

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
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Date: August 1, 2003 **Code:** TECHNICAL LETTER
HR/Benefits 2003-23

To: Human Resources Directors
Benefits Officers

From: Cathy Robinson, Assistant Vice Chancellor
Human Resources Administration

Subject: Annual Benefits Open Enrollment – October 2003

The annual open enrollment period for CalPERS health, CSU dental, Dependent Care Reimbursement Account (DCA), Health Care Reimbursement Account (HCRA), FlexCash and Tax Advantage Premium (TAPP) plans is being held October 1 through October 31, 2003. *The effective date for all changes made during open enrollment will be January 1, 2004.* Specific information about the plans is provided below.

CALPERS HEALTH PLANS

Due to a CalPERS delay in printing and distributing materials for this year's open enrollment, the extended open enrollment period that has historically been approved for the CSU has been reduced. **The open enrollment period this year will run from October 1 through October 31, 2003. Open enrollment health forms (HBD-12) must be signed by the employee by October 31, 2003, and received by CalPERS' Health Benefits Services Division no later than November 7, 2003. The deadline to submit documents to CalPERS using their ACES system also is November 7, 2003 at 3:00 P.M.** Note: Although the ACES system may *accept* transactions keyed after the November 7, 3:00 P.M. deadline, CalPERS cannot guarantee that the requests will be processed to ensure a January 1 effective date.

It is requested that campuses submit enrollment change requests to CalPERS on a "flow basis" rather than holding them all until the November 7th deadline. This will allow adequate processing time and ensure documents are not unnecessarily delayed.

Health Plan Changes

The following health plans will be offered in 2003: Blue Shield HMO, Kaiser Permanente, PERSCare and PERS Choice. Western Health Advantage, available only in Northern California, will continue to provide service to existing members; however, it is closed for new enrollments for 2004. CalPERS also will offer Peace Officers Research Association

Distribution:

CSU Presidents
Vice Chancellor, Human Resources
Director, SOSS
Payroll Managers

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

A list of available health plans, which includes premium rate comparisons, is attached. For additional information on CalPERS health plans, please refer to the CalPERS open enrollment materials.

CSU Employer Health Contribution Rates

	<u>All Employees</u> <u>(Except R06)</u>	<u>R06 Employees</u>
Employee only	\$331	\$336
Employee + one	\$621	\$631
Employee + two or more	\$780	\$800

To ensure that on-going enrollment requests for new faculty employees are not lost during the open enrollment process, please separate (and clearly mark) these applications from the open enrollment documents. CalPERS will give new hire applications priority processing. ***Please remember to submit open enrollment documents on a flow basis to ensure timely processing.***

DENTAL PROGRAM

There is no change to the dental benefit programs for 2004 and the premiums continue to be fully paid by the CSU. Dental open enrollment documents must be signed by the employee by October 31, 2003, and received by the State Controller's Office by November 7, 2003. To assist campuses in providing dental open enrollment information to all eligible CSU employees during the enrollment period, the following materials are attached:

- ❑ Summary of Dental Program
- ❑ Comparison Charts
- ❑ Dental Plan Carrier Deduction Codes and Costs

Effective August 1, 2003, eligible employees covered by the State Employees' Trades Council (SETC – Unit 6) Agreement become eligible for Enhanced Level II dental coverage. The State Controller's Office will update its deduction tables to reflect these changes and no campus action is required.

Note, we anticipate a dental premium rate decrease of approximately 2%, to be effective January 1, 2004; however, rate negotiations are not yet completed. Campuses will receive updated premium rate information as soon as it is available.

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 31, 2003, and forms must be received by the State Controller's Office by November 7, 2003. The administration fee remains \$2.00 per month for each plan. The deduction codes for the 2004 plan year are as follows:

DCRA: Administration: 375-001; Enrollment: 380-017.

HCRA: Administration: 375-001; Enrollment: 378-017.

The maximum monthly contribution amount for each plan is \$416.66 (\$5,000 annually). DCRA and HCRA plan brochures are being printed and will be shipped to campuses when they are available. *As a reminder, employees who wish to continue participation 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.

Effective July 1, 2003, lecturers and coaches who are appointed for at least 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. *As a reminder, campuses must 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.*

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 31, 2003, and received by the State Controller's Office by November 7, 2003. Enrollment in the FlexCash plan will become effective January 1, 2004.

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 31, 2003. All TAPP

documents must be clearly marked "TAPP" and CalPERS Health Benefits Division must receive them no later than November 7, 2003.

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

CR/fb

Attachments

The California State University Dental Plans

January 1, 2003 – December 31, 2004

Your CSU Dental Program consists of two types of plans:

Delta Dental Plan 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 booklet provides a detailed explanation of benefits, services, limitations and exclusions. A copy of the Evidence of Coverage (EOC) booklet can be obtained from your campus Benefits Officer.

Explanation of Plan Types

The Delta group dental plans allow you to choose any dentist, but the benefits described in this comparison are guaranteed only when you go to a member dentist. Your current dentist may participate in the Delta group; if so, he/she has claim forms and will file your claim. Delta will pay the dentist and notify you of any remainder you owe the dentist. If your dentist is not a Delta member, you pay the dentist and complete a claim form for reimbursement from Delta. Claims should be sent to: P. O. Box 997330, Sacramento, CA 94899-7330. Refer to the EOC booklet for coverage details and plan limitations.

If you choose the PMI DeltaCare Prepaid Plan, you select a PMI DeltaCare dentist at enrollment and you and all your covered dependents must use that dentist. (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, E99 (except Teaching Associates) and Annuitants**

	PMI DeltaCare Basic Plan Charges:	Delta Dental Plan of California Basic 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 \$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.)</p>	<p>(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.**)</p>
<p>Basic Dentistry Fillings Anesthesia</p>	<p>(No Deductible)* No charge for amalgam Local – no charge; General – not covered</p>	<p>(Deductible)* 75% of UCR 75% of UCR – limited to required anesthesia applied by dentist during oral surgery. 75% of UCR 75% of UCR</p>
<p>Injection of Antibiotics Extractions</p>	<p>Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)</p>	<p>75% of UCR 75% of UCR</p>
<p>Oral Surgery Endodontics</p>	<p>No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars</p>	<p>75% of UCR 75% of UCR</p>
<p>Periodontics</p>	<p>\$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant</p>	<p>75% of UCR</p>
<p>Denture Relining</p>	<p>Office – no charge; Lab – \$15</p>	<p>75% of UCR</p>
<p>Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges</p>	<p>(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</p>	<p>(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR</p>
<p>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</p>	<p>No maximum*</p>	<p>\$1,500 per calendar year per person</p>
<p>Orthodontics</p>	<p>(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.</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 \$50</p>	<p>Out of California – submit dentist's billing statement to Delta Dental 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).

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

For eligible employees in the following categories:

Unit 10 and Teaching Associates

PMI DeltaCare Basic Plan Charges:

Delta Dental Plan of California Enhanced Level I Plan Pays:

<p>Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays</p> <hr/> <p>Basic Dentistry Fillings Anesthesia</p> <p>Injection of Antibiotics Extractions</p> <p>Oral Surgery Endodontics</p> <p>Periodontics</p> <hr/> <p>Denture Relining</p> <hr/> <p>Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges</p> <hr/> <p>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</p> <hr/> <p>Orthodontics</p> <hr/> <p>Special Provisions, Limitations, Exclusions Work in progress when you join</p> <p>Predetermination of benefits</p> <p>Alternative to treatment provision</p> <p>Referral to specialist</p> <p>Missing teeth</p> <p>Out-of-area emergency</p> <p>Deductible</p> <p>Prosthetic replacements</p>	<p>(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.)</p> <hr/> <p>(No Deductible)* No charge for amalgam Local – no charge; General – not covered</p> <p>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</p> <hr/> <p>(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</p> <hr/> <p>No maximum*</p> <hr/> <p>(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.</p> <hr/> <p>Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)</p> <p>Not required</p> <p>May be additional cost.</p> <p>Approval is subject to review by dental consultant.</p> <p>No exclusion against replacing missing teeth.</p> <p>Maximum of \$50</p> <p>No deductible</p> <p>Limited to one each 5 years.</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> <hr/> <p>(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</p> <hr/> <p>80% of UCR</p> <hr/> <p>(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR</p> <hr/> <p>\$2,000 per calendar year per person</p> <hr/> <p>(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).</p> <hr/> <p>Only covers charges for services the member receives on and after effective date of coverage.</p> <p>Not required; however, suggested for services proposed over \$100.</p> <p>If dentist determines alternative treatment is necessary, approval is subject to Delta review.</p> <p>N/A</p> <p>No exclusion against replacing missing teeth.</p> <p>Out of California – submit dentist's billing statement to Delta Dental California.</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>Limited to one each 5 years.</p>
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*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).

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**

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

PMI DeltaCare Enhanced Plan Charges:

(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.)
(No Deductible)* No charge for amalgam Local – no charge; General – covered only when medically necessary Not covered No charge No charge No charge No charge No charge
(No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals
No maximum*
(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.
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 \$100
No deductible
Limited to one each 5 years.

Delta Dental Plan of California Enhanced Level II Plan Pays:

(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.**)
(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 80% of UCR
(Deductible)* 80% of UCR 80% of UCR 80% of UCR 80% of UCR
\$2,000 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 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).

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, 2003 through December 31, 2003*

Delta - Basic

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

Enrollment	Deduction Code	Premium*
Employee Only	150-004-1	\$ 25.67
Employee + 1	150-004-2	48.49
Employee + 2	150-004-3	96.41

Delta - Enhanced Level I

For eligible employees in the following categories:
Units 10 and Teaching Associates

Enrollment	Deduction Code	Premium*
Employee Only	150-181-1	\$ 30.93
Employee + 1	150-181-2	58.51
Employee + 2	150-181-3	120.59

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	\$ 38.28
Employee + 1	150-007-2	72.21
Employee + 2	150-007-3	141.09

August 2003

* Note: We anticipate a dental premium rate decrease of approximately 2% effective January 1, 2004. Campuses will receive updated premium rate information as soon as it is available.

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, 2003 through December 31, 2003*

PMI DeltaCare - Basic

For eligible employees in the following categories:
Units 8, 10, E99 (including Teaching Associates and Annuitants)

Enrollment	Deduction Code	Premium*
Employee Only	150-012-1	\$ 15.61
Employee + 1	150-012-2	25.76
Employee + 2	150-012-3	38.09

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	\$ 20.75
Employee + 1	150-013-2	34.25
Employee + 2	150-013-3	50.64

August 2003

** Note: We anticipate a dental premium rate decrease of approximately 2% effective January 1, 2004. Campuses will receive updated premium rate information as soon as it is available.*

**CalPERS Health Benefits Program
Basic Plan Rate Comparison 2003/2004**

HEALTH PLAN	Eligible Dependents	Plan Code	2003			2004		
			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	\$267.25	\$0.00	\$0.00	\$315.22	\$0.00	\$0.00
	Employee + 1 Dependent	2052	\$534.50	\$0.00	\$0.00	\$630.44	\$9.44	\$0.00
	Employee + 2 or more	2053	\$694.86	\$29.86	\$9.86	\$819.57	\$39.57	\$19.57
KAISER PERMANENTE	Employee Only	561	\$259.21	\$0.00	\$0.00	\$305.42	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$518.42	\$0.00	\$0.00	\$610.84	\$0.00	\$0.00
	Employee + 2 or more	563	\$673.95	\$8.95	\$0.00	\$794.09	\$14.09	\$0.00
PERS-CARE	Employee Only	2781	\$548.00	\$260.00	\$255.00	\$544.77	\$213.77	\$208.77
	Employee + 1 Dependent	2782	\$1,096.00	\$559.00	\$549.00	\$1,089.54	\$468.54	\$458.54
	Employee + 2 or more	2783	\$1,425.00	\$760.00	\$740.00	\$1,416.40	\$636.40	\$616.40
PERS CHOICE	Employee Only	2221	\$296.00	\$8.00	\$3.00	\$349.41	\$18.41	\$13.41
	Employee + 1 Dependent	2222	\$592.00	\$55.00	\$45.00	\$698.82	\$77.82	\$67.82
	Employee + 2 or more	2223	\$770.00	\$105.00	\$85.00	\$908.47	\$128.47	\$108.47
PORAC*	Employee Only	2071	\$363.00	\$75.00		\$399.00	\$68.00	
	Employee + 1 Dependent	2072	\$667.00	\$130.00		\$733.00	\$112.00	
	Employee + 2 or more	2073	\$847.00	\$182.00		\$931.00	\$151.00	
WESTERN HEALTH ADVANTAGE (WHA)**	Employee Only	2821	\$208.90	\$0.00	\$0.00	\$280.41	\$0.00	\$0.00
	Employee + 1 Dependent	2822	\$417.80	\$0.00	\$0.00	\$560.82	\$0.00	\$0.00
	Employee + 2 or more	2823	\$543.14	\$0.00	\$0.00	\$729.07	\$0.00	\$0.00
KAISER (OUT OF STATE)	Employee Only	1	\$355.67	\$67.67	\$62.67	\$426.93	\$95.93	\$90.93
	Employee + 1 Dependent	2	\$711.34	\$173.34	\$163.34	\$853.86	\$232.86	\$222.86
	Employee + 2 or more	3	\$924.74	\$259.74	\$239.74	\$1,110.02	\$330.02	\$310.02

CSU Contribution:	2003		2004	
	Govt Code	Unit 6	Gov't Code	Unit 6
Employee Only	\$288	\$293	\$331	\$336
Employee +1 Dependent	\$537	\$547	\$621	\$631
Employee +2 or more	\$665	\$685	\$780	\$800

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

**Plan available in Northern California only. New enrollments allowed for 2004.