

**California Department of Human Resources  
Memorandum**

**TO: Personnel Management Liaisons (PML)**

<b>SUBJECT:</b> 2015 Open Enrollment Period; 2016 Dental and Vision Plan Premiums; Consolidated Benefits (CoBen) and Employer Health Benefit Contributions	<b>REFERENCE NUMBER:</b>  2015-024
<b>DATE ISSUED:</b> September 11, 2015	<b>SUPERSEDES:</b>

This memorandum should be forwarded to:

**Personnel Officers  
Personnel Transactions Supervisors  
Personnel Transactions Staff  
Labor Representatives**

**FROM:** California Department of Human Resources  
Benefits Division

**CONTACT:** Lisa Hatten, Program Manager  
(916) 445-9795  
Fax: (916) 322-3769  
Email: [lisa.hatten@calhr.ca.gov](mailto:lisa.hatten@calhr.ca.gov)

This memorandum provides important information for the 2015 open enrollment period. Please provide appropriate copies of attachments to all state employees, and assist them in completing and submitting enrollment forms by the due dates listed in Attachment A.

**The following attachments are provided to assist personnel office staff and employees with open enrollment documents:**

Attachment A—Instructions for Completing the Open Enrollment Forms

Attachment B—2016 COBRA Group Continuation Coverage for Dental and Vision Plan Premiums

Attachment C—Memorandum to All State Employees Eligible for Health, Dental, Vision, FlexElect, and CoBen (Please do not modify the language in this memo.)

Attachment D—2016 Dental and Vision Plan Deduction Codes and Premiums

Attachment E—2016 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit

## **OPEN ENROLLMENT**

Open Enrollment for Health, Dental, Vision, FlexElect, and CoBen is September 14 through October 9, 2015. Enrollments and changes made during this open enrollment period are effective January 1, 2016.

## **HEALTH PROGRAM**

The California Public Employees' Retirement System (CalPERS) administers health insurance coverage for state employees. Please remind employees to visit CalPERS' website for information on health plans and premiums and CalHR's website for information on the state employer's health contributions before they enroll or make changes to their enrollment during the open enrollment period.

Following last year's open enrollment, many employees were surprised by their health premium increase, resulting in a large volume of requests to change health plans in January. Please emphasize to employees the importance of looking at the 2016 health premium increases and making any desired plan changes during open enrollment.

Information on the 2016 health plans and premiums is available at: [www.calpers.ca.gov](http://www.calpers.ca.gov).

Information on the state's 2016 health and CoBen contribution amounts is in Attachment E of this PML.

Some bargaining units (BUs) are subject to dependent health care vesting where the state provides new employees a reduced health benefit contribution toward dependent health coverage during the first 12 or 24 months of service. Information on dependent health care vesting is available at:

[www.calhr.ca.gov/employees/pages/health.aspx](http://www.calhr.ca.gov/employees/pages/health.aspx).

## **BENEFITS CALCULATOR**

The Benefits Calculator on CalHR's website will help employees determine how much will be deducted from their pay warrant, or added to it, based on the health, dental, and vision plans chosen. Employees simply select a year, their bargaining unit, their vesting option (if applicable), and how many dependents will be covered. They will then be able to compare their benefit options.

The Benefits Calculator automatically computes the total cost of the benefits selected and subtracts the amount from the CoBen allowance or the employer health benefit contribution. The Benefits Calculator is available at:

<http://eservices.dpa.ca.gov/BenefitsCalculatorExternal/Default.aspx>.

## **DENTAL PROGRAM**

Eligible employees who are off active pay status during the entire open enrollment period may contact their personnel office during the open enrollment period to make changes to their dental enrollment or may wait and make changes within 60 days after returning to active pay status.

### **Changes for 2016**

Premiums will increase for Delta Dental PPO plus Premier Basic, Delta PPO plus Premier Enhanced, and Delta Preferred Provider Option (PPO) dental plans—please see Attachment D for 2016 premiums. The Dental Handbook is available at:

[www.calhr.ca.gov/documents/dental-handbook-2016.pdf](http://www.calhr.ca.gov/documents/dental-handbook-2016.pdf).

Please refer to the Benefits Administration Manual (BAM) Section 500 for dental information and processing instructions for open enrollment forms at:

[www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-dental-program.aspx](http://www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-dental-program.aspx).

## **VISION PROGRAM**

Employees can choose between two vision plans, the Basic Plan or the Premier Plan. If employees choose to upgrade to the Premier Plan, any dependents they wish to cover must also be enrolled by the employee into the Premier Plan. Employees cannot choose to enroll in both the Basic and Premier Vision Plan coverage at the same time, or split their enrollment leaving any dependents in the Basic Vision Plan.

Prior to the open enrollment period, Vision Service Plan (VSP) will mail open enrollment materials to employees.

Please refer to the BAM Section 1200 for vision information and processing instructions for open enrollment forms at:

[www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-vision-care-program.aspx](http://www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-vision-care-program.aspx).

### **New for 2016**

This year, State of California retirees will have the option to enroll in one of two vision plans, the Basic Plan or the Premier Plan, during this 2015 open enrollment period. Monthly premiums are paid in full by the retiree and are deducted directly from their pay warrants. Please advise retiring employees of their vision plan options. Enrollments will be effective January 1, 2016.

## **CONSOLIDATED BENEFITS**

All excluded employees and represented employees in BUs 2, 7, 8, 16, 17, 18, and 19 are in CoBen. CoBen allowances and employer health benefit contributions are listed in Attachment E. However, the collective bargaining process is fluid and changes may be agreed to which alter these amounts and dependent vesting levels. CalHR will notify departments if there are subsequent changes to these rates.

The CoBen Handbook is available at: [www.calhr.ca.gov/documents/coben-handbook-2016.pdf](http://www.calhr.ca.gov/documents/coben-handbook-2016.pdf).

Please refer to the BAM Section 1600 for CoBen information and processing instructions for open enrollment forms at: [www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-consolidated-benefits.aspx](http://www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-consolidated-benefits.aspx).

## **CASH OPTION PROGRAM**

For employees enrolling into the Cash Option in lieu of dental, if no cancellation of dental benefits is received by the personnel office by December 31, 2015, personnel offices need to submit a Dental Plan Enrollment Authorization (STD. 692) form to the State Controller's Office (SCO) for dental plan disenrollment with an attached copy of the Cash Option Enrollment Authorization (STD. 701C) form.

## **FLEXELECT PROGRAM**

CalHR sends personnel offices a list of employees in each department who are enrolled in a 2015 FlexElect Reimbursement Account. Please remind the listed employees that they must re-enroll during open enrollment if they want to participate in a reimbursement account for 2016.

### **Changes for 2016**

The maximum amount an employee can contribute into a FlexElect Medical Reimbursement Account has increased to \$2,550 per participant per plan year—please see the FlexElect Handbook for more information. The FlexElect Handbook is available at:

[www.calhr.ca.gov/documents/flexelect-handbook-2016.pdf](http://www.calhr.ca.gov/documents/flexelect-handbook-2016.pdf).

Please refer to the BAM Section 700 for FlexElect and processing instructions for open enrollment forms at: [www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-flexelect.aspx](http://www.calhr.ca.gov/state-hr-professionals/Pages/benefits-administration-manual-flexelect.aspx).

If you need assistance, please call CalHR's Benefits Division at (916) 322-0300.

/s/ Belinda Collins

Belinda Collins, Chief  
Benefits Division

### Instructions for Completing the Open Enrollment Forms

Please use the information below for completing open enrollment documents.

#### Dental

Permitting Event Date	Permitting Event	Permitting Event Code	Effective Date
September 14, 2015	New enrollment	03	January 1, 2016
September 14, 2015	Add or delete dependents	15	January 1, 2016
September 14, 2015	Change of plan	28	January 1, 2016
September 14, 2015	Change of plan and add or delete dependents*	29	January 1, 2016
September 14, 2015	Voluntary**	41	January 1, 2016

\*Permitting event code 29 may be used on one document only during open enrollment.

\*\*Use this code when canceling dental and enrolling into FlexElect or CoBen Cash Option. Submit dental cancellation form and FlexElect/CoBen Cash Option enrollment forms stapled together as a package to SCO.

#### FlexElect/CoBen

Permitting Event Date	Permitting Event	Permitting Event Code	Effective Date
N/A*	Leave Blank	Leave Blank	January 1, 2016

\*No permitting event date is needed for FlexElect and CoBen Cash Option enrollment documents.

#### Deadlines

Last day for employees to sign and submit open enrollment forms to personnel offices.	October 9, 2015
Last day for personnel offices to receive enrollment forms from employees.	October 23, 2015
Last day for SCO to receive all open enrollment forms from personnel offices.	November 6, 2015
Last day for SCO to receive open enrollment forms previously returned to departments for correction (in order to be reflected on the January 1, 2015, pay warrant).	November 27, 2015
Last day for SCO to receive FlexElect and CoBen open enrollment forms reflecting cancellation or changes (forms submitted to personnel office by December 31, 2015). The effective date will be retroactive to January 1, 2016.	January 8, 2016

**2016 COBRA Group Continuation Coverage  
 for Dental and Vision Plan Premiums**

Please refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102 percent of current gross premiums.

**STATE-SPONSORED DENTAL PLANS**

**Delta Dental**

<b>Plan Type</b>	<b>Covered Persons</b>	<b>1-Party</b>	<b>2-Party</b>	<b>3-Party</b>
Basic	Rank and File Employees	\$53.08	\$92.95	\$134.51
Enhanced	Excluded employees and their eligible dependents	55.22	109.05	153.33
PPO	Excluded and Rank and File employees and their eligible dependents	48.47	94.58	142.51
Basic Dependents	Eligible dependents of Rank and File employees	45.53	68.23	89.22

**DeltaCare USA**

<b>Plan Type</b>	<b>Covered Persons</b>	<b>1-Party</b>	<b>2-Party</b>	<b>3-Party</b>
Standard	Excluded and Rank and File employees and their eligible dependents	\$18.35	\$30.11	\$41.65

**Premier Access**

<b>Plan Type</b>	<b>Covered Persons</b>	<b>1-Party</b>	<b>2-Party</b>	<b>3-Party</b>
Standard	Excluded and Rank and File employees and their eligible dependents	\$16.96	\$27.48	\$38.48

**SafeGuard**

<b>Plan Type</b>	<b>Covered Persons</b>	<b>1-Party</b>	<b>2-Party</b>	<b>3-Party</b>
Standard	Rank and File employees and their eligible dependents	\$16.91	\$27.40	\$38.37
Enhanced	Excluded employees and their eligible dependents	17.26	29.20	35.98

**Western Dental**

<b>Plan Type</b>	<b>Covered Persons</b>	<b>1-Party</b>	<b>2-Party</b>	<b>3-Party</b>
Standard	Excluded and Rank and File employees and their eligible dependents	\$15.46	\$25.52	\$36.20

**STATE-SPONSORED VISION PLANS**

**Vision Service Plan (VSP)**

<b>Plan Type</b>	<b>Covered Persons</b>	<b>1-Party</b>	<b>2-Party</b>	<b>3-Party</b>
Basic	Excluded and Rank and File employees and their eligible dependents*	\$8.81	\$8.81	\$8.81
Premier	Excluded and Rank and File employees and their eligible dependents*	17.83	26.85	37.84

\*Vision benefits for BU6 employees are provided through the CCPOA Health Benefits Trust.

**COBRA Carrier Contact Information  
for State-Sponsored Dental and Vision Plans**

Please mail the Dental Plan Enrollment Authorization (STD. 692) forms to the corresponding dental carrier's COBRA unit, and the Vision Plan Direct Payment Authorization (STD. 703) forms to VSP:

**Delta Dental**

Wolfpack Insurance Services, Inc.  
P.O. Box 833  
Belmont, CA 94002-0833  
1-800-296-0192

**DeltaCare USA**

Wolfpack Insurance Services, Inc.  
P.O. Box 833  
Belmont, CA 94002-0833  
1-800-296-0192

**Premier Access**

Attn: COBRA Unit  
8890 Cal Center Drive  
Sacramento, CA 95826  
1-888-534-3466

**SafeGuard Health Plans**

Attn: COBRA Billing  
P.O. Box 30910  
Laguna Hills, CA 92654  
1-800-880-1800

**Western Dental**

Attn: COBRA Unit  
530 South Main Street, 6<sup>th</sup> Floor  
Orange, CA 92868  
1-866-859-7525

**Vision Service Plan (VSP)**

Attn: COBRA Unit  
P.O. Box 997100  
Sacramento, CA 95899-7100  
1-800-852-7600 Ext. 4636





## MEMORANDUM

**DATE:** September 14, 2015

**TO:** State Employees Eligible for Health, Dental, Vision, FlexElect, and Consolidated Benefits

**FROM:** California Department of Human Resources  
Benefits Division

**SUBJECT:** 2015 Open Enrollment Period; 2016 Dental and Vision Plan Premiums; Consolidated Benefits (CoBen) and Employer Health Benefit Contributions

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The annual open enrollment period for Health, Dental, Vision, FlexElect, and CoBen programs is September 14 through October 9, 2015. The following information and attachments will help you to better understand the benefits available to you and your eligible dependents. Please take a moment to read this information carefully.

During open enrollment, eligible employees may enroll, cancel, or change Health, Dental, and Vision plans. You can also add or delete dependents.

You can enroll in a FlexElect Reimbursement Account. If you have a FlexElect Reimbursement Account and want to participate again next year, you need to re-enroll during open enrollment.

If you have other qualifying group health or dental coverage through another source, such as your spouse, you may enroll in a Cash Option in lieu of health and/or dental benefits.

If you are currently enrolled in Health, Dental, Vision, or a Cash Option, you don't need to re-enroll unless you are a Permanent Intermittent employee.

Permanent Intermittent employees who want to continue receiving the Cash Option must re-enroll annually, during open enrollment.

Open enrollment forms must be signed and submitted to your personnel office no later than October 9, 2015. All open enrollment actions will be effective January 1, 2016.

If you enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period, you have until December 31, 2015, to cancel or change your enrollment.

### **Summary of Changes for 2016**

- Premiums will increase for CalPERS health plans. Plan changes to avoid premium increases must be made during open enrollment. Please visit CalPERS' website at: [www.calpers.ca.gov](http://www.calpers.ca.gov) for 2016 premiums. Employer health benefit contributions are listed in Attachment E.
- Premiums will increase for Delta Dental PPO plus Premier Basic, Delta Dental PPO plus Premier Enhanced, and the Delta Dental Preferred Provider Option (PPO) plans effective January 1, 2016. The 2016 dental rates are provided in Attachment D.
- Beginning January 1, 2016, the maximum amount you can contribute into a FlexElect Medical Reimbursement Account has increased to \$2,550 per participant per plan year.

### **Important Open Enrollment Reminders**

- If you are eligible for health benefits, but not currently enrolled, or are receiving CoBen or FlexElect cash in lieu of other qualifying group health coverage, you may enroll in health benefits during open enrollment.
- The Dependent Care Reimbursement Account maximum continues to be \$5,000 per household per year.
- If you have children, they are eligible for dependent coverage for dental and vision programs up to the age of 26.
- Please check your dental and vision coverage enrollments through your personnel office and ensure that only eligible dependents are enrolled.

### **Benefits Calculator**

We encourage you to review your benefit choices during the open enrollment period. The Benefits Calculator on CalHR's website will help you determine how much will be deducted from your pay warrant, or added to it, based on the health, dental, and vision plans chosen. Simply select a year, your bargaining unit, your vesting option (if applicable), and how many dependents will be covered. You will then be able to compare your benefit options.

The Benefits Calculator is located at:

<http://eservices.dpa.ca.gov/BenefitsCalculatorExternal/Default.aspx>.

### **Consolidated Benefits**

All excluded employees and employees represented by bargaining units 2, 7, 8, 16, 17, 18, and 19, are in CoBen. The state provides a lump sum benefit allowance to purchase health, dental, and vision benefits. If the premium cost of the benefit plans

chosen is less than your CoBen allowance, you receive the difference as taxable income. If the total premium cost of the benefit plans chosen is more than your CoBen allowance, the difference is deducted on a pre-tax basis from you pay warrant. Your 2016 CoBen allowances are provided in Attachment E.

### **Dependent Vesting**

New employees in some BUs who have not previously had state health benefit coverage may be subject to health dependent vesting. Health dependent vesting provides new employees a reduced employer health benefits contribution toward dependent coverage during the first 12 or 24 months of service, after which employees receive the full employer contribution for their dependents as specified in their BU agreement. The 2016 CoBen Allowances and Employer Health Benefit Contributions by Bargaining Unit are provided in Attachment E.

### **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

COBRA enrollees have the same rights as active employees to make changes to their coverage during the annual open enrollment period. CalHR will send specific instructions to all COBRA enrollees in dental coverage prior to the beginning of the open enrollment period. The 2016 COBRA rates are provided in Attachment B.

### **For more information**

The Dental, FlexElect, and CoBen handbooks can be found on CalHR's website at the following links:

Dental–[www.calhr.ca.gov/documents/dental-handbook-2016.pdf](http://www.calhr.ca.gov/documents/dental-handbook-2016.pdf)

FlexElect– [www.calhr.ca.gov/documents/flexelect-handbook-2016.pdf](http://www.calhr.ca.gov/documents/flexelect-handbook-2016.pdf)

CoBen–[www.calhr.ca.gov/documents/coben-handbook-2016.pdf](http://www.calhr.ca.gov/documents/coben-handbook-2016.pdf)

For questions regarding the 2015 open enrollment period, please contact your personnel office.

**2016 Dental and Vision Plan Deduction Codes and Premiums**

The following tables show premiums effective January 1, 2016. For employees in CoBen, the state share and employee share does not apply. Therefore, the total dental premium will be deducted from the monthly CoBen allowance.

**STATE-SPONSORED DENTAL PLANS**

**Delta Dental PPO plus Premier Basic Plan-Represented Employees**

**Group Number:** 9949-0101

**Dental Org. Code:** 351-007

Party Code	State Share	Employee Share	Total Premium (CoBen)
Party Code 1	\$37.28	\$12.43	\$49.71
Party Code 2	65.09	21.70	86.79
Party Code 3	94.09	31.36	125.45

**Delta Dental PPO plus Premier Enhanced Plan-Excluded Employees**

**Group Number:** 9949-2101

**Dental Org. Code:** 351-008

Party Code	Total Premium
Party Code 1	\$51.70
Party Code 2	101.76
Party Code 3	142.95

**Delta Dental Preferred Provider Option (PPO)-Excluded and Represented Employees**

**Group Number:** 9946

**Dental Org. Code:** 351-018

Party Code	State Share	Employee Share	Total Premium (CoBen)
Party Code 1	\$34.07	\$11.36	\$45.43
Party Code 2	66.23	22.08	88.31
Party Code 3	99.66	33.22	132.88

**PREPAID DENTAL PLANS-STATE PAYS 100%**

**DeltaCare USA**

**Group Number:** 2003

**Dental Org. Code:** 351-009

Party Code	Total Premium
Party Code 1	\$17.99
Party Code 2	29.52
Party Code 3	40.83

**Premier Access**

**Group Number:** 12700

**Dental Org. Code:** 351-020

Party Code	Total Premium
Party Code 1	\$16.63
Party Code 2	26.94
Party Code 3	37.73

**Safeguard Standard Plan**

**Group Number:** 74503

**Dental Org. Code:** 351-016

Party Code	Total Premium
Party Code 1	\$16.58
Party Code 2	26.86
Party Code 3	37.62

**Safeguard Enhanced Plan**

**Group Number:** 74503

**Dental Org. Code:** 351-015

Party Code	Total Premium
Party Code 1	\$16.92
Party Code 2	28.63
Party Code 3	35.27

**Western Dental**

**Group Number:** 2140352

**Dental Org. Code:** 351-025

Party Code	Total Premium
Party Code 1	\$15.16
Party Code 2	25.02
Party Code 3	35.49

**UNION-SPONSORED DENTAL PLANS**

**CAHP/Blue Cross (R05)**

**Group Number:** 336817-A

**Dental Org. Code:** 351-013

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$37.28	\$11.11	\$48.39
Party Code 2	65.09	19.21	84.30
Party Code 3	94.09	28.68	122.77

**CCPOA/Primary Dental (R06)**

**Group Number:** Fee-For-Service

**Dental Org. Code:** 351-006

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$44.94	\$114.00
Party Code 2	69.06	44.94	114.00
Party Code 3	69.06	44.94	114.00

**CCPOA/Western Dental (R06)**

**Group Number:** Prepaid

**Dental Org. Code:** 351-249

Party Code	State Share	Employee Share	Total Premium
Party Code 1	\$69.06	\$44.94	\$114.00
Party Code 2	69.06	44.94	114.00
Party Code 3	69.06	44.94	114.00

**CCPOA/Primary Dental (S06, M06, E06, C06)**

**Group Number:** Fee-For-Service

**Dental Org. Code:** 351-246

<b>Party Code</b>	<b>Total Premium</b>
Party Code 1	\$37.00
Party Code 2	79.00
Party Code 3	135.00

**STATE-SPONSORED VISION PLANS**

**Vision Service Plan (VSP)-Basic**

**Group Number:** 30052011

**Vision Org. Code:** 475-001-Non-CoBen or 475-002-CoBen

<b>Party Code</b>	<b>State Share</b>	<b>Employee Share</b>	<b>Total Premium (CoBen)</b>
Party Code 1	\$8.64	\$0	\$8.64
Party Code 2	8.64	0	8.64
Party Code 3	8.64	0	8.64

**VSP-Premier**

**Group Number:** 30034581

**Vision Org. Code:** 361-475

<b>Party Code</b>	<b>State Share</b>	<b>Employee Share</b>	<b>Total Premium (CoBen)</b>
Party Code 1	\$8.64	\$8.84	\$17.48
Party Code 2	8.64	17.68	26.32
Party Code 3	8.64	28.46	37.10

**Carrier Contact Information  
for State-Sponsored Dental and Vision Plans**

**Delta Dental of California**

P.O. Box 429086  
San Francisco, CA 94142-9086  
1-800-225-3368  
(415) 972-8300  
FAX: (415) 972-8334  
[www.deltadentalins.com/state](http://www.deltadentalins.com/state)

**DeltaCare USA**

Attn: Enrollment and Billing  
P.O. Box 1803  
Alpharetta, GA 30023  
1-800-422-4234  
FAX: (770) 641-5393  
FAX: (562) 924-7849  
[www.deltadentalins.com/state](http://www.deltadentalins.com/state)

**SafeGuard**

5 Park Plaza, Suite 1850  
Irvine, CA 92614  
1-800-880-1800  
FAX: (949) 471-2288  
[www.safeguard.net](http://www.safeguard.net)

**Premier Access**

8890 Cal Center Drive  
Sacramento, CA 95826  
1-888-534-3466  
FAX: (866) 379-3247  
[www.socdhmo.com](http://www.socdhmo.com)

**Western Dental Benefits Division**

530 South Main Street, 6th Floor  
Orange, CA 92868  
1-866-859-7525  
FAX: (714) 571-3605  
[www.westerndental.com/stateofca](http://www.westerndental.com/stateofca)

**Vision Service Plan (VSP)**

3333 Quality Drive  
Rancho Cordova, CA 95670  
1-800-877-7195  
FAX: (916) 463-9031  
[www.vsp.com/go/stateofca](http://www.vsp.com/go/stateofca)

**2016 CoBen Allowances and Employer Health Benefit Contributions  
by Bargaining Unit**

Bargaining Unit	Single	2-Party 50% Dependent Vesting	2-Party 75% Dependent Vesting	2-Party 100% Dependent Vesting	Family 50% Dependent Vesting	Family 75% Dependent Vesting	Family 100% Dependent Vesting
1	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
2	\$608	\$919	\$1,060	\$1,202	\$1,119	\$1,345	\$1,572
3	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
4	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
5	\$597	N/A	N/A	\$1,163	N/A	N/A	\$1,504
6	\$524	N/A	N/A	\$1,050	N/A	N/A	\$1,368
7	\$608	\$919	\$1,060	\$1,202	\$1,119	\$1,345	\$1,572
8	\$643	N/A	N/A	\$1,237	N/A	N/A	\$1,607
9	\$597	N/A	N/A	\$1,163	N/A	N/A	\$1,504
10	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
11	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
12	\$524	N/A	\$919	\$1,050	N/A	\$1,157	\$1,368
13	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
14	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
15	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
16	\$608	\$919	\$1,060	\$1,202	\$1,119	\$1,345	\$1,572
17	\$608	N/A	\$1,060	\$1,202	N/A	\$1,345	\$1,572
18	\$608	N/A	\$1,060	\$1,202	N/A	\$1,345	\$1,572
19	\$608	N/A	\$1,060	\$1,202	N/A	\$1,345	\$1,572
20	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
21	\$562	N/A	\$986	\$1,128	N/A	\$1,242	\$1,469
Excluded	\$644	N/A	N/A	\$1,248	N/A	N/A	\$1,620

Further information on dependent vesting is available at: [www.calhr.ca.gov/employees/pages/health.aspx](http://www.calhr.ca.gov/employees/pages/health.aspx).