

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

Dental and Vision Plan Premiums Effective January 1, 2011

<u>Carrier/Address</u>	<u>Group Number</u>	<u>Deduction Codes</u>	<u>1 Party</u>	<u>Monthly Premium 2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental P.O. Box 429086 San Francisco, CA 94142 1-800-225-3368	9949-Excluded (DeltaPremier) 9949-Rank and File (DeltaPremier) 9946-Excluded and Rank and File (PPO)	351-008 351-007 351-018	\$55.74 \$53.50* \$45.44**	\$111.85 \$95.06* \$90.05**	\$158.00 \$138.39* \$136.40**
Safeguard 5 Park Plaza, Suite 1900 Irvine, Ca 92614 1-800-880-1800	SOC Standard Plan SOC Enhanced Plan Parent Group. Number 156777	351-016 351-015	\$16.58 \$16.92	\$26.86 \$28.63	\$37.62 \$35.27
DeltaCare USA PO Box 1803 Alpharetta, GA 30023 1-800-632-8555	2003	351-009	\$17.72	\$29.07	\$40.21
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 1-888-534-3466	12700	351-020	\$16.63	\$26.94	\$37.73
Western Dental 530 South Main Street, 6th Floor Orange, CA 92868 1-866-859-7525	2140352	351-025	\$14.72	\$24.29	\$34.46
<u>State-Sponsored Vision Plan</u>					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-877-7195	12020000	475-001-Non CoBen 475-002-CoBen	\$8.64 \$8.64	\$8.64 \$8.64	\$8.64 \$8.64

* Employee's Share: 1 party - \$13.37 / 2 party - \$23.76 / 3 or more party - \$34.60

** Employee's Share: 1 party - \$11.36 / 2 party - \$22.51 / 3 or more party - \$34.10

Union Sponsored Dental Plans

CAHP/Blue Cross (R05)	336817-A	351-013	\$51.24***	\$90.51***	\$132.47***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	95.93****	95.93****	95.93****
CCPOA/Western Dental (R06)	Prepaid	351-249	95.93****	95.93****	95.93****

*** CAHP Employee's Share: 1 party - \$11.11 / 2 party - \$19.21 / 3 or more party - \$28.68

**** CCPOA Employee's Share – Western Dental - \$51.60 CCPOA Primary - \$51.60

(RO5 Employee's share for the Delta Premier Plan is \$13.37/\$23.76/\$34.60 and \$11.36/\$22.51/\$34.10 for the PPO plan).

(Under CoBen the total premium is deducted from the benefit allowance).

(The dental/vision premiums above do not include the administrative fee of \$1.69/mo.)