


THE CALIFORNIA STATE UNIVERSITY  
Office of the Chancellor  
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**Date:** August 19, 2002 **Code:** TECHNICAL LETTER  
HR/Benefits 2002-17

**To:** Human Resources Directors  
Benefits Officers

**From:** Cathy Robinson, Senior Director   
Human Resources Administration

**Subject:** Open Enrollments in September

The annual open enrollment period for CalPERS health and CSU dental, Dependent Care Reimbursement Account (DCA), FlexCash, Health Care Reimbursement Account (HCRA) and Tax Advantage Premium (TAPP) plans is being held September 2 through October 25, 2002. **The effective date for all changes made during open enrollment will be January 1, 2003.** Specific information about the plans is provided below.

#### CALPERS HEALTH PLANS

CalPERS expects a substantial increase in open enrollment transactions this year. Consequently, the extended open enrollment period that has historically been approved for CSU campuses has been reduced. **The open enrollment period this year will run from September 2 through October 25, 2002. Open enrollment health forms (HBD-12) must be signed by the employee by October 25, 2002, and received by CalPERS' Health Benefits Services Division no later than November 1, 2002. The deadline to submit documents to CalPERS using their ACES system is November 6, 2002 at 3:00 P.M.** Note: Although the ACES system may *accept* transactions keyed after the November 6 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 1<sup>st</sup> deadline. This will allow adequate processing time and ensure documents are not delayed.**

*Employees who have designated his or her Domestic Partner as a tax dependent must resubmit an Exemption Form to Tom Parker at the State Controller's Office annually during open enrollment. The form will affect the December deduction and be effective January 1, 2003. Failure to resubmit the form will result in taxation of the benefit.*

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**Distribution:**

CSU Presidents	(Without Attachments)
Vice Chancellor, Human Resources	(With Attachments)
Director, SOSS	(With Attachments)
Payroll Managers	(With Attachments)

### **Health Plan Changes**

The following health plans will not be offered in 2003: Health Net; Health Plan of the Redwoods (HPR); PacifiCare of California, Arizona and Nevada; and Universal Care. With the exception of HPR, the current CalPERS contract for these plans remains effective through December 31, 2002, although new enrollment will no longer be accepted in these plans as of September 1, 2002. The contract with HPR will expire on October 31, 2002. Please note: CalPERS will contact employees that are enrolled in the HPR plan regarding health plan options for November and December, and the 2003 plan year.

The following HMOs will be available in 2003: Blue Shield of California and Kaiser Permanente. Western Health Advantage also will continue as a CalPERS plan in 2003, but will be frozen to new enrollment in 2003.

CalPERS will continue to offer PERSCare and PERS Choice Preferred Provider Organization (PPO) plans, and three Association plans: California Association of Highway Patrolmen (CAHP), California Correctional Peace Officer's Association (CCPOA), and Peace Officers Research Association of California (PORAC). Eligible employees must belong to and pay dues to the respective association in order to enroll in these Association plans. 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.

### **Transition Plan for 2003**

Employees currently enrolled in HealthNet, PacifiCare and Universal Care will have the option during this open enrollment period to enroll in either Blue Shield, Kaiser, PERSCare or PERS Choice. **Unless an employee chooses another health plan during open enrollment, all current Health Net, PacifiCare and Universal Care subscribers will be enrolled automatically in Blue Shield if they live in counties served by Blue Shield.** To ensure uninterrupted service, these members must choose a personal physician for each covered family member – even if they would like to stay with their same doctor. Campuses should inform employees of these required actions. Employees who do not select a physician will be assigned one. Blue Shield is conducting a mailing to provide members with a Physician Selection form to be returned to Blue Shield. The Physician Selection form is available for download on Blue Shield's website at: [https://www.mylifepath.com/bsc/calpers/calpers\\_welcome.jhtml](https://www.mylifepath.com/bsc/calpers/calpers_welcome.jhtml).

### **Service Area Expansion**

Blue Shield is working to add more providers to its network in counties where CalPERS members live and work. Currently, it is in the process of obtaining the required license amendments to expand HMO coverage into the following counties: Glenn, Imperial, Mariposa and Napa. Additionally, Blue Shield is developing an EPO product that will be available in Colusa, Lake, Mendocino, Plumas and Sierra Counties.

### New Pharmacy Administrator

Caremark Inc. has been chosen by the CalPERS Board of Administration to replace Merck-Medco to administer prescription drug benefits for the two CalPERS preferred provider organizations (PPOs) – PERSCare and PERS Choice. The contract is effective January 1, 2003.

### CSU Employer Health Contribution Rates

	<u>All Employees</u> <u>(Except R06)</u>	<u>R06 Employees</u>
Employee only	\$288	\$293
Employee + one	\$537	\$547
Employee + two or more	\$665	\$685

To ensure that on-going enrollment requirements 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

Effective January 1, 2003, the dental premium rates for both the Delta Dental and PMI DeltaCare plans have been reduced, with no change in coverage. An updated Dental Administrative Guide will be sent to each campus Benefits Representative under separate cover.

To assist you 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

Dental open enrollment documents must be signed by the employee by October 25, 2002, and received by the State Controller's Office by November 1, 2002.

*Employees who have designated his or her Domestic Partner as a tax dependent must resubmit an Exemption Form to Tom Parker at the State Controller's Office annually during open enrollment. The form will affect the December deduction and be effective January 1, 2003. Failure to resubmit the form will result in taxation of the benefit.*

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

The CSU has selected a new third party administrator (TPA) for the Dependent Care and Health Care Reimbursement Account Plans. Effective January 1, 2003, Application Software, Inc (ASI) will administer these plans, including claims processing. Among the enhanced features offered by ASI are bi-monthly claims reimbursement, on-line claims information and direct deposit of reimbursements. Specific details will be provided in a technical letter to be issued under separate cover.

The deadline to enroll in the DCA or HCRA plan for this annual open enrollment period is October 25, 2002, and forms must be received by the State Controller's Office by November 1, 2002. The administration fee remains \$2.00 per month. The deduction codes for the 2003 plan year are as follows:

**DCA: Administration: 375-001; Enrollment: 380-016.**

**HCRA: Administration: 375-001; Enrollment: 378-016**

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

A new, combined DCA/HCRA Administrative Guide, and updated DCA and HCRA brochures will be sent to campuses under separate cover.

**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. **(Please note: this does not apply to AB 211 employees who have alternate health coverage; see HR/Benefits Technical Letter 2002-09; Supplements 1 –3).** 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 25, 2002, and received by the State Controller's Office by November 1, 2002. Enrollment in the FlexCash plan will become effective January 1, 2003.

**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 program, 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 25, 2002. All TAPP

documents must be clearly marked "TAPP" and CalPERS Health Benefits Division must receive them no later than November 1, 2002.

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, 2003

## 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 booklet can be obtained from your campus Benefits Representative.

### 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. Refer to the evidence of coverage 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 evidence of coverage 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 other surgical procedures, including pre- and 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 for reimbursement 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 plans 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:  
Units 8, E99 (except Teaching Associates) and Annuitants**

	<b>PMI DeltaCare Basic Plan Charges:</b>	<b>Delta Dental Plan of California Basic Plan Pays:</b>
<b>Preventive and Diagnostic Dentistry</b> Prophylaxis (cleaning) Fluoride Application Oral Exams Emergency Office Visits X-rays	<b>(No Deductible)*</b> No charge – limit 2 per 12 months No charge – only to age 19 No charge No charge No charge (Full mouth X-rays limited to 1 every 2 years. Bite wings limited to 1 set (4 films) per 6 months.)	<b>(No Deductible)*</b> 75% of UCR – limit 2 per 12 months 75% of UCR 75% of UCR – limit 2 per 12 months 75% of UCR 75% of UCR (Full mouth X-rays limited to 1 each 3 years. Bite wings limited to 1 set per 6 months.)
<b>Basic Dentistry</b> Fillings Anesthesia  Injection of Antibiotics Extractions  Oral Surgery Endodontics  Periodontics  Denture Relining	<b>(No Deductible)*</b> 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	<b>(Deductible)*</b> 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
<b>Prosthetic Dentistry**</b> Crowns Space Maintainers Prosthetic Appliance Repair Dentures Bridges	<b>(No Deductible)*</b> \$35–\$50 per crown + cost of precious metals \$10 Up to \$15 Full – \$60 each; partials – \$70 each \$50 per unit + cost of precious metals	<b>(Deductible)*</b> 50% of UCR 75% of UCR (without deductible) 75% of UCR 50% of UCR 50% of UCR
<b>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</b>	<b>No maximum*</b>	<b>\$1,500 per calendar year per person</b>
<b>Orthodontics</b>	<b>(No Deductible)*</b> \$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.	<b>(No Deductible)*</b> 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
<b>Special Provisions, Limitations, Exclusions</b> Work in progress when you join  Predetermination of benefits  Alternative to treatment provision  Referral to specialist  Missing teeth  Out-of-area emergency  Deductible	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	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. \$50/person to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of the deductible satisfied during the last three months of a calendar year will be carried over to the following year.

\* Refer to Governing Administrative policies. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist.

\*\*Prosthetic replacements are generally limited to one each 5 years. Refer to evidence of coverage booklet.

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

**For eligible employees in the following categories:  
Units 6, 10 and Teaching Associates**

	<b>PMI DeltaCare. Basic Plan Charges:</b>	<b>Delta Dental Plan of California Enhanced Level I Plan Pays:</b>
<b>Preventive and Diagnostic Dentistry</b> Prophylaxis (cleaning) Fluoride Application Oral Exams Emergency Office Visits X-rays	<b>(No Deductible)*</b>  No charge - limit 2 per 12 months No charge - only to age 19 No charge No charge No charge (Full mouth X-rays limited to 1 every 2 years. Bite wings limited to 1 set (4 films) per 6 months.	<b>(No Deductible)*</b>  100% of UCR - limit 2 per 12 months 100% of UCR 100% of UCR - limit 2 per 12 months 100% of UCR 100% of UCR (Full mouth X-rays limited to 1 each 3 years. Bite wings limited to 1 set per 6 months.)
<b>Basic Dentistry</b>  Fillings Anesthesia  Injection of Antibiotics Extractions  Oral Surgery Endodontics  Periodontics  Denture Relining	<b>(No Deductible)*</b>  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	<b>(Deductible)*</b>  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
<b>Prosthetic Dentistry**</b> Crowns Space Maintainers Prosthetic Appliance Repair Dentures Bridges	<b>(No Deductible)*</b>  \$35-\$50 per crown + cost of precious metals \$10 Up to \$15 Full - \$60 each; partials - \$70 each \$50 per unit + cost of precious metals	<b>(Deductible)*</b>  50% of UCR 100% of UCR (without deductible) 80% of UCR 50% of UCR 50% of UCR
<b>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</b>	<b>No maximum*</b>	<b>\$2,000 per calendar year per person</b>
<b>Orthodontics</b>	<b>(No Deductible)*</b>  \$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.	<b>(No Deductible)*</b>  50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
<b>Special Provisions, Limitations, Exclusions</b>  Work in progress when you join  Predetermination of benefits  Alternative to treatment provision  Referral to specialist  Missing teeth  Out-of-area emergency  Deductible	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	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 subject to Delta review.  N/A  No exclusion against replacing missing teeth. Out of California - submit dentist's billing statement to Delta. \$50/person to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during the three months of calendar year carried over to the following year.

\*Refer to Governing Administrative policies. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist.

\*\*Prosthetic replacements are generally limited to one each 5 years. Refer to evidence of coverage booklet.

# PMI DeltaCare Enhanced and Delta Level II Enhanced Plans Benefits Comparison

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

	<b>PMI DeltaCare Enhanced Plan Charges:</b>	<b>Delta Dental Plan of California Enhanced Level II Plan Pays:</b>
<b>Preventive and Diagnostic Dentistry</b> Prophylaxis (cleaning) Fluoride Application Oral Exams Emergency Office Visits X-rays	<b>(No Deductible)*</b>  No charge - limit 2 per 12 months No charge - only to age 19 No charge No charge No charge (Full mouth X-rays limited to 1 every 2 years. Bite wings limited to 1 set (4 films) per 6 months)	<b>(No Deductible)*</b>  100% of UCR - limit 2 per 12 months 100% of UCR 100% of UCR - limit 2 per 12 months 100% of UCR 100% of UCR (Full mouth X-rays limited to 1 each 3 years. Bite wings limited to 1 set per 6 months.)
<b>Basic Dentistry</b>  Fillings Anesthesia  Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	<b>(No Deductible)*</b>  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	<b>(Deductible)*</b>  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
<b>Prosthetic Dentistry**</b>  Crowns Space Maintainers Prosthetic Appliance Repair Dentures Bridges	<b>(No Deductible)*</b>  No charge, except lab cost of precious metals No charge No charge No charge No charge, except lab cost of precious metals	<b>(Deductible)*</b>  80% of UCR 100% of UCR (without deductible) 80% of UCR 80% of UCR 80% of UCR
<b>Maximum Benefit for Preventive, Basic and Prosthetic Dentistry</b>	<b>No maximum*</b>	<b>\$2,000 per calendar year per person</b>
<b>Orthodontics</b>	<b>(No Deductible)*</b>  \$1,400 maximum co-payment (for covered children up to age 23). \$1,600 maximum co-payment for adults. Plus \$350 start-up costs for 24-mo. treatment plan	<b>(No Deductible)*</b>  50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
<b>Special Provisions, Limitations, Exclusions</b>  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  Maybe 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 3 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 subject to Delta review.  N/A  No exclusion against replacing missing teeth. Out of California - submit dentist's billing statement to Delta. \$50/person 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 carried over to following year. Limited to one each 5 years.

\*Refer to Governing Administrative policies. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist.

\*\*Prosthetic replacements are generally limited to one each 5 years. Refer to evidence of coverage booklet.

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

### Delta - Basic

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

Enrollment	Deduction Code	Premium
Employee Only	150-004-1	\$ 25.41
Employee + 1	150-004-2	48.01
Employee + 2	150-004-3	96.41

### Delta - Enhanced Level I

For eligible employees in the following categories:  
Units 6, 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, 7, 9, C99, M98, M80 and FERP Participants

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

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

**PMI DeltaCare - Basic**

For eligible employees in the following categories:  
Units 6, 8, 10, E99 (including Teaching Associates) and Retirees

<b>Enrollment</b>	<b>Deduction Code</b>	<b>Premium</b>
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, 7, 9, C99, M98, M80 and FERP Participants

<b>Enrollment</b>	<b>Deduction Code</b>	<b>Premium</b>
Employee Only	150-013-1	\$ 20.75
Employee + 1	150-013-2	34.25
Employee + 2	150-013-3	50.64

**CalPERS Health Benefits Program  
Basic Plan Rate Comparison 2002/2003**

HEALTH PLAN	Eligible Dependents	Plan Code	2002			2003		
			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	\$216.66	\$0.66	\$0.00	\$267.25	\$0.00	\$0.00
	Employee + 1 Dependent	2052	\$433.32	\$22.32	\$12.32	\$534.50	\$0.00	\$0.00
	Employee + 2 or more	2053	\$563.32	\$38.32	\$18.32	\$694.86	\$29.86	\$9.86
KAISER PERMANENTE	Employee Only	561	\$210.17	\$0.00	\$0.00	\$259.21	\$0.00	\$0.00
	Employee + 1 Dependent	562	\$420.34	\$9.34	\$0.00	\$518.42	\$0.00	\$0.00
	Employee + 2 or more	563	\$546.44	\$21.44	\$1.44	\$673.95	\$8.95	\$0.00
PERS-CARE	Employee Only	2781	\$449.00	\$233.00	\$228.00	\$548.00	\$260.00	\$255.00
	Employee + 1 Dependent	2782	\$898.00	\$487.00	\$477.00	\$1,096.00	\$559.00	\$549.00
	Employee + 2 or more	2783	\$1,167.00	\$642.00	\$622.00	\$1,425.00	\$760.00	\$740.00
PERS CHOICE	Employee Only	2221	\$249.00	\$33.00	\$28.00	\$296.00	\$8.00	\$3.00
	Employee + 1 Dependent	2222	\$498.00	\$87.00	\$77.00	\$592.00	\$55.00	\$45.00
	Employee + 2 or more	2223	\$647.00	\$122.00	\$102.00	\$770.00	\$105.00	\$85.00
PORAC*	Employee Only	2071	\$299.00	\$83.00		\$363.00	\$75.00	
	Employee + 1 Dependent	2072	\$550.00	\$139.00		\$667.00	\$130.00	
	Employee + 2 or more	2073	\$699.00	\$174.00		\$847.00	\$182.00	
WESTERN HEALTH ADVANTAGE (WHA)**	Employee Only	2821	\$181.65	\$0.00	\$0.00	\$208.90	\$0.00	\$0.00
	Employee + 1 Dependent	2822	\$363.20	\$0.00	\$0.00	\$417.80	\$0.00	\$0.00
	Employee + 2 or more	2823	\$472.29	\$0.00	\$0.00	\$543.14	\$0.00	\$0.00

CSU Contribution:	2002		2003	
	Gov't Code	Unit 6	Gov't Code	Unit 6
Employee Only	\$216	\$221	\$288	\$293
Employee +1 Dependent	\$411	\$421	\$537	\$547
Employee +2 or more	\$525	\$545	\$665	\$685

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

\*\*Plan available in Northern California only. No new enrollments allowed for 2003.