BENEFITS OVERVIEW

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The information contained within this presentation is intended as a general overview of the benefits available to you as a CSU employee. Should there be a discrepancy between this information and the official plan documents and contracts, the official documents will always govern.
Employee Benefit Summaries

CSU Benefits Summary (based on bargaining unit)
– Provides an overview of your CSU benefits package.
Enrollment Periods

**New Hire Notice of Eligibility** – All active eligible employees have 60 days from a qualifying appointment/re-appointment or eligible timebase change to enroll in CSU-sponsored health, dental, flexcash, dependent care & health care reimbursement program.

**Special Enrollment Due to Life Event** – When certain life events or circumstances occur, all employees enrolled in benefits are entitled to request special enrollment updates within 60 days of the event or change. Some examples of the qualifying life events include the following:
- Addition of a new dependent as a result of marriage or domestic partnership registration
- Birth or adoption of a child, or placement of a child for adoption
- A court order that requires you to provide coverage for a spouse, domestic partner, or minor child
- The loss of coverage under another program

**Open Enrollment** – Open Enrollment is an annual period during the year (usually during September/October) when employees may change plans, and/or add/delete family members without a qualifying event. The effective date is January 1 of the following year.

**Late Event** – If an employee declines or does not request enrollment within 60 days, the employee or dependents must wait at least 90 days or until the next annual Open Enrollment period. The earliest effective date of enrollment will be the first of the month following the 90-day waiting period.
Eligible Dependents

- Spouse
- Registered Domestic Partner
- Children (natural, adopted, domestic partner’s, or step) up to the age of 26
- Children, up to age 26, if the employee or annuitant has assumed a parent-child relationship and is considered the primary care parent. An Affidavit of Parent-Child Relationship form (HBD-40) must be filed prior to enrollment and must be verified annually.
- Certified disabled dependent children over the age of 26.

*Eligible dependent children do not have to maintain student status.*
Tools to Help You Select a Health Plan

- **Health Benefit Summary Booklet**— provides valuable information to help employees make informed choices about health plan and health care providers. This publication compares covered services, co-payments, and benefits for each CalPERS health plan.

- **Health Program Guide**— describes CalPERS Basic health plan eligibility, enrollment, and choices.
  - [https://www.calpers.ca.gov/docs/forms-publications/health-program-guide.pdf](https://www.calpers.ca.gov/docs/forms-publications/health-program-guide.pdf)

- **Health Care Monthly Premium Rate Chart**— provides cost information for the health programs.
  - Health Rate Sheet
Health Plan Contact Information

HMO Options:
- Kaiser Permanente – www.kp.org/calpers
- Blue Shield HMO – www.blueshieldca.com/calpers
- Anthem Blue Cross Select HMO & Traditional HMO - http://www.anthem.com/ca/calpers
- United HealthCare Alliance HMO – https://calpers.welcometouhc.com/

PPO Options:
- PERS Select - www.anthem.com/ca/calpers
- PERS Choice - www.anthem.com/ca/calpers
- PERS Care - www.anthem.com/ca/calpers or www.calpers.ca.gov
- PORAC (restricted to employees in Unit 8, (SUPA, and requires membership) www.anthem.com/ca/

*See Health Insurance Monthly Premium Rate Chart for your corresponding monthly deduction.
Delta Dental Premier/PPO (Indemnity Plan):
Employees enrolled in the indemnity plan have the option of selecting a dentist of their choice from either the Delta Dental Premier or PPO network in California, or a non-Delta provider. The plan sets the limits that it will pay for each specific type of dental treatment. For in-network providers, enrollees are responsible for paying any remaining balance that might be due based on the type of dental treatment received. If services are provided by an out-of-network provider, the enrollee pays for services obtained and then submits a claim form with appropriate documentation to Delta Dental for reimbursement.

DeltaCare USA HMO
The CSU DeltaCare USA plan is a prepaid dental maintenance organization. Under this plan, all covered dental care for enrollees is prepaid and must be performed by DeltaCare USA panel dentists. Each covered dental service within this plan has a specific co-payment amount, and some services are covered at no charge. There are no claim forms required under DeltaCare USA, and enrollees are issued an identification card to receive benefits. All covered dental services deemed necessary by providers are subject to plan limitations explained in the EOC booklet.

Dental Premiums are Fully Covered by the CSU
Vision Insurance

Vision Service Plan (VSP)

All benefit eligible employees are automatically enrolled in the Basic Plan. Employees have the option to pay a monthly premium to upgrade to the Premier Plan (Enhanced Coverage). Use the following link to compare the Basic and Premier Plans:


To enroll in the Premier (Enhanced Coverage) Plan, mail or fax the completed enrollment form directly to VSP as directed on the enrollment form available at:

https://www.csuci.edu/hr/benefits/vsp-premier-enrollment.pdf

Note: employees that choose to upgrade to the Premier Plan must include all dependents in the Enhanced Coverage. There is no option to split family coverage between plans.

VSP Basic premiums are fully covered by the CSU
Employees covered by a non-CSU health/dental plan, may waive the CSU medical and/or dental insurance coverage in exchange for cash – a maximum of $140 per month. To be eligible for the program, employees must meet the requirements listed below:

- Provide proof of other employer-sponsored, non-CSU coverage. Employees who are enrolled in individual medical coverage, such as Tricare, Medicare, Medi-Cal and Covered California, are not eligible to receive cash in lieu of other medical coverage even if the coverage provides minimum value. These requirements do not apply to dental coverage.
- Not covered as a dependent of another CSU employee

Eligible employees have 60 calendar days from the date of their appointment date to enroll in the program.

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Enrollment forms must be submitted to the Benefits Office by the 5th of the month in order for coverage to be effective the 1st of the following month. Retroactive payments will not be made.

Employee FlexCash Payments:

- Medical and Dental: $140
- Medical only: $128
- Dental only: $12

The Flex Cash payment is treated as taxable income and is subject to payroll taxes. For detailed information, refer to the CSU FlexCash pamphlet.
Effective Dates of Coverage

- **Health & Dental** – Effective the 1st of the month following submission of enrollment forms to the Benefits Office. Monthly benefits premiums are paid on the 1st day of the coverage month. If a monthly health insurance premium is not deducted from a paycheck, the employee will receive a notice of accounts receivable requesting payment of the premium.

- **Flex Cash** – Must submit the benefit enrollment forms to the Benefits Office by the 5th of the month in order for coverage to be effective the 1st of the following month.

- **Dependent Care/Health Care Reimbursement Account (Flexible Spending)** - Must submit the Dependent Care/Health Care Reimbursement Account Enrollment Authorization Form to the Benefits Office by the 5th of the month in order for coverage to be effective the 1st of the following month.

- **Vision** – Basic coverage is automatic and effective the 1st of the monthly following eligibility date. Employees may choose to upgrade to the Premier plan within 60 days.
Voluntary Benefits

Voluntary Life Insurance, Accidental Death & Dismemberment, and Long Term Disability plans. The employee is responsible for premiums for the voluntary plans. Premiums can be paid through payroll deduction.

Note: voluntary life insurance Guarantee Issue amounts- only available if requested within 60 days of initial eligibility date.

A list of all voluntary benefit plan vendors is available at:

https://www.csuci.edu/hr/benefits/open-enroll/voluntary-benefits.htm
Enrollment Forms/Process

☐ **Benefits Worksheet & Declaration of Health Coverage**
Complete this worksheet to designate your benefit elections for your enrollment.
[Benefits Worksheet]

☐ **Health Care Monthly Premium Rate Chart**
The Health Care Monthly Premium Rate Chart Provides cost information for the health programs.
[Health Rate Sheet]

Complete the necessary forms within established deadlines and submit to the Benefits Office:
Human Resources – Benefits, Lindero Hall
(805) 437-8490
If you have any questions about benefit enrollment information feel free to contact Human Resources, Benefits @ 805-437-8490 or visit the Benefits webpage @ https://www.csuci.edu/hr/benefits/