

# BENEFITS MAKE A DIFFERENCE



Dear Colleagues

Mark your calendars! The CSU annual Open Enrollment period takes place

**September 14, 2015 - October 9, 2015.**

Open Enrollment is your annual opportunity to review and update your current benefits for the upcoming year.

[LEARN MORE](#)

**More detailed information about enrollment and change procedures and the required forms are available by selecting “LEARN MORE” above.**

Eligible employees have the opportunity to:

- Enroll, change or cancel CalPERS health, dental, vision and/or Flexcash,
- Enroll/Re-enroll in Flexible Spending Accounts
  - Dependent Care Reimbursement (DCRA),
  - Health Care Reimbursement (HCRA)
- Enroll/cancel 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>.

## 2016 HEALTH COSTS AND CHANGES

Health premiums are automatically deducted on a pre-tax basis. This special tax treatment is permitted through the CSU Tax Advantage Premium Plan (TAPP).

1. Health plan premiums have changed. Please review the 2016 Health Rate Sheet.
2. The Health Care Spending Account (HCRA) maximum will increase to \$2,550. The Benny Master Card is changing to an ASIFlex Visa Card.
3. MetLaw Legal monthly premiums will increase to \$21.70.
4. Vision Service Plan (VSP) network will change from the Regional Network to the Advantage Network, allowing for additional discounts and access to promotional programs.
5. 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.
6. 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).
7. 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.
8. United Healthcare has expanded its service area to also encompass Kings, Marin and San Diego Counties.
  - a. United Healthcare Rx will offer a 90-day supply option at select participating retail pharmacies at the mail order price.

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>.

### HOW DO I MAKE CHANGES TO MY HEALTH PLAN?

- Complete the Benefits Worksheet
- Submit a copy of your Marriage Certificate if adding a spouse; submit a copy of the approved Declaration of Domestic Partnership if adding a domestic partner
- Submit a copy of the Birth Certificate if adding a dependent child (under 26 years of age)
- Print and complete the Declaration of Health Coverage (HBD 12-A) form
- All forms are due in Human Resources by Friday, October 9, 2015

**DENTAL PLANS:** CSU offers two types of dental insurance plans which are employer-paid: Delta Dental Premier/PPO and DeltaCare USA HMO. For information regarding the plans including limitations and exclusions select Dental Plans on the CSU Benefits Portal [www.calstate.edu/hr/benefitsportal](http://www.calstate.edu/hr/benefitsportal) or refer to the Delta Dental website at: <http://www.deltadentalins.com/csu> for current contracting dental offices.

### HOW DO I MAKE CHANGES TO MY DENTAL PLAN?

- Complete the Open Enrollment Benefits Worksheet
- Submit a copy of your Marriage Certificate if adding your spouse; submit a copy of the approved Declaration of Domestic Partnership if adding a domestic partner
- Submit a copy of the Birth Certificate if adding a dependent child
- Print and complete the Declaration of Health Coverage (HBD 12-A) form
- All forms are due in Human Resources by Friday, October 9, 2015

**CSU FLEXCASH PLAN:** All employees eligible for medical and dental insurance may waive their CSU coverage and receive cash if they are covered under other non-CSU medical and/or dental insurance. (Proof of coverage is required.) If you are covered as a dependent of another CSU enrolled employee, you are not eligible to participate in this program. However, if you are a covered dependent under your retired spouse/parent's CalPERS health plan, then you are eligible for the FlexCash plan. If you elect to receive cash in lieu of medical and/or dental coverage(s), the following monthly cash payment(s) will reflect in your pay warrant: waive both medical and dental -- \$140 per month OR waive only medical -- \$128 per month OR waive only dental -- \$12 per month. A \$2.00 after-tax administrative fee will be deducted from your pay each month you participate. For detailed information on FlexCash, please refer to the FlexCash booklet at: [http://www.calstate.edu/Benefits/carrier/materials/2007\\_FlexCash\\_Brochure.pdf](http://www.calstate.edu/Benefits/carrier/materials/2007_FlexCash_Brochure.pdf).

## HOW DO I ENROLL IN FLEXCASH?

- Complete sections 1-6 and print the FlexCash Enrollment Form [http://www.calstate.edu/Benefits/pdf/Flexcash\\_enroll.pdf](http://www.calstate.edu/Benefits/pdf/Flexcash_enroll.pdf)
- Sign and date the form
- Copy your insurance card, showing proof of insurance, and include the copy with the completed form.
- All forms are due in Human Resources by Friday, October 9, 2015. Enrollment will become effective January 1, 2016.

**CSU HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA):** New and continuing participants must complete the 2016 Open Enrollment Worksheet.

This plan allows you to pay for eligible out-of-pocket health expenses on a pre-tax basis. Contributions to this plan are deducted from your pay prior to federal, state, and social security (FICA) taxes being withheld. A \$1.00 after-tax administrative fee will be deducted from your pay each month you participate. You must estimate your eligible expenses very carefully. Any funds left in your HCRA after your expenses have been paid for the year will be forfeited. These funds are held in your personal HCRA account until you incur eligible expenses and file a claim for reimbursement.

Reimbursement claim forms are available on the ASI website at: [www.asiflex.com](http://www.asiflex.com). In order to enroll during this enrollment period, you will need to complete the attached DCRA/HCRA Enrollment Form and return it to Human Resources Programs by Friday, October 9, 2015.

**Eligible Expenses:** Medical, dental, and vision expenses eligible to be reimbursed by the HCRA Plan include uninsured and medically necessary expenses incurred by you and your dependents. Expenses must be incurred for the diagnosis, cure, treatment, or prevention of disease; for treatment affecting any part or function of the body; or to alleviate or prevent a physical defect or illness. Expenses incurred solely for cosmetic reasons or expenses that are merely beneficial to a person's general health are not eligible for reimbursement.

For detailed information on HCRA, please refer to the HCRA booklet ([view here](#)) or refer to Internal Revenue Service (IRS) Publication 502 on the IRS website at [www.irs.ustreas.gov](http://www.irs.ustreas.gov) for additional information.

**Flexible Spending Plan (FSA) debit card for HCRA Enrollees** - The optional ASIFlex Visa Card, allows HCRA enrollees to pay for out-of-pocket medical expenses (i.e., health, dental, vision, etc.) as payment at Health Care Providers and at certain retail locations.

You may obtain the ASIFlex Visa Card by completing the "ASI Flex Debit Card App" and sending the form to ASIFlex. ASIFlex Visa Card request forms received during open enrollment or in December 2015 will be issued in mid-January. Cards requested after this timeframe will typically be issued within 10-15 days of the receipt of the form. For more information about the ASIFlex Visa Card, including FAQs, and how to enroll, please visit the CSU Systemwide Benefits Portal at: [www.calstate.edu/hr/benefitsportal](http://www.calstate.edu/hr/benefitsportal) or contact ASIFlex at (800) 659-3035.

## CSU DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA):

New and continuing participants must complete the Open Enrollment Worksheet. This plan provides for payment of certain dependent care expenses from your pre-tax income, via a special tax-free account set up for this purpose. Each month, the amount you select is deducted from your salary before federal, state, and social security (FICA) taxes are withheld. These funds are held in your personal Dependent Care Reimbursement Account (DCRA) until you incur eligible expenses and file a claim for reimbursement. Reimbursement Claim forms are available at [www.asiflex.com](http://www.asiflex.com).

For detailed information on DCRA, please refer to the DCRA booklet ([view here](#)) or refer to Internal Revenue Service (IRS) Publication 503 on the IRS website at [www.irs.ustreas.gov](http://www.irs.ustreas.gov) for additional information. A \$1.00 after-tax administrative fee will be deducted from your pay each month you participate. In order to enroll during this enrollment period, you will need to complete the attached DCRA/HCRA Enrollment Form and return it to Human Resources by Friday, October 9, 2015.

Eligible Dependents: Eligible dependents for whom DCRA reimbursements can be claimed are: (a) a child under the age of 13, for whom you or your spouse can claim dependent status on your income tax return, (b) a financially dependent member of your household who is physically or mentally disabled and who regularly spends at least 8 hours each day in your home, and/or (c) a spouse who is physically or mentally unable to care for him/herself.

## HCRA AND DCRA ELIGIBILITY

Represented and non-represented employees (regardless of time base or duration of appointment) are eligible to participate in the HCRA/DCRA Plans with the exception of student assistants, graduate assistants, summer session faculty, rehired annuitants including FERP participants, and intermittent/hourly staff.

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 minimum monthly contribution for DCRA is \$20 per month (\$240 annually), up to a maximum contribution amount of \$416.66 per month (\$5,000 annually).

How do I enroll/re-enroll in DCRA/HCRA?

- Complete sections 1-4 and 7 of the DCRA/HCRA Enrollment Form
- Sign and date the form
- All forms are due in Human Resources by Friday, October 9, 2015. Enrollment will become effective January 1, 2016.

**VOLUNTARY BENEFITS** – CSU offers a variety of voluntary benefits beyond health and wellness that are important parts of managing your life. You pay the premiums for these plans through payroll deductions.

Plan	Vendor	Website	Customer Service
Auto and Home Insurance	California Casualty	<a href="http://www.calcas.com/csu">www.calcas.com/csu</a>	866-680-5142
Critical Illness Plan	Aflac	<a href="http://www.aflac.com/csu">www.aflac.com/csu</a>	800-433-3036
MetLaw Legal Plan	Hyatt Legal Plan, Inc.	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-438-6388
Voluntary Accidental Death and Dismemberment Insurance	The Standard	<a href="http://www.standard.com/mybenefits/csu">www.standard.com/mybenefits/csu</a>	800-378-5745
Voluntary Life Insurance	The Standard		
Voluntary Long Term Disability	The Standard		

All of the above voluntary benefit plans, with the exception of the MetLaw Legal plan, allow employees to enroll throughout the year. Additional information regarding these voluntary benefit plans and how to enroll can be found on the CSU Systemwide Benefits Portal at: [www.calstate.edu/hr/benefitsportal](http://www.calstate.edu/hr/benefitsportal)

## QUESTIONS:

If you have any questions, please do not hesitate to contact Diana Enos, Human Resources Manager at 805-437-8426 or [diana.enos@csuci.edu](mailto:diana.enos@csuci.edu).



## INSTRUCTIONS – DECLARATION OF HEALTH COVERAGE (HB-12A)

Please contact your Health Benefits Officer if you have any questions regarding the HB12A.

<b>Employee Information</b>	Complete with the appropriate employee information.
<b>Part A:</b>	Mark this box if you are: a) Enrolling in the Health Benefits Program and have no dependents, or b) Enrolling yourself and ALL eligible dependents in the Health Benefits Program.
<b>Part B-1:</b>	Mark this box if you are: a) Enrolling yourself only, your dependents have other health insurance coverage, or b) Canceling your dependents' coverage because they have other health insurance coverage
<b>Part B-2:</b>	Mark this box if you are: a) Enrolling yourself and SOME of your dependents, your other dependents have health insurance coverage, or b) Canceling coverage for some of your dependents because they have other health insurance coverage.
<b>Part C-1:</b>	Mark this box if you are: a) Declining enrollment or canceling your health insurance coverage, you have no dependents and you have other health coverage, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents and you have other health insurance coverage.
<b>Part C-2:</b>	Mark this box if you are: a) Declining enrollment or canceling your health insurance for reasons other than having health insurance coverage and you have no dependents, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents for reasons other than having health insurance coverage.

**IMPORTANT:** It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include marriage, acquisition of a dependent child, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

### Special rules for retirement and death:

Consider these points as you decide whether to enroll, decline, or cancel enrollment for yourself or dependents:

- ◆ If you are not enrolled in a CalPERS-sponsored health plan on the date you separate employment, you will not be eligible for health benefits into retirement.
- ◆ If your retirement date is over 120 days from your separation date, you will not be eligible for health benefits into retirement.
- ◆ If you die and your eligible family members are not enrolled on your CalPERS-sponsored health plan at that time, they will not be eligible for continued enrollment in a CalPERS-sponsored health plan if they qualify for monthly survivor benefits.



# Benefits – Open Enrollment Worksheet 2015

**Open Enrollment Period = September 14 –October 9**

**Instructions:** Please complete this form with your selections and return the form to HR Programs, Room 2801, Lindero Hall, **NO LATER** than 4 pm on October 9, 2015. **\*\*This is a “worksheet” only. You will be advised when the Enrollment Forms are ready for your signature\*\*** **CHANGES ARE EFFECTIVE: January 1, 2016**

**NAME:** \_\_\_\_\_ **SSN (Last 4 digits):** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Single **If Married or have Domestic Partner:**  
 Married **Spouse/Partner Name:** \_\_\_\_\_  
 Domestic Partner **Spouse/Partner Social Security Number:** \_\_\_\_\_

**Action to be Taken:**  
 NEW or RE-ENROLLMENT During Open Enrollment (Not currently enrolled in ANY available plans)  
 ADD DEPENDENT (Must provide copy of Birth /Adoption/Marriage Certificate or Affidavit of Marriage/Dec. of Domestic Partnership/ Economic Dependent information)  
 DELETE DEPENDENT (If due to divorce, provide final decree)  
 CHANGE PLANS (Currently enrolled in 1 or more available plans – Health, Dental – changing Plan)  
 ADD A PLAN (currently enrolled in 1 or more available plans – Health, Dental, Vision)

**New Plan Selection(s):**

<b>Health –</b> Name of Plan: _____ _____	<b>Dental:</b> Delta Premier(Enhanced II) PPO Delta Care USA (HMO) <b>Delta Care Provider:</b> _____ Provider #: _____		
<b>HCRA Enrollment</b> (min = \$20/max = 212.50 mo)  \$ _____ mo.	<b>DCRA Enrollment</b> (min = \$20/max = 416.66 mo)  \$ _____ mo.	<b>Flex Cash</b> (must show proof of coverage) In lieu of Health& Dental - \$140.00 In lieu of Health Coverage - \$128.00 In lieu of Dental Coverage - \$12.00	

Name (Use reverse side of sheet, if needed)	Social Security Number (Required)	DOB	Relationship (Spouse, Dom. Partner, Dtr., Son, etc.)	Medical		Dental	
				Add/ Remain	Del	Add/ Remain	Del
			Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_



## ADDITIONAL CSU BENEFIT PLANS

### DENTAL

**Delta Dental PPO**  
[www.deltadentalins.com/csu/](http://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/](http://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](http://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/](http://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](http://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](http://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](http://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

# 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.

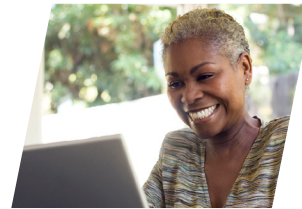
### ✓ EPO plans are Exclusive Provider Organizations

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](http://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.



## 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](http://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/](http://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](http://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

## MEDICAL PLANS FOR 2016

### PPOs

#### PERS Choice and PERS Care PPOs

[www.anthem.com/ca/calpers](http://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](http://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

**DEPENDENT CARE/HEALTH CARE REIMBURSEMENT ACCOUNT PLANS ENROLLMENT AUTHORIZATION**

Please type or print clearly with ballpoint pen. Return completed form to campus Benefits Officer.

**SEE PRIVACY NOTICE ON REVERSE OF EMPLOYEE COPY**

1. TYPE OF ENROLLMENT (Check appropriate box) <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE DUE TO PERMITTING EVENT (i.e., Change in Status) <input type="checkbox"/> CANCELLATION	2. SOCIAL SECURITY NO.	3. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single
	4. NAME      (first)      (initial)      (last)	

5. REIMBURSEMENT PLAN ELECTIONS: To establish a Dependent Care (DCRA) and/or Health Care Reimbursement Account (HCRA), enter the amount you want to have deducted EACH month on a pre-tax basis from your pay warrant. **The minimum monthly pre-tax deduction amount for each account is \$20.00, up to a maximum of \$208.33 for HCRA (\$2,500 annual maximum) and \$416.66 for DCRA (\$5,000 annual maximum), as allowed by the Plan.**

*For HCRA participants only: If you are interested in obtaining a FSA Debit Card, you must submit a completed "FSA Debit Card Request" form to ASIFlex. If you request the FSA Debit Card, a separate debit-card fee will be deducted directly from your HCRA account by ASIFlex as a one-time, lump sum amount (i.e., \$12.00 if your enrollment begins in January, and the amount is prorated if enrollment begins after January). Therefore, your available benefit under the HCRA will be reduced by this debit-card fee. You can adjust your annual HCRA election amount to include the debit-card fee and thereby obtain a higher HCRA benefit; however, your maximum monthly HCRA pre-tax deduction amount cannot exceed \$208.33.*

Benefit Deduction Item (Pre-Tax)	6. DED/ORG Code	7. Monthly Deduction Amount	SCO Use Only
Dependent Care Reimbursement Account (DCRA) Employee Initial here ____ Please note: This plan is for eligible dependent day care related expenses only	380- ____	A. \$ ____.	
Health Care Reimbursement Account (HCRA) Employee Initial here ____ Please note: This plan is for eligible health care related expenses only	378- ____	B. \$ ____.	

8. Coverage Statement

I UNDERSTAND THAT MY ENROLLMENT INTO THE DEPENDENT CARE AND/OR HEALTH CARE REIMBURSEMENT ACCOUNT PLAN(S) IS FOR ONE PLAN YEAR AT A TIME – MY ENROLLMENT WILL NOT AUTOMATICALLY RENEW. IF I WISH TO CONTINUE ENROLLMENT FOR THE NEXT PLAN YEAR, I MUST RE-ENROLL ANNUALLY DURING OPEN ENROLLMENT.

I hereby agree to have my monthly pay reduced on a pre-tax basis by the amount(s) specified above. I understand that IRS regulations require that my monthly pre-tax deductions authorized by this form are irrevocable during this plan year, unless I experience an allowable "change in status event," as defined in these regulations and described in the Dependent Care and/or Health Care Reimbursement Account brochure(s).

This reduction in pay is effective with the December pay period (January pay warrant), unless this is a mid-year enrollment, and will continue for each succeeding pay period until the end of the Plan Year. My agreement to have my pay reduced is made on the condition that the CSU contribute the amounts from my pay warrant to the Reimbursement Account(s) that I have specified on this form. **I also agree to pay the \$1.00 monthly administrative fee through payroll deduction on a post-tax basis. The \$1.00 monthly administrative fee is charged per Plan.**

Each Plan Year begins on January 1 and ends December 31. I understand that requests for reimbursement must be for eligible services/supplies incurred between the effective dates of my participation in the Plan(s) through the end of the Plan Year, or the following 2 ½ month grace period extension (January 1 – March 15) if I am enrolled in the Plan(s) through December 31. All reimbursement requests for the current Plan Year must be postmarked by June 30 of the following Plan Year in order to be reimbursed. I further understand that any unclaimed amount remaining in my Dependent Care and/or Health Care Reimbursement Account(s) after that date will be forfeited.

I have read the above statements and agree to the terms and conditions of the Dependent Care and/or Health Care Reimbursement Account(s) Plan(s) as specified on this form and described in the applicable brochure(s).

Employee's Signature: _____	Date Signed: _____
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**FOR CAMPUS USE ONLY**

9. Effective Date of Action Mo   Day   Year -1-	10. Employee CBID	11. Permitting Event Date			12. Permitting Event Code
		Mo	Day	Year	
13. Remarks:		14. Agency Code	15. Unit Code	16. Campus Name	
		17. Authorized Campus Signature  I hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employee named herein is eligible for enrollment in the CSU HCRA and/or DCRA Plan(s).  Print Name: _____  E-mail address: _____  Signature: _____			
18. Date Received:			19. Telephone Number:		

**The California State University  
DEPENDENT CARE/HEALTH CARE REIMBURSEMENT ACCOUNT PLANS  
ENROLLMENT AUTHORIZATION**

(REV. 08/2012) (REVERSE)

PRIVACY NOTICE

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the program administrator, for the purposes of identification and account processing.

It is mandatory to furnish all information requested on this form except for employee's gender and marital status, which may be furnished on a voluntary basis. Failure to provide the mandatory information may result in the DCRA and/or HCRA enrollment action(s) not being processed or being processed incorrectly.

The State Controller's Office requires the employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the Claims administrator. Copies of the Dependent Care/Health Care Reimbursement Account Plan(s) Enrollment Authorization Form(s) are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Dependent Care and/or Health Care Reimbursement Account Plan(s) Enrollment Authorization forms upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Operations Bureau, State Controller's Office, P. O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.

# 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
<b>ANTHEM BLUE CROSS SELECT HMO CALIFORNIA</b>	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
<b>ANTHEM BLUE CROSS TRADITIONAL HMO CALIFORNIA</b>	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
<b>ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Del Norte County)</b>	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
<b>ANTHEM BLUE CROSS EPO CALIFORNIA (Restricted to Monterey County)</b>	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
<b>BLUE SHIELD ACCESS+ CALIFORNIA</b>	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
<b>BLUE SHIELD ACCESS+ EPO CALIFORNIA (Restricted to Colusa, Mendocino &amp; Sierra Counties)</b>	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
<b>BLUE SHIELD NETVALUE CALIFORNIA</b>	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
<b>HEALTH NET SALUD Y MAS CALIFORNIA</b>	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
<b>HEALTH NET SMARTCARE CALIFORNIA</b>	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

## 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
<b>KAISER PERMANENTE CALIFORNIA</b>	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
<b>KAISER PERMANENTE - OUT OF STATE</b>	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
<b>PERS CARE</b>	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
<b>PERS CHOICE</b>	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
<b>PERS SELECT CALIFORNIA</b>	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
<b>PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA (PORAC)*</b>	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						
	Employee + 2 or more		\$1,789.00	\$1,727.00	\$62.00	\$37.00						
<b>SHARP PERFORMANCE PLUS CALIFORNIA (Restricted to San Diego County)</b>	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
<b>UNITEDHEALTHCARE ALLIANCE HMO CALIFORNIA</b>	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.