


Date: August 22, 2011

Code: TECHNICAL LETTER
HR/Benefits 2011-11

To: Human Resources Officers
Benefit Officers

From: Evelyn Nazario 
Assistant Vice Chancellor
Human Resources Management

Subject: Annual Benefits Open Enrollment – October/November 2011

Overview

Audience: Benefit Officers or campus designees responsible for administering benefit programs

Action Item: Notify all benefits eligible employees of their right to make changes to their benefits during open enrollment.

Affected Employee

Group(s)/Unit(s): CSU Employees eligible for core benefits and voluntary benefits plans.

Summary

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

Campus designees responsible for administration of CSU benefit programs should review the Technical Letter in its entirety.

The official annual open enrollment period for CalPERS health, CSU dental, Dependent Care Reimbursement Account (DCRA), Health Care Reimbursement Account (HCRA), FlexCash, Tax Advantage Premium (TAPP), and CSU Voluntary Benefits plans is being held October 10, 2011, through November 4, 2011. Campuses will need to make employees' changes within the stated time frame mentioned above. The deadline to submit open enrollment forms to the SCO is November 18, 2011. **The effective date for all changes made during open enrollment will be January 1, 2012.** Specific information about the plans is provided on the following page(s).

Distribution:

CSU Presidents
Vice Chancellor, Human Resources
Associate Vice Presidents/Deans of Faculty
Payroll Managers

Budget Officers

CALPERS HEALTH PLANS

Open Enrollment and Processing Deadlines

The open enrollment health form (HBD-12) must be signed by the employee by November 4, 2011. The deadline to submit all open enrollment transactions to CalPERS via the Oracle/PeopleSoft PSR interface will be November 18, 2011, by close of business. Campuses are encouraged to enter open enrollment transactions in Oracle/PeopleSoft as they are received, which will automatically be sent to CalPERS via the interface. Early submission will ensure timely processing of health plan identification cards and proper payroll deductions.

(Note: Although CalPERS may accept transactions received via the interface after the November 18, 2011, deadline, CalPERS cannot guarantee that the requests will be processed to ensure a January 1, 2012 effective date.)

Health Plan Options in 2012

The following health plans will be offered in 2012:

Plan Name	Plan Type
1. Blue Shield Access+ HMO	HMO
2. Blue Shield Access+ Advantage HMO	HMO
3. Blue Shield NetValue HMO - High Performance Physician Network	HMO
4. Blue Shield NetValue Advantage HMO – High Performance Physician Network	HMO
5. Kaiser Permanente	HMO
6. PERSCare	PPO
7. PERS Choice	PPO
8. PERS Select - High Performance Physician Network	PPO
9. 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.	PPO

Premium Changes for 2012

In June 2011, the CalPERS Board of Administration approved a 2012 health rate package that will increase overall premiums by 4.1 percent.

2012 Employer Contribution Rates for Health Plans

Below is a chart that reflects the 2012 employer contribution rates for the health plans. As a result of collective bargaining, employees represented by the State Employees Trades Council (SETC – Unit 6) have different employer contribution rates, which are noted in the chart below.

Coverage Level	All Employees (Except R06)	R06 Employees
Employee Only	\$566	\$571
Employee + One	\$1,074	\$1084
Employee + Two or More	\$1,382	\$1402

A copy of the Basic Plan Rate Comparison chart that contains the 2012 CSU contribution rates, monthly premiums and employee share of premium rate is attached (see Attachment A).

Benefit Changes for 2012

Highlights of the 2012 CalPERS health benefit changes are listed below. Please refer to the health plan's Evidence of Coverage (EOC) booklet for a complete explanation of the benefits covered, as well as limitations and exclusions that apply. For additional information on CalPERS health plans, please refer to the CalPERS open enrollment materials, or visit the CalPERS website at: <http://www.calpers.ca.gov>.

1. **Blue Shield NetValue (Basic & Medicare):**
 - Expanding service area to include Contra Costa County, and withdrawing from Santa Barbara County.
 - Adding providers in Los Angeles, Riverside, Orange and San Bernardino Counties.
2. **Blue Shield 65 Plus (Medicare):**
 - Expanding service area to include Imperial, San Joaquin, San Francisco, and Nevada Counties.
3. **PERS Select (Basic & Medicare):**
 - Expanding service area to include Marin County.
4. **PERS Select/Choice/Care (Basic):**
 - Expanding the Value Based Site of Care program; and establishing a payment threshold for three additional elective procedures. When members receive service at an outpatient hospital rather than an ambulatory surgery center the following thresholds apply:
 - Arthroscopy - \$6,000 limit
 - Cataract Surgery - \$2,000 limit
 - Colonoscopy - \$1,500 limit
5. **Peace Officers Research Association of California (PORAC):**
 - Increasing the deductible from \$50 to \$100 for the Medicare Prescription Plan.
6. **General Pharmacy Benefit Highlights:**
 - Retail co-payments for brand name drugs will increase by \$5.
 - Members may receive a 90-day supply of maintenance medication through mail order for the price of a 60-day retail supply.
 - Members maintain access to brand name drugs when a Food and Drug Administration approved generic equivalent is available by paying the difference between the cost of the generic and brand name drug. A brand co-payment applies when a prior authorization for the brand name drug is obtained due to medical necessity.
 - Exclude discretionary lifestyle drugs from the \$1,000 out-of-pocket maximum for mail order prescriptions.
7. **New Pharmacy Benefit Manager for CalPERS PPO Members**

CalPERS has selected CVS Caremark to administer prescription drug benefits for more than 346,000 members of CalPERS self-funded PERS Select, PERS Choice and PERSCare PPOs effective January 1, 2012. CVS Caremark will offer several new benefits:

 - A Maintenance Choice Program will allow members to pick up a 90-day supply of medication directly from a CVS pharmacy at a time convenient to them. Members will pay their typical

mail order co-pay for a prescription on the same day and be able to talk face-to-face with a pharmacist.

- The “Gaps in Care Plus” Medical Program will use an integrated medical and pharmaceutical approach to identify potential gaps and omissions in drug and medical therapy for participating CalPERS members.
- Members will be able to save money by choosing “best choice” medications (generics and preferred brands) and 90-day supplies, where appropriate, in the “iBenefit” personalized mailing program.

NEW MY|CALPERS SYSTEM – ACES DECOMMISSIONED

As a result of the launch of the new my|CalPERS system on September 19, 2011, ACES will be decommissioned and no longer available as of August 30, 2011. Upon implementation of the new system, all health enrollment transactions, including open enrollment transactions, must be entered into Oracle/PeopleSoft, and will automatically be transmitted to CalPERS via an interface. In addition, campuses will no longer manually submit Health and COBRA enrollment forms to CalPERS. However, a signed copy bearing the employee’s and campus Benefits Officer’s signatures must be retained in the campus Benefits Office.

Please note: the new PSR process has no bearing on the existing SCO process for other benefits enrollments (i.e., dental, vision, Flex Cash, etc.). Additional information regarding this implementation can be found in Technical Letters: [HR/Benefits 2011-05](#), [HR/Benefits 2011-05 Supplemental 1](#), and [HR/Benefits 2009-10](#).

DEPENDENT SOCIAL SECURITY NUMBERS

As a reminder, per Technical Letter [HR 2011-05](#), campuses are required to collect the Social Security Number (SSN) of any individual(s) enrolled in a CalPERS health plan, CSU dental and/or vision plan as the dependent of a benefits eligible employee. This policy is applicable to new hires and existing employees. If an employee elects coverage for his/her dependent(s) during open enrollment and does not provide valid Social Security Number(s) for the dependent(s), the campus should not process the open enrollment request until proper documentation is provided. If the dependent is deemed ineligible to qualify for a Social Security Number, the campus must document this information and contact CalPERS for the individual to be manually enrolled in health benefits.

With regard to adding newborn dependents, it is understood that it takes considerable time for the Social Security Administration to issue a child’s SSN. However, once the SSN is obtained (typically within 6-12 weeks of birth), this information should be provided to the campus Benefits Office, and updated in Oracle/PeopleSoft. Please reference Technical Letter [HR 2011-05](#) for additional information regarding this CSU Policy.

NEW CALPERS “VIRTUAL HEALTH FAIR” FOR OPEN ENROLLMENT

This year CalPERS is introducing a new web-based “virtual health fair” as an alternative to hosting onsite open enrollment health fairs. The 2012 Webinar on Health Plan Design, Rate, and Benefit Changes will provide employees, retirees, and their dependents with information presented by expert representatives from each of the CalPERS health plans. The webinar will provide participants with 24/7 access, and the materials are available for download. CalPERS will post the pre-recorded webinar on its website beginning September 1, 2011. Please refer to CalPERS [Circular Letter 600-041-11](#) for additional information regarding the “virtual health fair”.

CALPERS OPEN ENROLLMENT CIRCULAR LETTER

Please reference the CalPERS [Circular Letter 600-47-11](#) for additional information regarding the CalPERS health plans, open enrollment communications, distribution dates of open enrollment packets, and helpful online resources.

DENTAL PROGRAM

Dental open enrollment documents must be signed by the employee by November 4, 2011, and received by the State Controller's Office (SCO) by November 18, 2011.

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

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

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

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

Dental Premium Changes for 2012

The DeltaCare USA and Delta Dental premium rates will decrease for the 2012 plan year. The new rates are listed on the "Dental Plan Carrier Deduction Codes and Costs" sheet included in this technical letter. Dental premiums will continue to be fully paid by CSU for the 2012 plan year.

The following dental documents have been updated and provided as attachments to this technical letter:

1. Dental Plans Summary
2. Basic Plans Benefits Comparison
3. DeltaCare USA Basic and Delta Dental PPO Enhanced Level I Benefits
4. DeltaCare USA Enhanced and Delta Dental PPO Enhanced Level II Benefits
5. Delta Dental PPO Premium Rates
6. DeltaCare USA Premium Rates
7. CSU Group Number

CSU VSP VISION PLAN

Effective January 1, 2012, the rates for the employer sponsored vision plan administered by Vision Service Provider (VSP) will decrease. The new rates are listed below and will be in effect through December 31, 2015. Please Note: the monthly premiums will continue to be fully paid by CSU for the 2012 plan year.

Active Employee Vision Plan Rate	
Basic Coverage	\$7.06
VDT Coverage	\$0.44
Total Coverage Rate	\$7.50

**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 November 4, 2011, and forms must be received by the SCO by November 18, 2011. **Please remind employees to review their enrollment choices and dollar amounts to be certain that enrollment is processed accurately. Mistake of fact corrections (i.e., incorrect plan chosen) should be submitted to the Benefits Office by no later than February 2012.**

The deduction codes for the 2012 plan year are as follows:

Plan	Administration Deduction Code	Enrollment Deduction Code
DCRA	375-001	380-025
HCRA	375-001	378-025

The minimum monthly contribution for each plan is \$20 per month (\$240 annually), up to a maximum contribution amount of \$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.**

New Flexible Spending Debit Card for HCRA Enrollees

The CSU is pleased to announce the implementation of a Flexible Spending Plan (FSA) debit card to HCRA enrollees, beginning in the 2012 plan year. The optional "FSA Benny Card" issued by ASIFlex, allows HCRA enrollees to pay for out-of-pocket medical expenses (i.e., health, dental, vision, etc.) when issued as payment at Health Care Providers and at certain retail locations that have implemented an Inventory Control System, per IRS regulations. There is a small, monthly administrative fee applicable to enrollees that choose the FSA debit card, and additional information will be detailed in a forthcoming technical letter.

FLEXCASH

There is no change to the FlexCash plan for the 2012 plan year. The benefit levels for FlexCash remain \$128.00 per month for cash in lieu of medical coverage and \$12.00 per month for cash in lieu of dental coverage; \$140.00 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 November 4, 2011, and received by the SCO by November 18, 2011. Enrollment in the FlexCash plan will become effective January 1, 2012.

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

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

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

TAX ADVANTAGE PREMIUM PLAN (TAPP)

There is no change in the Tax Advantage Premium Plan (TAPP) for the 2012 plan 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 674 documents must be signed by November 4, 2011, clearly marked "TAPP" and forwarded to the State Controller's Office (SCO) by November 18, 2011.

VOLUNTARY BENEFIT PLANS

Campuses are strongly encouraged to promote the following Voluntary Benefit Plans during this year's open enrollment period:

Plan	Vendor
1. Auto and Home Insurance	California Casualty
2. Critical Illness Plan	Aflac
3. MetLaw Legal Plan	Hyatt Legal Plan, Inc.
4. Voluntary Accidental Death and Dismemberment	The Standard
5. Voluntary Life Insurance	The Standard
6. Voluntary Long Term Disability	The Standard

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

MetLaw® Legal Plan

For a low monthly premium of \$19.70, the MetLaw Legal Plan offered by Hyatt Legal Plans, Inc., provides representation for many personal legal services for employees and their eligible dependents. Participants can receive services from a Network or Out-of-Network attorney. Services for covered legal matters performed by a Network attorney are fully paid for by the plan. Out-of-Network attorney fees for covered services are reimbursed based on a set fee schedule. The plan covers telephone and office consultations for an unlimited number of matters, even if the matter is not fully covered, so long as it is not excluded. The following services are fully covered under the plan: consumer protection matters, defense of civil lawsuits, document preparation and review, estate planning documents, family law, financial matters, immigration, juvenile matters, real estate matters, and traffic offenses (no DUI). In addition to unlimited advice and consultation, the plan also has an Identity Theft component. Employees can receive a consultation from an attorney on preventing identity theft. In addition the plan provides legal representation in the event it actually occurs.

Please Note: this plan has a designated enrollment election period. The annual open enrollment period for the plan will be held in conjunction with the CSU annual open enrollment period which will be: October 10, 2011, through November 4, 2011. Employees that do not enroll in the plan during open enrollment or within 60 days of employment, will not have another opportunity to enroll in the plan until next year's open enrollment period. In order to promote the annual open enrollment period, MetLaw will be mailing plan enrollment information to CSU eligible employees' home address, if the employee has not opted out of receiving mail from vendors.

Critical Illness Plan

The Group Critical Illness plan, offered by Aflac, provides a lump-sum benefit payment to cover out-of-pocket medical expenses and the costs associated with life-changes following the diagnosis of a covered critical illness. Critical Illnesses covered under the plan include the following: Heart Attack, Stroke, Major Organ Transplant, Renal Failure (End Stage), Cancer, Carcinoma in situ, Coronary Artery Bypass Surgery, and Skin Cancer.

During the CSU annual open enrollment period, October 10, 2011, through November 4, 2011, all CSU eligible employees will be provided a final opportunity to enroll in the Aflac Critical Illness Plan with Guaranteed Issue - no health questions asked. Guaranteed Issue is available up to \$20,000 for employee coverage and up to \$10,000 for spouse/domestic partner coverage. In order to promote the Guaranteed Issue provision during this year's annual open enrollment period, Aflac will be mailing plan enrollment information to CSU eligible employees' home address if the employee has not opted out of receiving mail from vendors.

Voluntary Life Insurance

The Standard offers CSU eligible employees the opportunity to purchase Voluntary Life Insurance at a competitive group rate. Effective January 1, 2012, the Voluntary Life Insurance rates will decrease by an overall average of 15 percent. The new employee, spouse and child rates are displayed below. This plan does not have a formal open enrollment period. Eligible 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 will be subject to Evidence of Insurability (EOI) requirements.

Voluntary Life Insurance		
Age Bracket	Employee Rate	Spouse Rate
<25	\$0.06	\$0.05
25-29	\$0.06	\$0.05
30-34	\$0.08	\$0.07
35-39	\$0.09	\$0.09
40-44	\$0.10	\$0.14
45-49	\$0.18	\$0.24
50-54	\$0.30	\$0.37
55-59	\$0.53	\$0.64
60-64	\$0.66	\$0.67
65-69	\$1.27	\$1.17
70-74	\$2.06	\$1.74
75+	\$2.06	\$2.05

Voluntary Life Insurance – Child(ren)	
Coverage Amount	Rate
\$5,000	\$0.69
\$10,000	\$1.38
\$20,000	\$2.75

Monthly premium rates for employees that are currently enrolled in Voluntary Life Insurance and impacted by the rate decrease, will be automatically adjusted on the January 1, 2012, pay warrant.

Voluntary Long Term Disability Insurance

The Voluntary Long Term Disability Plan administered by The Standard, provides loss of income protection (up to 60%) due to a qualified disability. The vendor offers two (2) different plan options which include a 30 or 90 day waiting period. Eligible 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 will be subject to Evidence of Insurability (EOI) requirements.

Auto and Home Insurance

The Auto and Home Insurance plan offered by California Casualty, allows CSU eligible employees to obtain auto and home insurance policies at a discounted rate. The plan also has an identity theft component known as ID Defense. All policies are written for a 12-month period. Eligible employees can enroll in this benefit at any time during employment.

Sample Employee Communication

In order to assist campus Benefits Officers with the communication of this year's open enrollment, Human Resources Management (HRM) has created a sample employee letter that highlights important benefit changes for the 2012 plan year, as well as the special enrollment provisions being offered. A copy of this communication piece is included as Attachment C to this technical letter.

Open Enrollment Webinar for Benefits Officers

Human Resources Management will host a webinar for Campus Benefits Officers in September to discuss the annual open enrollment process, plan changes for 2012, special open enrollment provisions, and answer campus questions. Further information regarding registration for this meeting will be sent to the Benefits ListServ via e-mail within the next week.

CMS Processing Instructions

This open enrollment technical letter provides information regarding annual changes to Medical (new rates), Dental (new rates), Vision (new rates) and HCRA/DCRA for 2012; therefore, there is impact to CMS baseline for Benefits. Additional communication will be provided in a future CMS communication.

General Information

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

EN/dg

Attachments

**2012 CalPERS Health Benefits Program
Basic Plan Rate Comparison**

HEALTH PLAN	Enrolled Employee & Eligible Dependents	Plan	2011			2012			
			Total Mo. Premium	Employee Mo. Ded.	Unit 6 Mo. Ded.	Total Mo. Premium	Total Mo. Premium Increase	Employee Mo. Ded.	Unit 6 Mo. Ded.
BLUE SHIELD ACCESS+ (HMO)	Employee Only	2051	\$601.68	\$59.68	\$54.68	\$622.90	3.53%	\$56.90	\$51.90
	Employee + 1 Dependent	2052	\$1,203.36	\$173.36	\$163.36	\$1,245.80	3.53%	\$171.80	\$161.80
	Employee + 2 or more	2053	\$1,564.37	\$238.37	\$218.37	\$1,619.54	3.53%	\$237.54	\$217.54
BLUE SHIELD ACCESS+ ADVANTAGE (HMO)	Employee Only	1411	\$601.68	\$59.68	\$54.68	\$622.90	3.53%	\$56.90	\$51.90
	Employee + 1 Dependent	1412	\$1,203.36	\$173.36	\$163.36	\$1,245.80	3.53%	\$171.80	\$161.80
	Employee + 2 or more	1413	\$1,564.37	\$238.37	\$218.37	\$1,619.54	3.53%	\$237.54	\$217.54
BLUE SHIELD NETVALUE (HMO)	Employee Only	0421	\$517.72	\$0.00	\$0.00	\$535.73	3.48%	\$0.00	\$0.00
	Employee + 1 Dependent	0422	\$1,035.44	\$5.44	0.00	\$1,071.46	3.48%	\$0.00	\$0.00
	Employee + 2 or more	0423	\$1,346.07	\$20.07	\$0.07	\$1,392.90	3.48%	\$10.90	\$0.00
BLUE SHIELD NETVALUE ADVANTAGE (HMO)	Employee Only	1461	\$517.72	\$0.00	\$0.00	\$535.73	3.48%	\$0.00	\$0.00
	Employee + 1 Dependent	1462	\$1,035.44	\$5.44	\$0.00	\$1,071.46	3.48%	\$0.00	\$0.00
	Employee + 2 or more	1463	\$1,346.07	\$20.07	\$0.07	\$1,392.90	3.48%	\$10.90	\$0.00
KAISER PERMANENTE (HMO)	Employee Only	561	\$522.58	\$0.00	\$0.00	\$559.11	6.99%	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$1,045.16	\$15.16	\$5.16	\$1,118.22	6.99%	\$44.22	\$34.22
	Employee + 2 or more	563	\$1,358.71	\$32.71	\$12.71	\$1,453.69	6.99%	\$71.69	\$51.69
PERS-CARE (PPO)	Employee Only	2781	\$849.60	\$307.60	\$302.60	\$977.98	15.11%	\$411.98	\$406.98
	Employee + 1 Dependent	2782	\$1,699.20	\$669.20	\$659.20	\$1,955.96	15.11%	\$881.96	\$871.96
	Employee + 2 or more	2783	\$2,208.96	\$882.96	\$862.96	\$2,542.75	15.11%	\$1,160.75	\$1,140.75
PERS CHOICE (PPO)	Employee Only	2221	\$535.45	\$0.00	\$0.00	\$545.56	1.89%	\$0.00	\$0.00
	Employee + 1 Dependent	2222	\$1,070.90	\$40.90	\$30.90	\$1,091.12	1.89%	\$17.12	\$7.12
	Employee + 2 or more	2223	\$1,392.17	\$66.17	\$46.17	\$1,418.46	1.89%	\$36.46	\$16.46
PERS SELECT (PPO)	Employee Only	0451	\$468.24	\$0.00	\$0.00	\$463.12	-1.09%	\$0.00	\$0.00
	Employee + 1 Dependent	0452	\$936.48	\$0.00	\$0.00	\$926.24	-1.09%	\$0.00	\$0.00
	Employee + 2 or more	0453	\$1,217.42	\$0.00	\$0.00	\$1,204.11	-1.09%	\$0.00	\$0.00
PORAC* (PPO)	Employee Only	2071	\$527.00	\$0.00		\$556.00	5.50%	\$0.00	
	Employee + 1 Dependent	2072	\$987.00	\$0.00		\$1,041.00	5.47%	\$0.00	
	Employee + 2 or more	2073	\$1,254.00	\$0.00		\$1,323.00	5.50%	\$0.00	
KAISER - OUT OF STATE (HMO)	Employee Only		\$785.28	\$243.28	\$238.28	\$816.47	3.97%	\$250.47	\$245.47
	Employee + 1 Dependent	Codes vary by region	\$1,570.56	\$540.56	\$530.56	\$1,632.94	3.97%	\$558.94	\$548.94
	Employee + 2 or more		\$2,041.73	\$715.73	\$695.73	\$2,122.82	3.97%	\$740.82	\$720.82

CSU Contribution:	2011		2012	
	Gov't Code	Unit 6	Gov't Code	Unit 6
Employee Only	\$542	\$547	\$566	\$571
Employee +1 Dependent	\$1,030	\$1,040	\$1,074	\$1,084
Employee +2 or more	\$1,326	\$1,346	\$1,382	\$1,402

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

THE CALIFORNIA STATE UNIVERSITY DENTAL PLANS SUMMARY

January 1, 2012 – December 31, 2012
Your CSU Dental Program consists of two types of plans:
Delta Dental PPO and DeltaCare USA

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 Evidence of Coverage (EOC) booklet provides a detailed explanation of benefits, services, limitations and exclusions. A copy of the EOC booklet and additional information about the CSU Dental Program is available online at www.deltadentalins.com/csu, or can be obtained from the Benefits Office.

EXPLANATION OF PLAN TYPES

Delta Dental PPO, is an indemnity plan that allows you to select the dentist of your choice. Your current dentist may participate in the Delta Dental PPO Network and/or the Delta Dental Premier Network in California. If so, he/she has claim forms and will file your claim. Both you and Delta have a shared responsibility of paying the dentist for services received (see appropriate comparison chart). *If you select a dentist from the Delta Dental PPO Network, you will pay fewer out-of-pocket expenses.* If you choose a non-Delta dentist, you must pay entirely for services obtained and then submit a claim form with appropriate documentation to Delta Dental PPO for reimbursement. Claims should be sent to: P.O. Box 997330, Sacramento, CA 95899-7330. Refer to the EOC booklet for coverage details and plan limitations. You also may contact Delta Dental PPO customer service at 888-335-8227. Benefits described in this comparison are guaranteed only when you select a participating dentist from Delta's networks.

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

CHANGES FOR 2012

The monthly premiums for the DeltaCare USA and Dental Dental PPO plans will decrease for the 2012 plan year. (Currently, premiums are paid by the CSU, with no cost to the employee.) All coverage levels and plan benefits will remain the same for the 2012 plan year.

DeltaCare USA Basic and Delta Dental PPO Basic Plans Benefits Comparison

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

Plan Benefit:	DeltaCare USA Basic Plan Charges:	Delta Dental PPO of California Basic 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 calendar year 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)* 75% of UCR – limit 2 per calendar year+ 75% of UCR 75% of UCR – limit 2 per calendar year 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 calendar year 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)* 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
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants	(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 Not covered	(Deductible)* 50% of UCR 50% of UCR 50% of UCR 50% of UCR 50% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$1,500 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 26). 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 per calendar year.

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

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

DeltaCare USA Basic and Delta Dental PPO Level I Enhanced Plans Benefits Comparison
For eligible employees in the following categories: Unit 10, Unit 11 (Teaching Associates) SFSU Headstart E99, and Unit 12

Plan Benefit	DeltaCare USA Basic Plan Charges:	Delta Dental PPO 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 calendar year 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 calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 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 calendar year 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 curretage 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 Implants	(No Deductible)* \$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partial – \$70 each \$50 per unit + cost of precious metals Not covered	(Deductible)* 50% of UCR 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 26). 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 per calendar year.
 There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).
 +Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

DeltaCare USA Enhanced and Delta Dental PPO Level II Enhanced Plans Benefits Comparison
For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9 and C99, M98, M80 and FERP Annuitants

Plan Benefit	DeltaCare USA Enhanced Plan Charges:	Delta Dental PPO of California Enhanced Level II Plan Pays:
Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays	(No Deductible)* No charge – limit 2 per calendar year 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)* 100% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 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 calendar year 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 – covered for extractions only and only when medically necessary Not covered No charge No charge No charge No charge No charge	(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
Prosthetic Dentistry Crowns Prosthetic Appliance Repair Dentures Bridges Implants	(No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals Not covered	(Deductible)* 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% 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 (for covered children up to age 26). \$1,600 maximum co-payments for adults. Plus \$350 start-up costs for 24-month treatment plan.	(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 \$100 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 per calendar year. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).
+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

Dental Plan Carrier Deduction Codes and Costs

Delta Dental PPO Plans

Premiums are paid by the CSU with no cost to the employee
Rates effective January 1, 2012 through December 31, 2012

Delta Dental PPO – Basic Plan

For eligible employees in the following categories:

Unit 8, Excluded (E99) and Annuitants

Coverage Level	Deduction Code	Premium
Employee Only	150-004-1	\$30.95
Employee + 1	150-004-2	\$58.48
Employee + 2	150-004-3	\$117.43

Delta Dental PPO – Enhanced Level I Plan

For eligible employees in the following categories:

Unit 10, Unit 11 (Teaching Associates only), Unit 12 and E99-SFSU Headstart Only

Coverage Level	Deduction Code	Premium
Employee Only	150-181-1	\$37.67
Employee + 1	150-181-2	\$71.27
Employee + 2	150-181-3	\$146.91

Delta Dental PPO – Enhanced Level II Plan

For eligible employees in the following categories:

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

Coverage Level	Deduction Code	Premium
Employee Only	150-007-1	\$46.63
Employee + 1	150-007-2	\$87.97
Employee + 2	150-007-3	\$171.87

Dental Plan Carrier Deduction Codes and Costs

DeltaCare USA – DHMO Plan

Premiums are paid by the CSU with no cost to the employee
Rates effective January 1, 2012 through December 31, 2012

DeltaCare USA – Basic DHMO Plan		
For eligible employees in the following categories:		
Units 8, 10, 11 (Teaching Associates only), 12, Excluded (E99) and Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-012-1	\$19.43
Employee + 1	150-012-2	\$32.05
Employee + 2	150-012-3	\$47.39

DeltaCare USA – Enhanced DHMO Plan		
For eligible employees in the following categories:		
Units 1, 2, 3, 4, 5, 6, 7, 9, C99, M80, M98 and FERP Annuitants		
Coverage Level	Deduction Code	Premium
Employee Only	150-013-1	\$25.81
Employee + 1	150-013-2	\$42.61
Employee + 2	150-013-3	\$63.01

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

DELTA DENTAL PPO		Group Plan Numbers		
Delta Dental PPO - Basic	Active	Direct-Pay	COBRA	
Public Safety (Unit 8)	4018-2041	4018-2141	4918-2091	
Excluded (E99), except SFSU Headstart E99 employees	4018-4051	4018-2151	4918-2091	
CalSTRS Annuitants	4018-2061	N/A	4918-2091	
CalPERS Annuitants	4018-2071	N/A	4918-2091	
Delta Dental PPO - Enhanced Level I	Active	Direct-Pay	COBRA	
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 and SFSU Headstart E99)	4018-5011	4018-5111	4918-3091	
Delta Dental PPO - Enhanced Level II	Active	Direct-Pay	COBRA	
Executive (M98)	4018-4011	4018-4111	4918-4091	
Management Personnel Plan (M80)	4018-4011	4018-4111	4918-4091	
Confidential (C99)	4018-4011	4018-4111	4918-4091	
Physicians (Unit 1)	4018-2011	4018-2111	4918-4091	
CSUEU (Units 2, 5, 7, 9)	4018-2021	4018-2121	4918-4091	
Faculty (Unit 3)	4018-3011	4018-3111	4918-4091	
Academic Support (Unit 4)	4018-3021	4018-3121	4918-4091	
Skilled Crafts (Unit 6)	4018-2031	4018-2131	4918-4091	
FERP Annuitants	4018-3031	N/A	4918-4091	

DELTACARE USA Plan		Group Plan Numbers			
DeltaCare USA - Basic	Active	Direct-Pay	COBRA	COBRA Subsidy	
Public Safety (Unit 8)	02034-0001	02034-0002	02034-0011	02034-0013	
CMA Operating Engineers (Unit 10)	02034-0001	02034-0002	02034-0011	02034-0013	
Teaching Associates (Unit 11)	02034-0001	02034-0002	02034-0011	02034-0013	
SFSU Headstart Employees (Unit 12)	02034-0001	02034-0002	02034-0011	02034-0013	
Excluded (E99), including SFSU Headstart (E99)	02034-0001	02034-0002	02034-0011	02034-0013	
CalPERS Annuitants	02034-0004	N/A	02034-0011	02034-0013	
CalSTRS Annuitants	02034-0009	N/A	N/A	N/A	
DeltaCare USA - Enhanced	Active	Direct-Pay	COBRA	COBRA Subsidy	
Executive (M98)	02034-0005	02034-0006	02034-0012	02034-0014	
Management Personnel Plan (M80)	02034-0005	02034-0006	02034-0012	02034-0014	
Confidential (C99)	02034-0005	02034-0006	02034-0012	02034-0014	
Physicians (Unit 1)	02034-0005	02034-0006	02034-0012	02034-0014	
CSUEU (Units 2, 5, 7, 9)	02034-0005	02034-0006	02034-0012	02034-0014	
Faculty (Unit 3)	02034-0005	02034-0006	02034-0012	02034-0014	
Academic Support (Unit 4)	02034-0005	02034-0006	02034-0012	02034-0014	
Skilled Crafts (Unit 6)	02034-0005	02034-0006	02034-0012	02034-0014	
FERP Annuitants	02034-0008	N/A	02034-0012	02034-0014	

Date: August/September XX, 2011
To: CSU Benefits Eligible Employee
From: CSU Campus Benefits Office
Subject: CSU Annual Open Enrollment Period for Plan Year 2012

The annual open enrollment period for CalPERS health, CSU dental, Dependent Care Reimbursement Account (DCRA), Health Care Reimbursement Account (HCRA), FlexCash, Tax Advantage Premium Plan (TAPP), and CSU Voluntary Benefits plans will be held **October 10, 2011 through November 4, 2011**. The effective date for all changes made during open enrollment will be January 1, 2012. Please carefully review all benefits plan options and costs before making any enrollment decisions for you and your family members. This is your once-a-year opportunity to evaluate and make necessary changes to your benefit programs, unless you experience a mid-year Qualifying Life Event.

For your convenience, we have highlighted some important plan changes for 2012, as well as the special enrollment provisions available during this year's open enrollment period.

- **CalPERS Health Plan Changes for 2012** - CalPERS made important changes to the health benefits coverage effective January 1, 2012. These changes can be viewed on the CalPERS website at: www.calpers.ca.gov. Be sure to review this information carefully to determine whether you want or need to make a health plan change.
- **Flexible Spending Accounts** - As a reminder, if you are currently enrolled in the Dependent Care Reimbursement Account (DCRA) and/or the Health Care Reimbursement Account (HCRA), and wish to continue participation in the the plan(s) you must re-enroll annually during open enrollment. Please make sure to estimate your annual eligible expenses very carefully.
- **New Flexible Spending Account Debit Card in 2012 for HCRA Enrollees** - The CSU is pleased to announce the implementation of a Flexible Spending Plan (FSA) debit card for HCRA enrollees, beginning in the 2012 plan year. The optional "FSA Benny Card" issued by ASIFlex, allows HCRA enrollees to pay for out-of-pocket medical expenses (i.e., health, dental, vision, etc.) when issued as payment at Health Care Providers and at certain retail locations that have implemented an Inventory Control System, per IRS regulations. For more information about the debit card and how to enroll, please visit the CSU Systemwide Benefits Portal at: www.calstate.edu/hr/benefitsportal/.
- **Vision Plan** – As a reminder, you and your eligible dependents are automatically enrolled in the VSP vision plan, which is currently fully paid by CSU. Eye care is an important component of an individual's overall health and well-being. Make sure you and your family members take advantage of the benefits provided by the plan.
- **CalPERS Virtual Health Fair** - This year CalPERS is introducing a new web-based "virtual health fair" for open enrollment. The *2012 Webinar on Health Plan Design, Rate, and Benefit Changes* will provide you and your dependents with key information presented by representatives from each of the CalPERS health plans. CalPERS will post the pre-recorded webinar on its website beginning September 1, 2011.

- **Dependent Social Security Number Required** - If you elect coverage for one of your dependents during open enrollment, you will be required to provide a valid Social Security Number for that dependent. If a valid Social Security Number is not provided, your enrollment request will not be processed.
- **Voluntary Benefits** – The following voluntary benefits are offered through payroll deductions:

Plan	Vendor
1. Auto and Home Insurance	California Casualty
2. Critical Illness Plan	Aflac
3. MetLaw Legal Plan	Hyatt Legal Plan, Inc.
4. Voluntary Accidental Death and Dismemberment Insurance	The Standard
5. Voluntary Life Insurance	The Standard
6. Voluntary Long Term Disability	The Standard

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/. Please note that all of the above voluntary benefit plans, with the exception of the MetLaw Legal plan, allow employees to enroll throughout the year.

- **MetLaw Legal Plan** - This is your annual opportunity to enroll in the MetLaw Legal Plan for a low monthly premium of \$19.70. The MetLaw Legal Plan offered by Hyatt Legal Plans, Inc., provides representation for many personal legal services for employees and their eligible dependents. Employees that do not enroll in the plan during open enrollment, will not have another opportunity to enroll in the plan until next year's open enrollment period.
- **Critical Illness Plan** - During open enrollment this year, all CSU eligible employees will be provided with a final opportunity to enroll in the Aflac Critical Illness Plan with Guaranteed Issue - no health questions asked. Guaranteed Issue is available up to \$20,000 for employee coverage and up to \$10,000 for spouse/domestic partner coverage.
- **Voluntary Life Insurance Rate Decrease** - Effective January 1, 2012, the rates for the Voluntary Life Insurance plan offered by The Standard will decrease by an overall average of 15 percent.
- **Campus Benefits Fair** – TBD by campus.

Additional information regarding all of the CSU Core and Voluntary Benefit plans can be found on the CSU Systemwide Benefits Portal at: www.calstate.edu/hr/benefitsportal/. As a reminder, all Open Enrollment election forms are due to the campus benefit office by no later than XXX, 2011. Forms received after this date will not be accepted. If you have any questions regarding open enrollment, please contact the campus Benefits Office at: XXX-XXX-XXXX.