referrals to specialists.



✓ EPO plans are Exclusive Provider Organizations

Offers in-network coverage only. You must select in-network providers when seeking medical care, but a primary care physician and referrals are not required.

The CalPERS website can help you understand and select the best health plan for your needs:
www.calpers.ca.gov/index.jsp?bc=/member/health/open-enroll/home.xml

MY OPTIONS = MY CHOICE

During Open Enrollment you can enroll, change or cancel CalPERS Health, Dental, Vision, Dependent Care Reimbursement Account (DCRA), Health Care Reimbursement Account (HCRA), and the MetLaw Legal Plan. You can also enroll in other Voluntary plans.

MEDICAL PLANS FOR 2016

PPOs

PERS Choice and PERS Care PPOs

www.anthem.com/ca/calpers

(877) 737-7776

- Choose your health care providers and pharmacy without referral
- Offers significant savings through a preferred provider network (doctors and hospitals that agree to charge a pre-negotiated rate for everyone on the plan)
- PERS Choice pays 80 percent of the allowable amount (in-network), member pays 20 percent; co-pays are applicable
- PERS Care pays 90 percent of the allowable amount (in-network), member pays 10 percent; co-pays are applicable
- \$15.00 co-pay for a combined 20 visits per year for acupuncture/chiropractic benefits

PERS Select PPO

www.anthem.com/ca/calpers

(877) 737-7776

- Offers a unique, affordable plan with access to PERS Select network preferred providers
- PERS Select pays 80 percent of the allowable amount (in-network); employee pays 20 percent; co-pays are applicable
- \$15.00 co-pay for a combined 20 visits per year for acupuncture/chiropractic benefits
- Expanding into San Diego County

PPOs (continued)

PORAC PPO

Limited to dues paying members of the Peace Officers Research Association of California

<http://porac.org/insurance-and-benefits/prudent-buyer-plan/>

(877) 542-0284

- Choose your health care providers and pharmacy without referral
- Offers significant savings through a preferred provider network

HMOs

Anthem Blue Cross Traditional HMO and Anthem Blue Cross Select HMO California

www.anthem.com/ca/calpers

(855) 839-4524

- Dedicated to delivering quality care and great value
- Both plans offer 360° Health, a program that helps members become involved in their health and wellness

Blue Shield Access+ HMO

<https://www.blueshieldca.com/sites/calpersmember/home.sp>

(800) 334-5847

- Access to more than 11,000 personal physicians and 300 hospitals
- No annual deductible; co-payment at each physician visit
- Prescription (Rx) benefits will be enhanced to offer a 90-day supply option at select retail pharmacies

Blue Shield NetValue HMO

<https://www.blueshieldca.com/sites/calpersmember/home.sp>

(800) 334-5847

- Comprehensive benefits through the Blue Shield NetValue network
- No annual deductible; co-payment at each physician visit
- Prescription (Rx) benefits will be enhanced to offer a 90-day supply option at select retail pharmacies

Health Net Salud y Mas and Health Net SmartCare

<https://www.healthnet.com/portal/member/content/iwc/mysites/calpers/home.action>

(888) 926-4921

- Cost effective HMO plans with a tailored list of quality providers for selected California counties
- Ideal for employees who want one primary care physician to coordinate all their medical care
- Health Net SmartCare will be expanding to Alameda, Contra Costa, Fresno, Kern, Kings, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare and Yolo counties

Kaiser Permanente California

<http://my.kp.org/calpers/>

(800) 464-4000

- Integrated health care system
- No annual deductible, affordable co-payment at each physician visit

Sharp Performance Plus California

www.sharphealthplan.com/index.php/calpers/

(855) 995-5004

- Local HMO plan serving residents of San Diego
- Commitment to healthcare delivered in a convenient and cost-effective manner

UnitedHealthcare Alliance HMO

<http://calpers.welcometouhc.com>

(877) 359-3714

- Quality patient-centered healthcare at lower costs
- Distinct network of providers offers collaborative care and health management
- Is expanding its service area to include Kings, Marin and San Diego Counties
- Prescription (Rx) benefits will be enhanced to offer a 90-day supply option at select retail pharmacies at the mail order price
- United Healthcare will be the single carrier for Medicare excluding PERS Care/Choice/Select and Kaiser Permanente. This new plan will allow members to receive care from any willing Medicare provider in California and across the country

EPOs

Anthem Blue Cross EPO

www.anthem.com/ca/calpers

(855) 839-4524

Available only in Monterey County and Del Norte County

- Same benefits as the Anthem Blue Cross Traditional HMO Plan
- Choose from physicians and hospitals in the EPO network of preferred providers

Blue Shield Access+ EPO

<https://www.blueshieldca.com/sites/calpersmember/home.sp>

(800) 334-5847

Available only in Colusa, Mendocino and Sierra counties

- Same benefits as Access+ HMO plan
- Choose from physicians and hospitals in the EPO network of preferred providers

ADDITIONAL CSU BENEFIT PLANS

DENTAL

Delta Dental PPO

www.deltadentalins.com/csu/
(888) 335-8227

- Choose a dentist from Delta Dental PPO, Premier Networks or a non-Delta dentist
- Plan pays up to applicable percentage for covered services up to annual maximum

DeltaCare USA

www.deltadentalins.com/csu/
(800) 422-4234

- Choose a dentist from the DeltaCare USA network
- No claim forms to complete; no maximum or deductibles apply

VISION

Vision Service Plan (VSP)

www.vsp.com
(800) 877-7195

- \$10 Exam co-pay
- \$95 in-network Retail Frame Allowance with a 20% savings on the amount over the allowance
- \$120 in-network Elective Contact Lens Allowance
- \$95 VDT (Computer Glasses) allowance for frames with an additional 20% off the amount over the allowance (offered to the employee only)
- Plan changed to the Advantage Network; many standard lens enhancements are covered in-full with a co-pay, others are discounted 20%

FLEXIBLE SPENDING ACCOUNTS

ASI Flex

www.asiflex.com/
(800) 659-3035

- Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA)
- Pay for qualified medical or dependent care expenses pre-tax. Enrollment is required each year. HCRA maximum is \$2,550 per year and a debit card is available. DCRA maximum is \$5,000 per year.
- Claim payments are now processed daily

LEGAL SERVICES

MetLaw Legal Plan

<https://mybenefits.metlife.com>
(800) 438-6388

- Managed by MetLife; monthly premiums will increase to \$21.70 effective January 1, 2016
- Easy, low-cost access to a variety of personal legal services

INSURANCE OFFERINGS

AFLAC (Group Critical Illness)

www.aflac.com/csu
(800) 433-3036

- Critical illness insurance provides payments for certain wellness exams, and a cash benefit if you're diagnosed or treated for a covered critical illness

Standard Insurance

www.standard.com/mybenefits/csu
(800) 378-5745 for general questions

- Employer Paid and Voluntary Life (includes Life Services Toolkit), AD&D and Long Term Disability Insurance

California Casualty

www.calcas.com/csu
(866) 680-5143

- Auto and Home Insurance

Your benefits office is an important resource for information about health plans, and the rich array of other benefits available to you as an employee. Contact your benefits office to determine eligibility for plans mentioned on this brochure.

Benefits Office Contact

Draft Text for Open Enrollment Email Template from Campus HR Officer

*Mark your calendars! The CSU annual Open Enrollment period takes place **September 14, 2015 through October 9, 2015**. Open Enrollment is your annual opportunity to review and update your current benefits for the upcoming year. You can enroll, change or cancel CalPERS health, dental, vision, Flexcash, Dependent Care Reimbursement (DCRA), Health Care Reimbursement (HCRA) or voluntary benefits plans.*

Benefits do make a difference! The health and well-being of our employees is important, and we encourage you to make sure your benefits work for you. The CSU is committed to offering benefits and plan options to cover your individual and family health needs.

The effective date for all changes made during the Open Enrollment period will be January 1, 2016.

Please carefully review all benefits plan options and costs before making any enrollment decisions for yourself and family members. For comprehensive, up-to-date information visit: <https://csyou.calstate.edu/openenrollment>.

If you have any questions about your benefit options, please contact the campus Benefits Office at: XXX-XXX-XXXX.

HR Officer

**2016 CalPERS Health Benefits Program
Basic Plan Rates**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan Number	2016 Total Monthly Premium	All Employee Groups (except Units 6 & 13)			Unit 6			Unit 13		
				2016 Amount Paid by CSU	2016 Amount Paid by Employee	2015 Amount Paid by Employee	2016 Amount Paid by CSU	2016 Amount Paid by Employee	2015 Amount Paid by Employee	2016 Amount Paid by CSU	2016 Amount Paid by Employee	2015 Amount Paid by Employee
ANTHEM BLUE CROSS SELECT HMO CALIFORNIA	Employee Only	181/195	\$695.77	\$695.77	\$0.00	\$0.00	\$695.77	\$0.00	\$0.00	\$556.62	\$139.15	\$127.89
	Employee + 1		\$1,391.54	\$1,343.00	\$48.54	\$32.90	\$1,353.00	\$38.54	\$22.90	\$1,113.23	\$278.31	\$255.78
	Employee + 2 or more		\$1,809.00	\$1,727.00	\$82.00	\$57.57	\$1,747.00	\$62.00	\$37.57	\$1,447.20	\$361.80	\$332.51
ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA	Employee Only	180/194	\$752.48	\$705.00	\$47.48	\$72.34	\$710.00	\$42.48	\$67.34	\$601.98	\$150.50	\$145.47
	Employee + 1		\$1,504.96	\$1,343.00	\$161.96	\$208.68	\$1,353.00	\$151.96	\$198.68	\$1,203.97	\$300.99	\$290.94
	Employee + 2 or more		\$1,956.45	\$1,727.00	\$229.45	\$286.08	\$1,747.00	\$209.45	\$266.08	\$1,565.16	\$391.29	\$378.22
ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Del Norte County)	Employee Only	172	\$715.70	\$705.00	\$10.70	\$0.00	\$710.00	\$5.70	\$0.00	\$572.56	\$143.14	\$128.09
	Employee + 1		\$1,431.40	\$1,343.00	\$88.40	\$34.90	\$1,353.00	\$78.40	\$24.90	\$1,145.12	\$286.28	\$256.18
	Employee + 2 or more		\$1,860.82	\$1,727.00	\$133.82	\$60.17	\$1,747.00	\$113.82	\$40.17	\$1,488.66	\$372.16	\$333.03
ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Monterey County)	Employee Only	127/128	\$715.70	\$705.00	\$10.70	\$0.00	\$710.00	\$5.70	\$0.00	\$572.56	\$143.14	\$128.09
	Employee + 1		\$1,431.40	\$1,343.00	\$88.40	\$34.90	\$1,353.00	\$78.40	\$24.90	\$1,145.12	\$286.28	\$256.18
	Employee + 2 or more		\$1,860.82	\$1,727.00	\$133.82	\$60.17	\$1,747.00	\$113.82	\$40.17	\$1,488.66	\$372.16	\$333.03
BLUE SHIELD ACCESS+ CALIFORNIA	Employee Only	141/205	\$767.45	\$705.00	\$62.45	\$63.16	\$710.00	\$57.45	\$58.16	\$613.96	\$153.49	\$143.63
	Employee + 1		\$1,534.90	\$1,343.00	\$191.90	\$190.32	\$1,353.00	\$181.90	\$180.32	\$1,227.92	\$306.98	\$287.26
	Employee + 2 or more		\$1,995.37	\$1,727.00	\$268.37	\$262.22	\$1,747.00	\$248.37	\$242.22	\$1,596.30	\$399.07	\$373.44
BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to Colusa, Mendocino & Sierra Counties)	Employee Only	191	\$767.45	\$705.00	\$62.45	\$63.16	\$710.00	\$57.45	\$58.16	\$613.96	\$153.49	\$143.63
	Employee + 1		\$1,534.90	\$1,343.00	\$191.90	\$190.32	\$1,353.00	\$181.90	\$180.32	\$1,227.92	\$306.98	\$287.26
	Employee + 2 or more		\$1,995.37	\$1,727.00	\$268.37	\$262.22	\$1,747.00	\$248.37	\$242.22	\$1,596.30	\$399.07	\$373.44
BLUE SHIELD NETVALUE CALIFORNIA	Employee Only	042/146	\$761.20	\$705.00	\$56.20	\$15.36	\$710.00	\$51.20	\$10.36	\$608.96	\$152.24	\$134.07
	Employee + 1		\$1,522.40	\$1,343.00	\$179.40	\$94.72	\$1,353.00	\$169.40	\$84.72	\$1,217.92	\$304.48	\$268.14
	Employee + 2 or more		\$1,979.12	\$1,727.00	\$252.12	\$137.94	\$1,747.00	\$232.12	\$117.94	\$1,583.30	\$395.82	\$348.59
HEALTH NET SALUD Y MAS CALIFORNIA	Employee Only	184	\$552.39	\$552.39	\$0.00	\$0.00	\$552.39	\$0.00	\$0.00	\$441.91	\$110.48	\$107.19
	Employee + 1		\$1,104.78	\$1,104.78	\$0.00	\$0.00	\$1,104.78	\$0.00	\$0.00	\$883.82	\$220.96	\$214.39
	Employee + 2 or more		\$1,436.21	\$1,436.21	\$0.00	\$0.00	\$1,436.21	\$0.00	\$0.00	\$1,148.97	\$287.24	\$278.70
HEALTH NET SMARTCARE CALIFORNIA	Employee Only	185	\$651.23	\$651.23	\$0.00	\$16.47	\$651.23	\$0.00	\$11.47	\$520.98	\$130.25	\$134.29
	Employee + 1		\$1,302.46	\$1,302.46	\$0.00	\$96.94	\$1,302.46	\$0.00	\$86.94	\$1,041.97	\$260.49	\$268.59
	Employee + 2 or more		\$1,693.20	\$1,693.20	\$0.00	\$140.82	\$1,693.20	\$0.00	\$120.82	\$1,354.56	\$338.64	\$349.16
KAISER PERMANENTE CALIFORNIA	Employee Only	056	\$661.76	\$661.76	\$0.00	\$0.00	\$661.76	\$0.00	\$0.00	\$529.41	\$132.35	\$126.61
	Employee + 1		\$1,323.52	\$1,323.52	\$0.00	\$20.08	\$1,323.52	\$0.00	\$10.08	\$1,058.82	\$264.70	\$253.22
	Employee + 2 or more		\$1,720.58	\$1,720.58	\$0.00	\$40.90	\$1,720.58	\$0.00	\$20.90	\$1,376.46	\$344.12	\$329.18

**2016 CalPERS Health Benefits Program
Basic Plan Rates**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan Number	2016 Total Monthly Premium	All Employee Groups (except Units 6 & 13)			Unit 6			Unit 13		
				2016 Amount Paid by CSU	2016 Amount Paid by Employee	2015 Amount Paid by Employee	2016 Amount Paid by CSU	2016 Amount Paid by Employee	2015 Amount Paid by Employee	2016 Amount Paid by CSU	2016 Amount Paid by Employee	2015 Amount Paid by Employee
KAISER PERMANENTE - OUT OF STATE	Employee Only	Codes vary by region	\$930.29	\$705.00	\$225.29	\$267.78	\$710.00	\$220.29	\$262.78	\$744.23	\$186.06	\$184.56
	Employee + 1		\$1,860.58	\$1,343.00	\$517.58	\$599.56	\$1,353.00	\$507.58	\$589.56	\$1,488.46	\$372.12	\$369.11
	Employee + 2 or more		\$2,418.75	\$1,727.00	\$691.75	\$794.23	\$1,747.00	\$671.75	\$774.23	\$1,935.00	\$483.75	\$479.85
PERSCARE	Employee Only	278	\$801.58	\$705.00	\$96.58	\$63.93	\$710.00	\$91.58	\$58.93	\$641.26	\$160.32	\$143.79
	Employee + 1		\$1,603.16	\$1,343.00	\$260.16	\$191.86	\$1,353.00	\$250.16	\$181.86	\$1,282.53	\$320.63	\$287.57
	Employee + 2 or more		\$2,084.11	\$1,727.00	\$357.11	\$264.22	\$1,747.00	\$337.11	\$244.22	\$1,667.29	\$416.82	\$373.84
PERS CHOICE	Employee Only	222	\$715.70	\$705.00	\$10.70	\$0.00	\$710.00	\$5.70	\$0.00	\$572.56	\$143.14	\$128.09
	Employee + 1		\$1,431.40	\$1,343.00	\$88.40	\$34.90	\$1,353.00	\$78.40	\$24.90	\$1,145.12	\$286.28	\$256.18
	Employee + 2 or more		\$1,860.82	\$1,727.00	\$133.82	\$60.17	\$1,747.00	\$113.82	\$40.17	\$1,488.66	\$372.16	\$333.03
PERS SELECT CALIFORNIA	Employee Only	045	\$649.76	\$649.76	\$0.00	\$0.00	\$649.76	\$0.00	\$0.00	\$519.81	\$129.95	\$123.64
	Employee + 1		\$1,299.52	\$1,299.52	\$0.00	\$0.00	\$1,299.52	\$0.00	\$0.00	\$1,039.62	\$259.90	\$247.29
	Employee + 2 or more		\$1,689.38	\$1,689.38	\$0.00	\$2.37	\$1,689.38	\$0.00	\$0.00	\$1,351.50	\$337.88	\$321.47
PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*	Employee Only	207	\$699.00	\$699.00	\$0.00	\$20.00	N/A	N/A	N/A	N/A	N/A	N/A
	Employee + 1		\$1,399.00	\$1,343.00	\$56.00	\$46.00	N/A	N/A	N/A	N/A	N/A	N/A
	Employee + 2 or more		\$1,789.00	\$1,727.00	\$62.00	\$37.00	N/A	N/A	N/A	N/A	N/A	N/A
SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)	Employee Only	189	\$574.73	\$574.73	\$0.00	\$0.00	\$574.73	\$0.00	\$0.00	\$459.78	\$114.95	\$117.28
	Employee + 1		\$1,149.46	\$1,149.46	\$0.00	\$0.00	\$1,149.46	\$0.00	\$0.00	\$919.57	\$229.89	\$234.55
	Employee + 2 or more		\$1,494.30	\$1,494.30	\$0.00	\$0.00	\$1,494.30	\$0.00	\$0.00	\$1,195.44	\$298.86	\$304.92
UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA	Employee Only	187	\$625.78	\$625.78	\$0.00	\$0.00	\$625.78	\$0.00	\$0.00	\$500.62	\$125.16	\$128.48
	Employee + 1		\$1,251.56	\$1,251.56	\$0.00	\$38.80	\$1,251.56	\$0.00	\$28.80	\$1,001.25	\$250.31	\$256.96
	Employee + 2 or more		\$1,627.03	\$1,627.03	\$0.00	\$65.24	\$1,627.03	\$0.00	\$45.24	\$1,301.62	\$325.41	\$334.05

*This plan is restricted to employees in Unit 8, State University Police Association (SUPA) and requires membership.

THE CALIFORNIA STATE UNIVERSITY DENTAL PROGRAM OVERVIEW

Plan Year: January 1, 2016 – December 31, 2016

The California State University Dental Program consists of two types of plans: Delta Dental PPO and DeltaCare USA. This overview provides the most important features of each dental plan offered by the university. It is designed to help you select the plan that best suits your personal needs. The Evidence of Coverage (EOC) booklet provides a detailed explanation of benefits, services, limitations and exclusions. A copy of the EOC booklet and additional information about the CSU Dental Program is available online at www.deltadentalins.com/csu, or can be obtained from the Benefits Office.

EXPLANATION OF PLAN TYPES**Delta Dental PPO**

- This is an indemnity plan that allows you to select the dentist of your choice.
- Your current dentist may participate in the Delta Dental PPO Network and/or the Delta Dental Premier Network in California. If so, he/she has claim forms and will file your claim. Both you and Delta Dental have a shared responsibility of paying the dentist for services received (see appropriate comparison chart).
- If you select a dentist from the Delta Dental PPO Network, you will typically pay a lower amount on your out-of-pocket expenses.
- If you choose a non-Delta dentist, you must pay entirely for services obtained and then submit a claim form with appropriate documentation to Delta Dental PPO for reimbursement. Claims should be sent to: P.O. Box 997330, Sacramento, CA 95899-7330.
- Since you are not assigned to a specific dentist, you will not receive an identification card. Simply inform the particular dental office you seek services at that you are covered under the Delta Dental PPO plan through California State University.
- Refer to the EOC booklet for coverage details and plan limitations. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta's networks. You also may contact Delta Dental PPO customer service at (800) 765-6003.

DeltaCare USA,

- This is a prepaid dental maintenance organization plan, which means that all covered dental care for you and your dependents is prepaid and must be performed by the DeltaCare USA panel dentist that you are assigned. (You may change dentists by contacting DeltaCare USA.)
- Under this plan, each covered dental service has a specific co-payment amount, and some services are covered at no charge.
- No claim forms are required under this plan.
- You will receive an identification card and welcome letter. The welcome letter will show the name of your contract dentist.
- All covered dental services deemed necessary by your dentist will be provided subject to plan limitations explained in the EOC booklet. You also may contact DeltaCare USA customer service at (800) 422-4234.

CHANGES FOR 2016

The monthly premiums for the Delta Dental PPO will remain the same and the DeltaCare USA plans will decrease for the 2016 plan year. Please note that premiums for the dental plans are currently paid by the CSU, with no cost to the employee. All coverage levels and plan benefits will remain the same for the 2016 plan year.

DeltaCare USA Basic and Delta Dental PPO Basic Plans Benefits Comparison

For eligible employee in the following categories: Unit 8, (Excluded) E99 and Annuitants

Plan Benefit:	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic Plan Pays:
PREVENTIVE AND DIAGNOSTIC DENTISTRY	No Deductible*	No Deductible*
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	75% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	75%
Oral Exams	No charge	75% – limit 2 per calendar year
Space Maintainers	\$10	75%
Emergency Office Visits	No charge	75%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	75% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
BASIC DENTISTRY	No Deductible*	Deductible*
Fillings	No charge for amalgam	75%
Anesthesia	Local – no charge; General – not covered	75% – limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	75%
Extractions	Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	75%
Oral Surgery	No charge	75%
Endodontics	Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	75%
Periodontics	\$10 for scaling/root planning per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant	75%
Denture Relining	Office – no charge; Lab – \$15	75%
PROSTHETIC DENTISTRY	No Deductible*	Deductible*
Crowns and Bridges	\$35-\$50 per unit; plus additional cost for precious metals and porcelain on molars	50%
Prosthetic Appliance Repair	Up to \$15	50%
Dentures	Full – \$60 each; Partial – \$70 each	50%
Implants	Not covered	50%
ORTHODONTICS	No Deductible*	No Deductible*
Orthodontics	\$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 26). Orthodontic extractions are not covered.	50% -\$1,000 maximum per patient per case (for employees, spouse and dependent children).
SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS		
Work in progress when you join	Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Pre-determination of benefits	Not required	Not required; however, suggested for services proposed over \$300.
Alternative to treatment provision	May be additional cost.	If dentist determines alternative treatment is necessary, approval is subject to Delta review.
Referral to specialist	Approval is subject to review by dental consultant.	N/A
Missing teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth.
Out-of-area emergency	Maximum of \$50	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	\$50/person up to maximum of \$150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY	No maximum*	\$1,500 per calendar year per person

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year.

There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only.)

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

DeltaCare USA Basic and Delta Dental PPO Level I Enhanced Benefits Comparison

For eligible employees in the following categories: Unit 11 (Teaching Associates) and Unit 13

Plan Benefit	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Enhanced Level I Plan Pays:
PREVENTIVE AND DIAGNOSTIC DENTISTRY	No Deductible*	No Deductible*
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	100% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	100%
Oral Exams	No charge	100% – limit 2 per calendar year
Space Maintainers	\$10	100%
Emergency Office Visits	No charge	100%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	100% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
BASIC DENTISTRY	No Deductible*	Deductible*
Fillings	No charge for amalgam	80%
Anesthesia	Local – no charge; General – not covered	80% -limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	80%
Extractions	Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	80%
Oral Surgery	No charge	80%
Endodontics	Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	80%
Periodontics	\$10 for scaling/root planning per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant	80%
Denture Relining	Office – no charge; Lab – \$15	80%
PROSTHETIC DENTISTRY	No Deductible*	Deductible*
Crowns and Bridges	\$35-\$50 per unit; plus additional cost for precious metals and porcelain on molars	50%
Prosthetic Appliance Repair	Up to \$15	50%
Dentures	Full – \$60 each; Partial – \$70 each	50%
Implants	Not covered	50%
ORTHODONTICS	No Deductible*	No Deductible*
Orthodontics	\$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 26). Orthodontics extractions are not covered.	50% - \$1,000 maximum per patient per case (for employees, spouse and dependent children).
SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS		
Work in progress when you join	Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Pre-determination of benefits	Not required	Not required; however, suggested for services proposed over \$300.
Alternative to treatment provision	May be additional cost.	If dentist determines alternative treatment is necessary, approval is subject to Delta review.
Referral to specialist	Approval is subject to review by dental consultant.	N/A
Missing teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth.
Out-of-area emergency	Maximum of \$50	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	\$50/person up to maximum of \$150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY	No maximum*	\$2,000 per calendar year per person

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only.)

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

DeltaCare USA Enhanced and Delta Dental PPO Level II Enhanced Plans Benefits Comparison

For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9, 10, and C99, M98, M80 and FERP Annuitants

Plan Benefit	DeltaCare USA Enhanced Plan Charges:	Delta Dental PPO of California Enhanced Level II Plan Pays:
PREVENTIVE AND DIAGNOSTIC DENTISTRY	No Deductible*	No Deductible*
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	100% – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	100%
Oral Exams	No charge	100% – limit 2 per calendar year
Space Maintainers	No charge	100%
Emergency Office Visits	No charge	100%
X-rays	No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	100% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
BASIC DENTISTRY	No Deductible*	Deductible*
Fillings	No charge for amalgam	80%
Anesthesia	Local – no charge; General – covered for extractions only and only when medically necessary	80% – limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	80%
Extractions	No charge	80%
Oral Surgery	No charge	80%
Endodontics	No charge	80%
Periodontics	No charge	80%
Denture Relining	No charge	80%
PROSTHETIC DENTISTRY	No Deductible*	Deductible*
Crowns and Bridges	No charge; however, additional cost for precious metals and porcelain on molars is applicable	80%
Prosthetic Appliance Repair	No charge	80%
Dentures	No charge	80%
Implants	Not covered	80%
ORTHODONTICS	No Deductible*	No Deductible*
Orthodontics	\$1,400 maximum co-payment (only for covered children up to age 26) \$1,600 maximum co-payment for adults. Plus \$350 start-up costs for 24-month treatment plan. Orthodontic extractions are not covered.	50% - \$1,000 maximum per patient per case (for employees, spouse and dependent children).
SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS		
Work in progress when you join	Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Pre-determination of benefits	Not required	Not required; however, suggested for services proposed over \$300.
Alternative to treatment provision	May be additional cost.	If dentist determines alternative treatment is necessary, approval is subject to Delta review.
Referral to specialist	Approval is subject to review by dental consultant.	N/A
Missing teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth.
Out-of-area emergency	Maximum of \$100	PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.
Deductible	No deductible	\$50/person up to maximum of \$150/family deductible per calendar year for basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.
MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY	No maximum*	\$2,000 per calendar year per person

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year.

There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year

CSU DENTAL PLAN DEDUCTION CODES AND RATES

Premiums are paid by the CSU with no cost to the employee
 Rates effective January 1, 2016 through December 31, 2016

Delta Dental PPO – Basic Plan		
For eligible employees in the following categories: Unit 8, Excluded (E99) and Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-004-1	\$30.95
Employee + 1	150-004-2	\$58.47
Employee + 2	150-004-3	\$117.41

Delta Dental PPO – Enhanced Level I		
For eligible employees in the following categories: Unit 11 (Teaching Associates only) and Unit 13		
Coverage Level	Deduction Code	Premium
Employee Only	150-181-1	\$37.66
Employee + 1	150-181-2	\$71.25
Employee + 2	150-181-3	\$146.88

Delta Dental PPO – Enhanced Level II		
For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9, 10, C99, M80, M98 and FERP Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-007-1	\$46.62
Employee + 1	150-007-2	\$87.96
Employee + 2	150-007-3	\$171.83

DeltaCare USA - Basic DHMO Plan		
For eligible employees in the following categories: Units 8, 11 (Teaching Associates only), 13, Excluded (E99) and Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-012-1	\$19.60
Employee + 1	150-012-2	\$32.33
Employee + 2	150-012-3	\$47.81

DeltaCare USA – Enhanced DHMO Plan		
For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9, 10, C99, M80, M98 and FERP Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-013-1	\$26.04
Employee + 1	150-013-2	\$42.98
Employee + 2	150-013-3	\$63.56

CALIFORNIA STATE UNIVERSITY DENTAL PROGRAM
DELTA DENTAL PPO AND DELTACARE USA GROUP PLAN NUMBERS

DELTA DENTAL PPO	GROUP PLAN NUMBERS		
Delta Dental PPO - Basic	Active	Direct-Pay	COBRA
Public Safety (Unit 8)	4018-2041	4018-2141	4918-2091
Excluded (E99)	4018-4051	4018-4151	4918-2091
CalSTRS Annuitants	4018-2061	N/A	4918-2091
CalPERS Annuitants	4018-2071	N/A	4918-2091
Delta Dental PPO - Enhanced Level I	Active	Direct-Pay	COBRA
Teaching Associates Only (Unit 11)	4018-3051	4018-3151	4918-3091
English Language Program Instructors (Unit 13)	4018-5011	4018-5111	4918-3091
Delta Dental PPO - Enhanced Level II	Active	Direct-Pay	COBRA
Executive (M98)	4018-4011	4018-4111	4918-4091
Management Personnel Plan (M80)	4018-4011	4018-4111	4918-4091
Confidential (C99)	4018-4011	4018-4111	4918-4091
Physicians (Unit 1)	4018-2011	4018-2111	4918-4091
CSUEU (Units 2, 5, 7, 9)	4018-2021	4018-2121	4918-4091
Faculty (Unit 3)	4018-3011	4018-3111	4918-4091
Academic Support (Unit 4)	4018-3021	4018-3121	4918-4091
Skilled Crafts (Unit 6)	4018-2031	4018-2131	4918-4091
CMA Operating Engineers (Unit 10)	4018-2081	4018-2181	4918-4091
FERP Annuitants	4018-3031	N/A	4918-4091

DELTACARE USA PLAN	GROUP PLAN NUMBERS		
DeltaCare USA - Basic	Active	Direct-Pay	COBRA
Public Safety (Unit 8)	72034-0001	72034-0002	72034-0011
Teaching Associates (Unit 11)	72034-0001	72034-0002	72034-0011
English Language Program Instructors (Unit 13)	72034-0001	72034-0002	72034-0011
Excluded (E99)	72034-0001	72034-0002	72034-0011
CalPERS Annuitants	72034-0004	N/A	72034-0011
CalSTRS Annuitants	72034-0009	N/A	N/A
DeltaCare USA - Enhanced	Active	Direct-Pay	COBRA
Executive (M98)	72034-0005	72034-0006	72034-0012
Management Personnel Plan (M80)	72034-0005	72034-0006	72034-0012
Confidential (C99)	72034-0005	72034-0006	72034-0012
Physicians (Unit 1)	72034-0005	72034-0006	72034-0012
CSUEU (Units 2, 5, 7, 9)	72034-0005	72034-0006	72034-0012
Faculty (Unit 3)	72034-0005	72034-0006	72034-0012
Academic Support (Unit 4)	72034-0005	72034-0006	72034-0012
Skilled Crafts (Unit 6)	72034-0005	72034-0006	72034-0012
CMA Operating Engineers (Unit 10)	72034-0005	72034-0006	72034-0012
FERP Annuitants	72034-0008	N/A	72034-0012

**CSU VOLUNTARY LIFE, LONG TERM DISABILITY AND AD&D INSURANCE
2016 RATES**

VOLUNTARY LIFE INSURANCE

Age Bracket	Employee Rate	Spouse/Registered Domestic Partner Rate	Coverage Amount Children Only	Monthly Amount/ Children
<25	\$0.06	\$0.05	\$5,000	\$0.69/month
25-29	\$0.06	\$0.05	\$10,000	\$1.38/month
30-34	\$0.08	\$0.07	\$20,000	\$2.75/month
35-39	\$0.09	\$0.09		
40-44	\$0.10	\$0.14		
45-49	\$0.18	\$0.24		
50-54	\$0.30	\$0.37		
55-59	\$0.53	\$0.64		
60-64	\$0.66	\$0.67		
65-69	\$1.27	\$1.17		
70-74	\$2.06	\$1.74		
75+	\$2.06	\$2.05		

Monthly rates based on cost per \$1,000 of coverage. Eligible employees may apply for insurance coverage for themselves and spouses/registered domestic partners in increments of \$10,000 from \$10,000 to \$200,000. Refer to The Standard website, www.standard.com/mybenefits/csu, for increments in larger sums and specific criteria.

VOLUNTARY LONG TERM DISABILITY

Age Bracket	Employee Rate (30-day elimination period)		Age Bracket	Employee Rate (90-day elimination period)
0-24	\$0.25		0-24	\$0.10
25-29	\$0.28		25-29	\$0.11
30-34	\$0.30		30-34	\$0.13
35-39	\$0.33		35-39	\$0.18
40-44	\$0.45		40-44	\$0.23
45-49	\$0.60		45-49	\$0.35
50-54	\$0.73		50-54	\$0.50
55-59	\$0.93		55-59	\$0.63
60-64	\$0.95		60-64	\$0.67
65-69	\$0.98		65-69	\$0.70
70+	\$1.53		70+	\$1.13

Monthly rates based on cost per \$100 of coverage.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Employee Rate	Employee & Dependents
\$0.019	\$0.029

Monthly rates based on cost per \$1,000 of coverage.

Example to calculate monthly rate: _____ (amount of coverage) ÷ \$1,000 × _____ (rate) = monthly cost

Voluntary Life, Long Term Disability and AD&D insurance plans are offered by The Standard. For more information and/or to enroll, refer to The Standard website, www.standard.com/mybenefits/csu. The voluntary benefit plans are available to CSU benefits eligible employees. Premiums for voluntary benefit plans are fully paid by the employee; CSU does not contribute.

Your Vision Benefits Summary



Get the best in eye care and eyewear with The California State University and VSP® Vision Care.

Using your VSP benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eye wear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands, like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a provider who carries these brands.

Plan Information

VSP Coverage Effective Date: January 1, 2016
VSP Provider Network: VSP Advantage
Open Enrollment: September 14 - October 9, 2015

*New lenses will be approved every calendar year if the new prescription differs from the original by at least .50 diopter sphere or cylinder, there's a change in the axis of 15 degrees or more, or a difference in vertical prism greater than one prism.

Visit vsp.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

Benefit	Description	Copay
Your Coverage with VSP Providers		
WellVision Exam®	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every calendar year 	\$10

Prescription Glasses		\$0
Frame	<ul style="list-style-type: none"> • \$95 allowance on a wide selection of frames • \$115 for featured frame brands • 20% savings on the amount over your allowance • Every other calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every other calendar year* 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Every other calendar year 	\$55 \$95-105

Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every other calendar year 	\$0
--------------------------------------	---	-----

Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 	
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

Computer Vision Care (Employee Only)		
Computer Vision Exam	<ul style="list-style-type: none"> • Evaluates your needs related to computer use • Every other calendar year 	\$10
Frame	<ul style="list-style-type: none"> • \$95 allowance for a wide selection of frames • 20% off the amount over your allowance 	\$0
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, and occupational lenses 	Combined with Frame

Your Coverage with Out-of-Network Providers		
Visit vsp.com for details, if you plan to see a provider other than an Advantage provider.		
Exam.....	up to \$50	Lined Trifocal Lenses..... up to \$85
Frame.....	up to \$60	Contacts..... up to \$110
Single Vision Lenses.....	up to \$45	
Lined Bifocal Lenses.....	up to \$65	

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

1. Brands/Promotion subject to change.