

BENEFIT ENROLLMENT FOR NEW EMPLOYEES -2007

Employees with appointments of half time or more for at least six months plus one day or part-time academic year lecturers and academic-year coaches appointed for at least 6 weighted teaching units (.4 time base) for one semester are eligible for health, dental and vision coverage. Enrollment must be requested within 60 days from the date of appointment for yourself, your spouse, domestic partner, and qualifying dependents. The effective date of health coverage is the first of the month following the date the request is received by the Human Resources Office. When the appointment is on the last day of the month, which is the first day of that pay period, the earliest effective date will be the first of the second month. Here are some additional facts concerning benefit enrollment:

- ◆ You must provide Social Security numbers for yourself and your spouse.
- ◆ You must provide a marriage certificate to enroll your spouse.
- ◆ Domestic Partners may be added to your health plan. The enrollee must provide a copy of a certified Declaration of Domestic Partnership. Unless the employee's domestic partner qualifies as a tax dependent and the employee submits a tax exemption form, the domestic partner's benefit will be considered taxable income
- ◆ You and your dependents may each designate different primary care physicians if enrolling in an HMO, provided they contract with the HMO of your choice.
- ◆ To change primary care physician/s after enrollment, call your carrier directly. The change will be effective the 1st of the following month.
- ◆ During open enrollment each fall you will be able to change your health and dental plans, if so desired. The change would be effective January 1 of the following year.
- ◆ There are no "pre-existing condition" exclusions for regularly covered benefits.
- ◆ For specialized or unique care options or pending treatments, contact the carrier directly or consult the policy to determine eligibility of coverage.
- ◆ You will receive identification cards for medical insurance only. Delta Dental and vision do not issue ID cards.
- ◆ To receive treatment prior to receiving an ID card, most physicians will accept a copy of your enrollment form as proof of coverage.
- ◆ Pharmacies will only accept ID cards. If you need a prescription after your coverage is effective (but prior to receiving your ID card) you will need to pay for the prescription yourself. Your carrier will reimburse you after you submit a claim.

Domestic Partner Health Information: <http://www.ss.ca.gov/dpreistry>

or call Secretary of State at (916) 653-4984.

For Enrollment Forms: Contact your Benefits Office at 898-4948

The Government Code formula for employer contribution rates for 2006 is:

<u>Unit 6 (Skilled Craft)</u>	<u>All others</u>
\$444	\$439
\$833	\$823
\$1,062	\$1,042

SPECIAL NOTE: The employer contribution is based on the current formula as provided in Government Code Section 22825.1 for the current fiscal year. The level of CSU contributions could change, depending on the outcome of Collective Bargaining negotiations next spring.

Dental and vision coverage is provided at no cost to the employee. There are two dental plans to choose from, Delta Dental and PMI. The level of coverage for these two plans is determined by the employee's bargaining unit. Delta PMI offers only two offices in this area: Smile Makers, 530-879-1888 and Lakeview Dental Office, 530-346-6888. Vision coverage is provided by Blue Shield and administered by Medical Eye Services (800) 877-6372. Enrollment in vision coverage is automatic for benefits eligible employees. (<http://www.mes.com>)

The **FLEXCASH PLAN** is an optional benefit plan available to all eligible employees with proof of other non-CSU coverage allowing employees to waive CSU medical and/or dental coverage and receive cash payment (\$128/month in lieu of medical coverage; \$12/month in lieu of dental). **FlexCash is subject to campus and State Controller's Office processing timelines.**

THIS IS NOT TO BE CONSIDERED A COMPREHENSIVE SOURCE OF BENEFITS INFORMATION. CALL THE BENEFITS OFFICE AT 898-4948 IF YOU HAVE QUESTIONS