



# Benefits Calculator User Guide

Benefits Division & Information Technology Division

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## What Is the Benefits Calculator?

The [Benefits Calculator](#) is an important decision-making tool that will help you calculate your employee contribution rates for health, dental and vision benefits and allow you to compare plans to make informed financial decisions regarding your benefits.

Use the Benefits Calculator to compare premiums for different benefit plans and see the state and employee contribution rates based on your bargaining unit (BU). In addition, you will see how much will be deducted from or added to your paycheck based on which benefit plan you choose.

The Benefits Calculator also gives you the option to calculate and compare two scenarios side by side. For example, you may be considering different benefit plans and want to view the costs at the same time. Or you and your spouse may both work for the state and want to compare the costs of the same plans between your two different BUs. Click the “Calculate and Compare Two Scenarios” button for this option.

In addition, you will be able to populate the dental enrollment form (STD 692) and your premier vision enrollment form (STD 700).

For definitions of terminology used in this guide, visit the [Benefits Calculator Glossary](#).

## When Is the Benefits Calculator Updated?

The Benefits Calculator will be updated by the start of each Open Enrollment season to allow ample time for bargaining unit negotiations to finalize. There are instances where bargaining is not finalized prior to Open Enrollment. The Benefits Calculator will display a message if your bargaining unit has still not finalized the negotiated rates. Please check the Benefits Calculator again soon if you see that message.

## Where Can I Find Detailed Information Regarding Plans?

For information regarding plans and eligibility:

- Health plans – visit the [CalPERS website](#)
- Dental plans – visit the [CalHR Benefits website](#)
- Vision plans – visit the [CalHR Benefits website](#)

Active state employees should contact their departmental personnel office for further assistance with benefits.

State retirees should contact [CalPERS](#) for specific enrollment procedures and/or benefit plan information.

# How Do I Use the Benefits Calculator?



## Navigate the Homepage

Open the [Benefits Calculator](#). The homepage presents you with two button options: (1) “Calculate Benefits” and (2) “Calculate and Compare Two Scenarios.”

- Use the “Calculate Benefits” button to calculate benefits.
- Use the “Calculate and Compare Two Scenarios” button to compare two different benefit scenarios side by side (i.e., two different Bargaining Units or different plans).

For this walkthrough, we will start with the “Calculate Benefits” button.

Official website of the California Department of Human Resources Settings

[Home](#) [Calculate Benefits](#) [Calculate Benefits and Compare Two Scenarios](#)

## Welcome to CalHR's State Employee Benefits Calculator

This tool will help you calculate your employee contribution rates for health, dental and vision benefits and allow you to compare plans to make informed financial decisions regarding your benefits.

[Calculate Benefits](#)

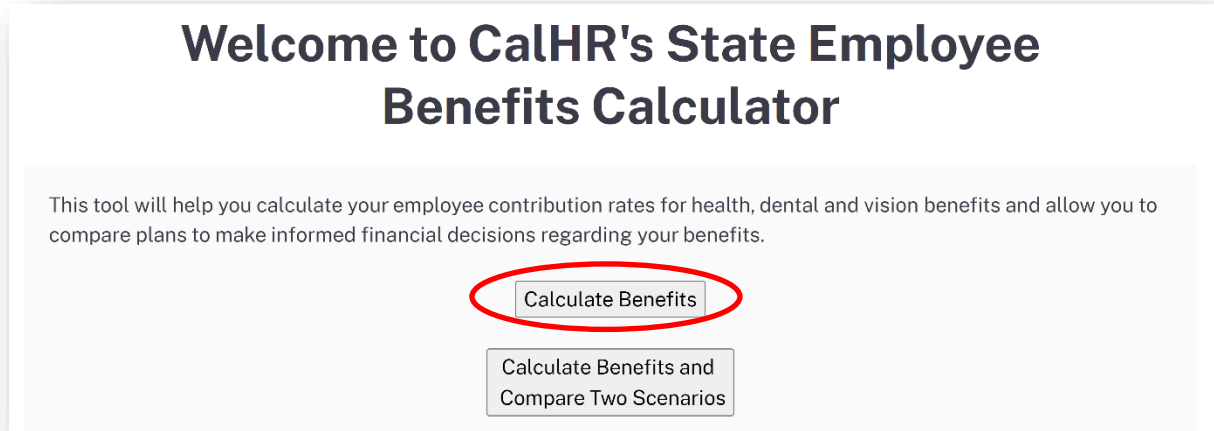
[Calculate Benefits and Compare Two Scenarios](#)

Calculating your employee contribution rates takes approximately five minutes. In addition, you will be able to populate the dental enrollment form (STD. 692) and your vision enrollment form (STD. 700). The information you provide will only be used to populate the form; it will not be captured and stored. It is recommended that you close your browser when you finish your session.

<h3>Health Benefit Information</h3> <p>For more information regarding health plans and eligibility, please visit the <a href="#">CalPERS</a> website.</p>	<h3>Dental Benefit Information</h3> <p>For more information regarding dental plans and eligibility, please visit the <a href="#">CalHR Benefits</a> website.</p>	<h3>Vision Benefit Information</h3> <p>For more information regarding vision plans and eligibility, please visit the <a href="#">CalHR Benefits</a> website.</p>
<h3>Enrollment Forms</h3> <p>To access a blank copy of the health, dental and/or vision enrollment forms, click <a href="#">here</a>.</p>	<h3>Active State Employees</h3> <p>This tool will help you determine the benefits allowance the State provides for its employees. For further assistance with your benefits, contact your departmental personnel office.</p>	<h3>State Retirees</h3> <p>Please contact <a href="#">CalPERS</a> for specific enrollment procedures and/or benefit plan information.</p>

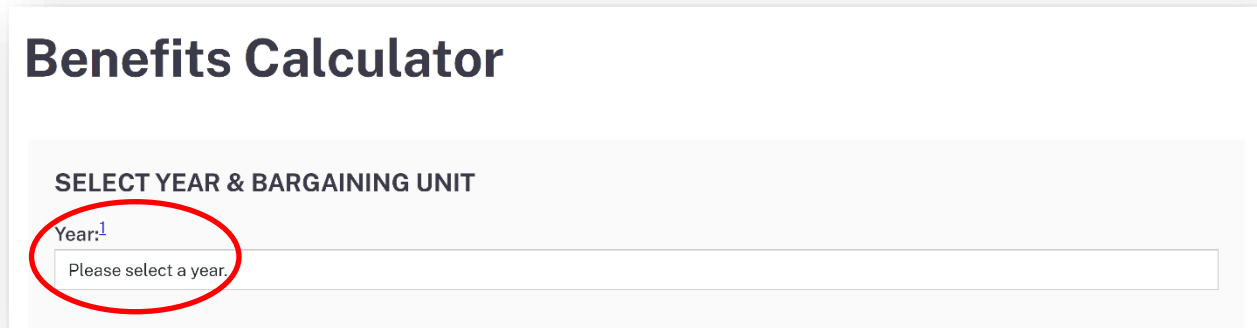
## Calculate Benefits

From the homepage, click the “Calculate Benefits” button.



Select the year that you would like to see the costs.

For this example, we will select 2024.



Next, select your bargaining unit. Your bargaining unit determines which benefits are available to you and what your contribution is.

For this example, we will select Bargaining Unit 1.

## Benefits Calculator

### SELECT YEAR & BARGAINING UNIT

Year:<sup>1</sup>

2024

Bargaining Unit:<sup>2</sup>

Unit 1 - Professional, Administrative, Financial, and Staff Services



Next, begin selecting benefit options. For each benefit, select your party codes (single, two party, family) and plans for health, dental and vision.

Please note: You will have to complete the drop-down menus for health, dental and vision, even if you do not intend to enroll in all three benefits. There are options for “opt out” and for “no election.”

In this example, we will look at enrolling in health, dental and vision for single coverage. We will select Kaiser (CA) for health, Delta Care USA for dental and VSP Basic for vision.

**BENEFIT OPTIONS**

Select **Opt Out** in the drop-down list if you are seeking cash-in-lieu of benefits.

Select **No Election** in the drop-down list if you do not want to include the cost of a benefit in your final calculation.

[Glossary](#)

**Health Party Code:**  
Single

**Health Plan:**  
Kaiser (CA)

**Dental Party Code:**  
Single

**Dental Plan:**  
Delta Care USA

**Vision Party Code:**  
Single

**Vision Plan:**  
VSP Basic

Once you have made your elections, click Calculate Benefit at the bottom of the page. The calculator will then provide a breakdown of costs between the state contribution and employee contribution (if any).

Vision Plan:

**Calculate Benefits**

**BENEFIT RESULTS**

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirement

Selected Options	Kaiser (CA) – Single Delta Care USA – Single VSP Basic – Single				
	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$964.15	\$912.00	\$52.15		\$0.00
Dental	\$19.44	\$19.44	\$0.00		\$0.00
Vision	\$8.27	\$8.27	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$991.86</b>	<b>\$939.71</b>	<b>\$52.15</b>	<b>\$0.00</b>	<b>\$0.00</b>

In this example, you can now see the total premium for all three plans is \$991.86. The state’s contribution is \$939.71 and the employee share is \$52.15.

Please note: Any premiums for health, dental or vision are deducted from your paycheck on a pre-tax basis.

## Calculate and Compare Two Scenarios

The Benefits Calculator also gives the option to calculate and compare benefits costs between two scenarios. For example:

1. You and your spouse both work for the state and want to compare the costs of two-party coverage for the same plans between your two different bargaining units.

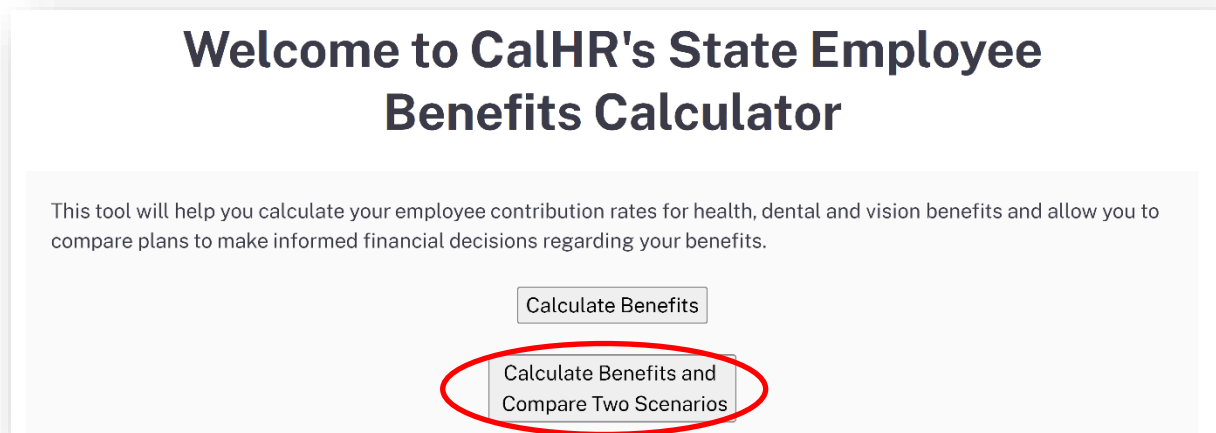
—or—

2. You want to compare the costs of different plans for yourself.

### Compare Two Bargaining Units

Let's walk through the first example: You and your spouse want to compare the costs of coverage for the same plans for your bargaining units.

Open the [Benefits Calculator](#). From the homepage, click the "Calculate and Compare Two Scenarios" button.



Select the year that you would like to see the costs.

For this example, we will select 2024.

## Benefits Calculator

**SELECT YEAR**

Year:<sup>1</sup>

2024

Next, select the Bargaining Units in each column.

In this example, we will use a BU 1 employee and an Excluded employee.

## Benefits Calculator

**SELECT YEAR**

Year:<sup>1</sup>

2024

**BENEFIT OPTIONS**

Select **Opt Out** in the drop-down list if you are seeking cash in lieu of benefits.

Select **No Election** in the drop-down list if you do not want to include the cost of a benefit in your final calculation.

[Glossary](#)

Bargaining Unit:<sup>2</sup>

Unit 1 - Professional, Administrative, Financial, and Staff Services

Bargaining Unit:<sup>2</sup>

Excluded

Next, begin selecting benefit options under each bargaining unit's column. In both columns, for each benefit, select your party codes (single, two party, family) and plans for health, dental and vision.

Please be aware that not all plan options are available for all bargaining units. You may need to select different plans depending on the bargaining units you have selected.

Again, you will have to use the drop-down menus for health, dental and vision in order for the calculator to run, even if you do not intend to enroll in all three benefits. There are options for "opt out" and for "no election."

For this example, we will select "Two Party" for all benefits with Kaiser (CA) for health, Delta Care USA for dental and VSP Basic for vision.

Bargaining Unit: <sup>2</sup>	Bargaining Unit: <sup>2</sup>
Unit 1 - Professional, Administrative, Financial, and Staff Services	Excluded
Health Party Code: Two Party	Health Party Code: Two Party
Health Plan: Kaiser (CA)	Health Plan: Kaiser (CA)
Dental Party Code: Two Party	Dental Party Code: Two Party
Dental Plan: Delta Care USA	Dental Plan: Delta Care USA
Vision Party Code: Two Party	Vision Party Code: Two Party
Vision Plan: VSP Basic	Vision Plan: VSP Basic
<input type="button" value="Clear Options"/>	<input type="button" value="Clear Options"/>
<input type="button" value="Calculate Benefits"/>	

Select Calculate Benefits. This will provide a breakdown of costs from each column.

Calculate Benefits

BENEFIT RESULTS

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirements					
Selected Options	Kaiser (CA) & Two Party Delta Care USA & Two Party VSP Basic & Two Party				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$1,928.30	\$1,657.00	\$271.30		\$0.00
Dental	\$31.90	\$31.90	\$0.00		\$0.00
Vision	\$8.27	\$8.27	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$1,968.47</b>	<b>\$1,697.17</b>	<b>\$271.30</b>	<b>\$0.00</b>	<b>\$0.00</b>

2024 & Excluded & No vesting requirements					
Selected Options	Kaiser (CA) & Two Party Delta Care USA & Two Party VSP Basic & Two Party				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$1,928.30				\$0.00
Dental	\$31.90				\$0.00
Vision	\$8.27				\$0.00
<b>TOTAL</b>	<b>\$1,968.47</b>	<b>\$1,624.00</b>	<b>\$344.47</b>	<b>\$0.00</b>	<b>\$0.00</b>

In this example, you can now see the premiums for two-party coverage for a BU 1 employee versus an Excluded employee. The total premiums for all three coverages for either employee is \$1,968.47. For a BU 1 employee, the state's contribution is \$1,697.17 and the employee contribution is \$271.30. For an Excluded employee, the state's contribution is \$1,624.00 and the employee contribution is \$344.47.

Again, any premiums for health, dental or vision are deducted from your paycheck on a pre-tax basis.

## Compare Different Plans

Now, let's walk through the second example: You want to compare the costs of different plans for yourself.

Enter your Bargaining Unit in the first and second columns. In this example, we will use BU 1. Then for each benefit in the first column, select your party codes and plans for health, dental and vision. For this example, we will select "Single" with Kaiser (CA) for health, Delta Care USA for dental and VSP Basic for vision.

Now, we can enter our selections in the second column for comparison. For this example, we will keep the party codes as "Single" but make new plan selections: Western Health Advantage for health, Premier Access for dental and VSP Premier for vision.

Bargaining Unit: <sup>2</sup>	Bargaining Unit: <sup>2</sup>
Unit 1 - Professional, Administrative, Financial, and Staff Services	Unit 1 - Professional, Administrative, Financial, and Staff Services
Health Party Code: Single	Health Party Code: Single
Health Plan: Kaiser (CA)	Health Plan: Western Health Advantage
Dental Party Code: Single	Dental Party Code: Single
Dental Plan: Delta Care USA	Dental Plan: Premier Access
Vision Party Code: Single	Vision Party Code: Single
Vision Plan: VSP Basic	Vision Plan: VSP Premier
<input type="button" value="Clear Options"/>	<input type="button" value="Clear Options"/>
<input type="button" value="Calculate Benefits"/>	

Select Calculate Benefits. This will provide a breakdown of costs from each column.

Calculate Benefits

BENEFIT RESULTS

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirements					
Selected Options	Kaiser (CA) & Single Delta Care USA & Single VSP Basic & Single				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$964.15	\$912.00	\$52.15		\$0.00
Dental	\$19.44	\$19.44	\$0.00		\$0.00
Vision	\$8.27	\$8.27	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$991.86</b>	<b>\$939.71</b>	<b>\$52.15</b>	<b>\$0.00</b>	<b>\$0.00</b>

Populate Dental Enrollment Form
Populate Vision Enrollment Form

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirements					
Selected Options	Western Health Advantage & Single Premier Access & Single VSP Premier & Single				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$807.23	\$807.23	\$0.00		\$0.00
Dental	\$14.21	\$14.21	\$0.00		\$0.00
Vision	\$16.73	\$8.27	\$8.46		\$0.00
<b>TOTAL</b>	<b>\$838.17</b>	<b>\$829.71</b>	<b>\$8.46</b>	<b>\$0.00</b>	<b>\$0.00</b>

Populate Dental Enrollment Form
Populate Vision Enrollment Form

Start Over

In this example, you can now see the premiums for a BU 1 employee with single-party coverage comparing different health, dental and vision plans. The total premium for the first column's selection is \$991.86; the total premium for the second column's selection is \$838.17.

As previously mentioned, any premiums for health, dental or vision are deducted from your paycheck on a pre-tax basis.



## Generate a Dental and/or Premier Vision Enrollment Form

If you need to enroll, cancel, make an election change, or opt out of your dental or vision coverage, you can populate a Dental Authorization Form (STD 692) or Premier Vision Authorization Form (STD 700) from the Benefits Calculator.

Once you've made your elections, click Populate Dental Enrollment Form or Populate Vision Enrollment Form buttons under the totals. This will begin the process of generating an enrollment form for the benefit you have selected (either dental or vision).

**BENEFIT RESULTS**



2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirement

Selected Options	Kaiser (CA) – Two Party Delta Care USA – Two Party VSP Basic – Two Party				
	Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee
Health	\$1,928.30	\$1,657.00	\$271.30		\$0.00
Dental	\$31.90	\$31.90	\$0.00		\$0.00
Vision	\$8.27	\$8.27	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$1,968.47</b>	<b>\$1,697.17</b>	<b>\$271.30</b>	<b>\$0.00</b>	<b>\$0.00</b>
		<input type="button" value="Populate Dental Enrollment Form"/>	<input type="button" value="Populate Vision Enrollment Form"/>		

Note: You may need to adjust your browser settings to allow pop-ups in order to proceed to the next step. Learn more about managing pop-ups for [Microsoft Edge](#) or [Google Chrome](#).

An instructions page will appear. Read the instructions completely, then click Continue to Form.

Official website of the California Department of Human Resources Settings

[Home](#) [Calculate Benefits](#) [Calculate Benefits and Compare Two Scenarios](#)

## Dental and Vision Enrollment Form Instructions

- Complete the applicable fields on the next page.
  - Provide your personal details (name, address, date of birth). If you are enrolling a spouse/domestic partner and/or other eligible dependent(s), provide their personal details as well.
- Click the **Populate Form** button at the bottom of the next page.
  - This will generate the Dental Enrollment Form (STD. 692) or the Vision Enrollment Form (STD. 700) with the information you provided.
  - Print or save your autogenerated form to a secure local drive. Do not save your form to a public computer.
- Form Submission:** Consult with your departmental personnel office on acceptable form submission methods. If your departmental personnel office allows electronic submission (via secure email) with a digital signature, proceed with the Electronic Option steps. Follow either the **Electronic Option** or the **Hard Copy Option** steps below to complete and submit the remaining sections of the form.
  - Electronic Signature Option (preferred option):**
    - Save your autogenerated form to a secure local drive. Do not save your form to a public computer.
    - Open your saved form, complete the required Social Security Number (SSN) field(s), review the form, add your digital signature with date, and save your completed form.
    - Email the completed form securely to your departmental personnel office.
    - Delete your form from your local drive and your sent outbox to minimize the risk of personal information exposure in case of a security breach.
  - Hard Copy / Wet Signature Option:**
    - Print the generated form in a secure location.
    - Using an ink pen, complete the SSN field(s), review your information, then sign and date the form.
    - Submit the form as directed by your departmental personnel office.

**Reminder:** Generating your form through this website does not submit the form to your departmental personnel office.

**Note:** The next page is intentionally designed not to request and capture SSNs. The populated form also prevents you from saving it with SSNs to safeguard the privacy of all employees and their dependents. For more information about privacy safeguards please review our [Privacy Policy](#) page.

Complete the required fields in each section, then choose Populate Form.

You will then be taken to a PDF that you can sign electronically or print a hard copy for wet signature to return to your departmental personnel office.

If you need to generate another enrollment form for dental or vision, you will need to return to the original Benefits Calculator window and click the corresponding button to start the process for that benefit.

**BENEFIT RESULTS**

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirement

Selected Options	Kaiser (CA) – Two Party Delta Care USA – Two Party VSP Basic – Two Party				
	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$1,928.30	\$1,657.00	\$271.30		\$0.00
Dental	\$31.90	\$31.90	\$0.00		\$0.00
Vision	\$8.27	\$8.27	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$1,968.47</b>	<b>\$1,697.17</b>	<b>\$271.30</b>	<b>\$0.00</b>	<b>\$0.00</b>
<input type="button" value="Populate Dental Enrollment Form"/> <input type="button" value="Populate Vision Enrollment Form"/>					

Please note: Health benefits are administered through CalPERS. For more information regarding health plans and eligibility, please visit the [CalPERS website](#).

## Why Is the Benefits Calculator Displaying a Special Message?

There are different scenarios that may affect your eligibility for benefits. The Benefits Calculator will display these warnings and important notices in red text.

### Non-CoBen Dental Coverage

Non-CoBen employees must complete 24 months of employment without a permanent break in service before enrolling in the Delta Dental PPO or Delta Dental PPO Plus Premier plans.

You will receive a warning message confirming this when you select Delta Dental PPO or Delta Dental PPO Plus Premier in the calculator:

**BENEFIT RESULTS**

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirement

Selected Options	No Health Plan Selected - No Election Delta Dental PPO - Single No Vision Plan Selected - No Election				
<b>Warning Messages</b>	Employees first appointed into state service who meet the eligibility criteria in their Memorandum of Understanding will be ineligible to enroll in the state-sponsored indemnity or preferred provider option dental plan until they have completed twenty-four (24) months of employment without a permanent break in service during the twenty-four (24) month period. However, if no alternative plan or prepaid plan is available within a fifty (50) mile radius of the employee's residence, the employee will be allowed to enroll in the indemnity or preferred provider option dental plan.				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$0.00	\$0.00	\$0.00		\$0.00
Dental	\$46.45	\$34.84	\$11.61		\$0.00
Vision	\$0.00	\$0.00	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$46.45</b>	<b>\$34.84</b>	<b>\$11.61</b>	<b>\$0.00</b>	<b>\$0.00</b>

[Populate Dental Enrollment Form](#)

## CoBen State and Employee Contributions

Employees in bargaining units that fall under CoBen will not see state and employee contributions listed by benefit. Instead, the state and employee contributions are listed in total at the bottom. This is due to the benefit allowance for health, dental and vision applicable for CoBen employees.

### BENEFIT RESULTS

2024 & Unit 2 - Attorneys and Hearing Officers & No vesting requirement

Selected Options	Blue Shield Trio - Single Premier Access - Single VSP Premier - Single				
	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$810.24				\$0.00
Dental	\$14.21				\$0.00
Vision	\$16.73				\$0.00
<b>TOTAL</b>	<b>\$841.18</b>	<b>\$793.00</b>	<b>\$48.18</b>	<b>\$0.00</b>	<b>\$0.00</b>

## Cash Option (Opt Out of Health and/or Dental Coverage)

If you choose to opt out of health coverage but all other coverages remain the same, you will receive an information message stating that you may be eligible for the cash option.

**BENEFIT RESULTS**

2024 & Unit 2 - Attorneys and Hearing Officers & No vesting requirement

Selected Options	No Health Plan Selected – Opt Out Premier Access – Single VSP Premier – Single				
<b>Information Messages</b>	<p>You can enroll in the CoBen Cash Option. Following are the options:</p> <ul style="list-style-type: none"> <li>• \$130/month in lieu of health benefits; or</li> <li>• \$155/month in lieu of health and dental benefits.</li> </ul> <p>Fill out and submit the <a href="#">Consolidated Benefits Cash Enrollment Election Form - STD 702</a>.</p>				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$0.00				\$130.00
Dental	\$14.21				\$0.00
Vision	\$16.73				\$0.00
<b>TOTAL</b>	<b>\$30.94</b>	<b>\$22.48</b>	<b>\$8.46</b>	<b>\$0.00</b>	<b>\$130.00</b>
<div style="display: flex; justify-content: center; gap: 20px;"> <input type="button" value="Populate Dental Enrollment Form"/> <input type="button" value="Populate Vision Enrollment Form"/> </div>					

If this is the case, there is a separate form for you to complete and submit to your departmental personnel office:

- For CoBen employees, it is a [Consolidated Benefits Cash Enrollment Election Form \(STD 702\)](#).
- For FlexElect, it is a [Cash Option Enrollment Authorization \(STD 701C\)](#).

## CoBen Opt Out of Dental Coverage

If you are a CoBen employee and wish to enroll in health and vision, but not dental, you will receive an error message as the cash option is not available for dental only under CoBen.

2024 & Unit 2 - Attorneys and Hearing Officers & No vesting requirement

Selected Options	Blue Shield Trio – Single No Dental Plan Selected – Opt Out VSP Premier – Single				
Warning Messages	<p><b>Check Health Party Rate or Dental Party Rate.</b></p> <p><b>You cannot have cash in lieu of Dental only; you can enroll in CoBen Cash in lieu of Health or in lieu of Health and Dental. Please select either a dental plan or the no election option and recalculate.</b></p>				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$810.24				\$0.00
Dental	\$0.00				\$25.00
Vision	\$16.73				\$0.00
<b>TOTAL</b>	<b>\$826.97</b>	<b>\$793.00</b>	<b>\$33.97</b>	<b>\$0.00</b>	<b>\$25.00</b>
<input type="button" value="Populate Vision Enrollment Form"/>					

Please note: Employees who are eligible for the FlexElect Cash Option may enroll in dental only.

## Vision Plan or Dental Plan Party Code

If you select a party code for your vision plan or dental plan that has fewer enrollees than the party code for your health plan, you will receive the following warning message:

**BENEFIT RESULTS**

2024 & Unit 1 - Professional, Administrative, Financial, and Staff Services & No vesting requirement

Selected Options	Kaiser (CA) - Family Delta Care USA - Single VSP Basic - Single				
<b>Warning Messages</b>	<p>By selecting a Dental Plan Party Code that does not match Health Plan Party Code, you may be excluding family members from dental benefits. If you wish to change your Dental Plan Party Code in order to populate the Dental Enrollment Form, please click "Start Over."</p> <p>By selecting a Vision Plan Party Code that does not match Health Plan Party Code, you may be excluding family members from vision benefits. If you wish to change your Vision Plan Party Code in order to populate the Vision Enrollment Form, please click "Start Over."</p>				
Benefit	Premium	State Contribution	Employee Contribution	Excess Will Be Paid To Employee	Cash Back Payable
Health	\$2,506.79	\$2,101.00	\$405.79		\$0.00
Dental	\$19.44	\$19.44	\$0.00		\$0.00
Vision	\$8.27	\$8.27	\$0.00		\$0.00
<b>TOTAL</b>	<b>\$2,534.50</b>	<b>\$2,128.71</b>	<b>\$405.79</b>	<b>\$0.00</b>	<b>\$0.00</b>
<div style="display: flex; justify-content: center; gap: 20px;"> <input type="button" value="Populate Dental Enrollment Form"/> <input type="button" value="Populate Vision Enrollment Form"/> </div>					



## Collective Bargaining Process

The Benefits Calculator will be updated by the start of each Open Enrollment season to allow ample time for bargaining unit negotiations to finalize. There are instances where bargaining is not finalized prior to Open Enrollment. The Benefits Calculator will display a message if your bargaining unit has still not finalized the negotiated rates:

**Due to the nature of the collective bargaining process, changes may alter contribution amounts and dependent vesting levels.**

Please check the Benefits Calculator again soon if you see this message.

Additionally, different scenarios may apply to your specific bargaining unit that may affect your eligibility for benefits. The Benefits Calculator will display these warnings and important notices in red text. If you have further questions, please contact your departmental personnel office.

## Who Should I Contact for Benefits Assistance?

Active state employees should contact their departmental personnel office for further assistance with benefits.

State retirees should contact [CalPERS](#) for specific enrollment procedures and/or benefit plan information.