


THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
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Date: August 10, 2006 **Code:** TECHNICAL LETTER
HR/Benefits 2006-10

To: Human Resources Directors
Benefits Officers

From: Gina Caywood 
Interim Senior Director
Human Resources Administration

Subject: Annual Benefits Open Enrollment – September/October 2006

The annual open enrollment period for CalPERS health, CSU dental, Dependent Care Reimbursement Account (DCRA), Health Care Reimbursement Account (HCRA), FlexCash and Tax Advantage Premium (TAPP) plans is being held September 1 through September 29, 2006. As in previous years, CalPERS has approved an extended enrollment for CSU through October 13, 2006. *The effective date for all changes made during open enrollment will be January 1, 2007.* Specific information about the plans is provided below.

CALPERS HEALTH PLANS

Open enrollment health forms (HBD-12) must be signed by the employee by October 13, 2006, and received by CalPERS' Health Benefits Services Division no later than October 20, 2006. The deadline to submit documents keyed via the CalPERS Automated Communications Exchange System (ACES) also is October 20, 2006, at 3:00 P.M. (Note: Although the ACES system may accept transactions keyed after the October 20, 3:00 P.M. deadline, CalPERS cannot guarantee that the requests will be processed to ensure a January 1 effective date.)

Campuses are requested to submit enrollment change requests to CalPERS on a "flow basis" rather than holding them all until the October 20, 2006 deadline. This will allow adequate processing time and ensure CSU documents are not delayed unnecessarily.

Important note: ACES will be unavailable from Friday, October 6 through Monday, October 9, 2006, for upgrade of the operating system. CalPERS has requested that CSU not attempt to input any transactions during this time. Additionally, CalPERS will be testing the new system on October 10, 2006 to ensure full functionality and will issue an ACES alert notice when the system is proven operational. Data keying should be held until the notice is issued. CalPERS will provide CSU with a direct email along with the standard ACES notice.

Distribution:

CSU Presidents
Vice Chancellor, Human Resources

Associate Vice Presidents/Deans, Faculty Affairs
Payroll Managers

The following health plans will be offered in 2007: Blue Shield HMO, Kaiser Permanente, Western Health Advantage (Northern California residents only), PERSCare, PERS Choice and the Peace Officers Research Association of California (PORAC), an Association plan. 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.

Pursuant to California Government Code 22871, the **CSU Employer Health Contribution Rates for 2007 are as follows:**

	<u>All Employees</u> <u>(Except R06)</u>
Employee only	\$439
Employee + one	\$823
Employee + two or more	\$1,042

As a result of collective bargaining, the rates for employees represented by the State Employees Trades Council (SETC – Unit 6) are:

	<u>R06 Employees</u>
Employee only	\$444
Employee + one	\$833
Employee + two or more	\$1,062

A copy of the Basic Rate Comparison chart that contains the 2007 CSU contribution rates, monthly premiums and employee out-of-pocket costs is attached.

To ensure that on-going enrollment requests for newly hired faculty and staff employees are given priority processing by CalPERS during the open enrollment period, please separate (and clearly mark) these applications from the open enrollment documents. ***Please remember to submit open enrollment documents on a flow basis to ensure timely processing.***

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>.

DENTAL PROGRAM

For 2007, CSU continues to offer eligible employees two dental plan coverage types: the Delta Dental of California, an indemnity plan; and PMI DeltaCare, a dental health maintenance association. Effective January 1, 2007, the dental premium rates for both Delta Dental and PMI DeltaCare plans will increase slightly. The premiums continue to be fully paid by the CSU.

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

Employees enrolled in PMI DeltaCare will continue to select dentists from PMI's exclusive list of providers, which is available on Delta's website.

Delta Dental Benefit Enhancement

Beginning on or about January 1, 2007, Delta Dental will implement an additional benefit for pregnant women. Pregnant women showing signs or symptoms of periodontal disease will be eligible for a third cleaning and periodontal examination in a calendar year. For pregnant women without symptoms of periodontal disease, the benefit enhancement will include an additional regular cleaning to help prevent gum disease. Delta will update the Evidence of Coverage (EOC) brochures and a supply will be provided to campuses when they are available. This additional benefit is not available to PMI members.

Dental open enrollment documents must be signed by the employee by October 13, 2006, and received by the State Controller's Office (SCO) by October 20, 2006. To assist campuses in providing dental open enrollment information to all eligible CSU employees during the enrollment period, the following materials are attached:

- ❑ Dental Plans Summary
- ❑ Benefits Comparison Charts
- ❑ Dental Plan Carrier Deduction Codes and Costs
- ❑ COBRA Rates Charts
- ❑ Group and SubLocation Numbers

**DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)
and HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)**

The deadline to enroll in the DCRA and/or HCRA plans for this annual open enrollment period is October 13, 2006, and forms must be received by the SCO by October 20, 2006. **Please remind employees to review their enrollment choices and dollar amounts to be certain that enrollment is processed accurately.**

The deduction codes for the 2007 plan year are as follows:

DCRA: Administration: 375-001; Enrollment: 380-020.

HCRA: Administration: 375-001; Enrollment: 378-020.

The maximum monthly contribution amount for each plan is \$416.66 (\$5,000 annually). ***As a reminder, employees who wish to continue participation in the DCRA and/or HCRA plan(s) must re-enroll annually during open enrollment.***

FLEXCASH

There is no change to the FlexCash plan. The benefit levels for FlexCash remain \$128 per month for cash in lieu of medical coverage and \$12 per month for cash in lieu of dental coverage; \$140 per month for both. FlexCash is available to all CSU employees eligible for medical and dental coverage if they have other, non-CSU coverage.

Employees planning to remain in FlexCash are not required to complete enrollment forms during open enrollment. For those employees who plan to enroll or make changes to their existing enrollment, open enrollment documents for FlexCash must be signed by the employee by October 13, 2006, and received by the SCO by October 20, 2006. Enrollment in the FlexCash plan will become effective January 1, 2007.

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

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)

There is no change in the Tax Advantage Premium Plan (TAPP) this year. Employees planning to remain in the TAPP plan, are not required to complete enrollment forms during open enrollment. For those employees who plan to enroll in or cancel TAPP participation, completed documents must be received by October 13 2006. All TAPP documents must be clearly marked "TAPP" and CalPERS Health Benefits Division must receive them no later than October 20, 2006.

VOLUNTARY LIFE INSURANCE

Although Standard does not offer a formal open enrollment period for Voluntary Life Insurance, employees can enroll in the benefit at any time during employment. If an employee chooses to enroll after the first sixty (60) days of hire or eligibility, the employee must submit a completed medical questionnaire along with the enrollment form.

Questions regarding this technical letter may be directed to Felice Bakre in Human Resources Administration at (562) 951-4411. This document is available on Human Resources Website at: <http://www.calstate.edu/HRAdm/memos.shtml>.

GC/fb

Attachments

The California State University Dental Plans Summary

January 1, 2007– December 31, 2008

Your CSU Dental Program consists of two types of plans:

Delta Dental of California and PMI DeltaCare

This summary 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 carrier's Evidence of Coverage (EOC) booklet provides a detailed explanation of benefits, services, limitations and exclusions. A copy of the EOC booklet can be obtained from your campus Benefits Representative.

Explanation of Plan Types

The CSU offers two dental plan types. Delta Dental of California, an indemnity plan, provides a comprehensive dental program that allows you to select the dentist of your choice. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta's networks. 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 have a shared responsibility of paying the dentist for services received (see appropriate comparison chart). 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 for reimbursement. Claims should be sent to: P. O. Box 997330, Sacramento, CA 95899-7330. Refer to the EOC booklet for coverage details and plan limitations.

If you choose the PMI DeltaCare Prepaid Plan, all covered dental care for you and your dependents is prepaid and must be through PMI DeltaCare panel dentists. (You may change dentists by contacting PMI DeltaCare.) You will receive an identification card which you show your dentist to receive benefits; no claim forms are required. All covered dental services deemed necessary by your dentist will be provided subject to plan limitations explained in the EOC booklet.

Definition of Terms

Below are definitions of dental plan terminology:

Endodontics	Treatment involving tooth pulp, such as a root canal.
Extractions	Removal of teeth.
Oral Surgery	Extractions and certain surgical procedures, including pre/post-operative care.
Orthodontics	Treatment to correct position or alignment of teeth, such as braces.
Periodontics	Treatment of gums and bones supporting teeth.
Prophylaxis	Scaling and cleaning of teeth.
Prosthetics	Replacement for teeth, such as crowns, dentures, or bridges.
Co-payment	A fee the member pays for a service.
Group Dental Plan	Where the member has free choice of dentists. A claim form is required.
Prepaid Plan	Members use dentist contracting with the plan. No claim forms are required.
UCR	UCR (Usual, Customary, and Reasonable) applies to the Delta Dental plan only. This is the fee that a Delta dentist usually charges for a particular service, or the fee that is customarily charged by Delta dentists in the geographical area.

PMI DeltaCare Basic and Delta Dental Basic Plans Benefits Comparison

For eligible employees in the following categories:

Unit 8, (Excluded) E99, and Annuitants

PMI DeltaCare Basic Plan Charges:

(No Deductible)* No charge – limit 2 per 12 months No charge – only to age 19 No charge \$10 No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)
(No Deductible)* No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15
(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$70 each \$50 per unit + cost of precious metals
No maximum*
(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 23). Orthodontic extractions are not covered.
Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)
Not required
May be additional cost.
Approval is subject to review by dental consultant.
No exclusion against replacing missing teeth.
Maximum of \$50
No deductible
Limited to one each 5 years.

Delta Dental Plan of California Basic Plan Pays:

(No Deductible)* 75% of UCR – limit 2 per 12 months+ 75% of UCR 75% of UCR – limit 2 per 12 months 75% of UCR (without deductible) 75% of UCR 75% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per 12 months for age 18 and over.**)
(Deductible)* 75% of UCR 75% of UCR – limited to required anesthesia applied by dentist during oral surgery. 75% of UCR 75% of UCR 75% of UCR 75% of UCR 75% of UCR
(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR
\$1,500 per calendar year per person
(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Only covers charges for services the member receives on and after effective date of coverage.
Not required; however, suggested for services proposed over \$100.
If dentist determines alternative treatment is necessary, approval is subject to Delta review.
N/A
No exclusion against replacing missing teeth.
Out of California – submit dentist's billing statement to Delta Dental of California.
\$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Limited to one each 5 years.

Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry
Orthodontics
Special Provisions, Limitations, Exclusions Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays in a 12-month period. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to PMI DeltaCare 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.

PMI DeltaCare Basic and Delta Dental Level I Enhanced Plans Benefits Comparison

For eligible employees in the following categories:

Unit 10 and Unit 11 (Teaching Associates). Unit 12 employees are Eligible for Delta Dental Level I Enhanced Only.

	PMI DeltaCare Basic Plan Charges:	Delta Dental Plan of California Enhanced Level I Plan Pays:
Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays	(No Deductible)* No charge – limit 2 per 12 months No charge – only to age 19 No charge \$10 No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	(No Deductible)* 100% of UCR – limit 2 per 12 months+ 100% of UCR 100% of UCR – limit 2 per 12 months 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per 12 months for age 18 and over.**)
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	(No Deductible)* No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	(Deductible)* 80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery. 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$70 each \$50 per unit + cost of precious metals	(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.) Not required May be additional cost. Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$50 No deductible Limited to one each 5 years.	Only covers charges for services the member receives on and after effective date of coverage. Not required; however, suggested for services proposed over \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. Out of California – submit dentist's billing statement to Delta Dental of California. \$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible. Limited to one each 5 years.

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays in a 12-month period.

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

PMI DeltaCare Enhanced and Delta Level II Enhanced Plans Benefits Comparison

For eligible employees in the following categories:

Units 1, 2, 3, 4, 5, 6, 7, 9 and C99, M98, M80 and FERP Annuitants

	PMI DeltaCare Enhanced Plan Charges:	Delta Dental Plan of California Enhanced Level II Plan Pays:
<p>Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays</p>	<p>(No Deductible)* No charge – limit 2 per 12 months No charge – only to age 19 No charge No charge No charge No charge (Full mouth X-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)</p>	<p>(No Deductible)* 100% of UCR – limit 2 per 12 months+ 100% of UCR 100% of UCR – limit 2 per 12 months 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per 12 months for age 18 and over.**)</p>
<p>Basic Dentistry Fillings Anesthesia</p>	<p>(No Deductible)* No charge for amalgam Local – no charge; General – covered for extractions only and only when medically necessary Not covered No charge No charge No charge No charge No charge</p>	<p>(Deductible)* 80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery.</p>
<p>Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining</p>	<p>Not covered No charge No charge No charge No charge No charge</p>	<p>80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR</p>
<p>Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges</p>	<p>(No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals</p>	<p>(Deductible)* 80% of UCR 80% of UCR 80% of UCR 80% of UCR</p>
<p>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</p>	<p>No maximum*</p>	<p>\$2,000 per calendar year per person</p>
<p>Orthodontics</p>	<p>(No Deductible)* \$1,400 maximum co-payment (for covered children up to age 23). \$1,600 maximum co-payments for adults. Plus \$350 start-up costs for 24-month treatment plan.</p>	<p>(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).</p>
<p>Special Provisions, Limitations, Exclusions Work in progress when you join</p>	<p>Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)</p>	<p>Only covers charges for services the member receives on and after effective date of coverage.</p>
<p>Predetermination of benefits</p>	<p>Not required</p>	<p>Not required; however, suggested for services proposed over \$100.</p>
<p>Alternative to treatment provision</p>	<p>May be additional cost.</p>	<p>If dentist determines alternative treatment is necessary, approval is subject to Delta review.</p>
<p>Referral to specialist</p>	<p>Approval is subject to review by dental consultant.</p>	<p>N/A</p>
<p>Missing teeth</p>	<p>No exclusion against replacing missing teeth.</p>	<p>No exclusion against replacing missing teeth.</p>
<p>Out-of-area emergency</p>	<p>Maximum of \$100</p>	<p>Out of California – submit dentist’s billing statement to Delta Dental of California.</p>
<p>Deductible</p>	<p>No deductible</p>	<p>\$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.</p>
<p>Prosthetic replacements</p>	<p>Limited to one each 5 years.</p>	<p>Limited to one each 5 years.</p>

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays in a 12-month period.

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

Dental Plan Carrier
Deduction Codes and Costs

Delta Dental of California

Premiums are paid by the CSU with no cost to the employee

Rates effective January 1, 2007 through December 31, 2008

Delta - Basic

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

Enrollment	Deduction Code	Premium
Employee Only	150-004-1	\$26.95
Employee + 1	150-004-2	\$50.91
Employee + 2	150-004-3	\$102.24

Delta - Enhanced Level I

For eligible employees in the following categories:
Unit 10, Unit 11 (Teaching Associates only) and Unit 12

Enrollment	Deduction Code	Premium
Employee Only	150-181-1	\$32.80
Employee + 1	150-181-2	\$62.05
Employee + 2	150-181-3	\$127.89

Delta - Enhanced Level II

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

Enrollment	Deduction Code	Premium
Employee Only	150-007-1	\$40.59
Employee + 1	150-007-2	\$76.58
Employee + 2	150-007-3	\$149.62

Dental Plan Carrier
Deduction Codes and Costs

PMI DeltaCare

Premiums are paid by the CSU with no cost to the employee

Rates effective January 1, 2007 through December 31, 2008

PMI DeltaCare - Basic

For eligible employees in the following categories:

Units 8, 10, 11 (Teaching Associates only), Excluded (E99) and Annuitants

Enrollment	Deduction Code	Premium
Employee Only	150-012-1	\$17.53
Employee + 1	150-012-2	\$28.92
Employee + 2	150-012-3	\$42.75

PMI DeltaCare - Enhanced

For eligible employees in the following categories:

Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M98, M80 and FERP Annuitants

Enrollment	Deduction Code	Premium
Employee Only	150-013-1	\$23.29
Employee + 1	150-013-2	\$38.45
Employee + 2	150-013-3	\$56.85

*Enrollment in PMI DeltaCare is not applicable to Unit 12 employees.

CSU DELTA DENTAL AND PMI DELTACARE COBRA RATES

Effective for 2007

Dental Plan	Eligible Group	Enrollment	Premium
Delta Basic	Public Safety (Unit 8)	Single Person	\$27.49
	Excluded (E99)	Two People	\$51.93
	CalSTRS Annuitants CalPERS Annuitants	Three or More	\$104.28
Delta Enhanced Level I	CMA Operating Engineers (Unit 10)	Single Person	\$33.46
	Teaching Associates (Unit 11)	Two People	\$63.29
	SFSU Headstart Employees (Unit 12)	Three or More	\$130.45
Delta Enhanced Level II	Executive (M98)	Single Person	\$41.40
	Management Personnel Plan (M80)	Two People	\$78.11
	Confidential (C99)	Three or More	\$152.61
	Physicians (Unit 1)		
	CSUEU (Units 2, 5, 7, 9)		
	Faculty (Unit 3)		
	Academic Support (Unit 4)		
	Skilled Crafts (Unit 6) FERP Annuitants		

Dental Plan	Eligible Group	Enrollment	Premium
PMI Basic	Public Safety (Unit 8)	Single Person	\$17.88
	CMA Operating Engineers (Unit 10)	Two People	\$29.50
	Teaching Associates (Unit 11)	Three or More	\$43.61
	Excluded (E99)		
	CalSTRS Annuitants CalPERS Annuitants		
PMI Enhanced	Executive (M98)	Single Person	\$23.76
	Management Personnel Plan (M80)	Two People	\$39.22
	Confidential (C99)	Three or More	\$57.99
	Physicians (Unit 1)		
	CSUEU (Units 2, 5, 7, 9)		
	Faculty (Unit 3)		
	Academic Support (Unit 4)		
	Skilled Crafts (Unit 6) FERP Annuitants		

**CSU DELTA DENTAL AND PMI DELTACARE
GROUP & SUBLOCATION NUMBERS**

Effective for 2007

DELTA DENTAL

Plan	Group and Sublocation Numbers		
Delta-Basic	Active	Direct-Pay	COBRA
Public Safety (Unit 8)	4018-2041	4018-2141	4918-2091
Excluded (E99)	4018-4051	4018-2151	4918-2091
CalSTRS Annuitants	4018-2061	N/A	4918-2091
CalPERS Annuitants	4018-2071	N/A	4918-2091
Delta-Enhanced Level I	Active	Direct-Pay	COBRA
CMA Operating Engineers (Unit 10)	4018-2081	4018-2181	4918-3091
Teaching Associates Only (Unit 11)	4018-3051	4018-3151	4918-3091
SFSU Headstart Employees (Unit 12)	4018-5011	4018-5111	4918-3091
Delta-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)	4018-2051	4018-2151	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
FERP Annuitants	4018-3031	N/A	4918-4091

PMI DELTACARE

Plan	Group and Sublocation Numbers		
PMI DeltaCare-Basic	Active	Direct-Pay	COBRA
Public Safety (Unit 8)	2M73	2M75	2M76
CMA Operating Engineers (Unit 10)	2M73	2M75	2M76
Excluded (E99)	2M73	2M75	2M76
Teaching Associates (Unit 11)	2M73	2M75	2M76
CalPERS and CalSTRS Annuitants	2M74	N/A	2M76
PMI DeltaCare-Enhanced	Active	Direct-Pay	COBRA
Executive (M98)	2M77	2M79	2M80
Management Personnel Plan (M80)	2M77	2M79	2M80
Confidential (C99)	2M77	2M79	2M80
Physicians (Unit 1)	2M77	2M79	2M80
CSUEU (Units 2, 5, 7, 9)	2M77	2M79	2M80
Faculty (Unit 3)	2M77	2M79	2M80
Academic Support (Unit 4)	2M77	2M79	2M80
Skilled Crafts (Unit 6)	2M77	2M79	2M80
FERP Annuitants	2M78	N/A	2M80

**2007 CalPERS Health Benefits Program
 Basic Plan Rate Comparison**

HEALTH PLAN	Eligible Dependents	Plan Code	2006			2007		
			Total Mo. Premium	Employee Mo. Ded.	Unit 6 Mo. Ded.	Total Mo. Premium	Employee Mo. Ded.	Unit 6 Mo. Ded.
BLUE SHIELD HMO	Employee Only	2051	\$385.63	\$0.00	\$0.00	\$436.11	\$0.00	\$0.00
	Employee + 1 Dependent	2052	\$771.26	\$33.26	\$23.26	\$872.22	\$49.22	\$39.22
	Employee + 2 or more	2053	\$1,002.64	\$69.64	\$49.64	\$1,133.89	\$91.89	\$71.89
KAISER PERMANENTE	Employee Only	561	\$364.93	\$0.00	\$0.00	\$401.69	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$729.86	\$0.00	\$0.00	\$803.38	\$0.00	\$0.00
	Employee + 2 or more	563	\$948.82	\$15.82	\$0.00	\$1,044.39	\$2.39	\$0.00
PERS-CARE	Employee Only	2781	\$673.69	\$279.69	\$274.69	\$761.88	\$322.88	\$317.88
	Employee + 1 Dependent	2782	\$1,347.38	\$609.38	\$599.38	\$1,523.76	\$700.76	\$690.76
	Employee + 2 or more	2783	\$1,751.59	\$818.59	\$798.59	\$1,980.89	\$938.89	\$918.89
PERS CHOICE	Employee Only	2221	\$400.58	\$6.58	\$1.58	\$450.67	\$11.67	\$6.67
	Employee + 1 Dependent	2222	\$801.16	\$63.16	\$53.16	\$901.34	\$78.34	\$68.34
	Employee + 2 or more	2223	\$1,041.51	\$108.51	\$88.51	\$1,171.74	\$129.74	\$109.74
PORAC*	Employee Only	2071	\$399.00	\$5.00		\$439.00	\$0.00	
	Employee + 1 Dependent	2072	\$748.00	\$10.00		\$822.00	\$0.00	
	Employee + 2 or more	2073	\$950.00	\$17.00		\$1,045.00	\$3.00	
WESTERN HEALTH ADVANTAGE (WHA)**	Employee Only	2821	\$354.07	\$0.00	\$0.00	\$395.85	\$0.00	\$0.00
	Employee + 1 Dependent	2822	\$708.14	\$0.00	\$0.00	\$791.70	\$0.00	\$0.00
	Employee + 2 or more	2823	\$920.58	\$0.00	\$0.00	\$1,029.21	\$0.00	\$0.00
KAISER (OUT OF STATE)	Employee Only	Codes vary by region	\$527.31	\$133.31	\$128.31	\$577.82	\$138.82	\$133.82
	Employee + 1 Dependent		\$1,054.62	\$316.62	\$306.62	\$1,155.64	\$332.64	\$322.64
	Employee + 2 or more		\$1,371.01	\$438.01	\$418.01	\$1,502.33	\$460.33	\$440.33

CSU Contribution:	2006		2007	
	Gov't Code Section 22871	Unit 6	Gov't Code	Unit 6
Employee Only	\$394	\$399	\$439	\$444
Employee +1 Dependent	\$738	\$748	\$823	\$833
Employee +2 or more	\$933	\$953	\$1,042	\$1,062

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

**Plan available in Northern California only.