

**California Department of Human Resources
Benefits and Training Division**

**COBRA Group Continuation Coverage
Dental Plan Monthly Premiums Effective January 1, 2014**

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$54.79	\$108.84	\$153.30
	Basic	Rank and File employees	\$52.64	\$92.67	\$134.40
	Basic	Eligible dependents of Rank and File employees	\$51.61	\$90.85	\$131.77
	PPO	Excluded & Rank and File employees and their eligible dependents	\$48.01	\$94.31	\$142.43
SafeGuard Health Plans Attn: SOC COBRA Billing P.O. Box 13724 Philadelphia, PA 19101-3724 1-800-880-1800	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
DeltaCare USA Mail STD 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Standard	Excluded & Rank and File employees and their eligible dependents	\$18.07	\$29.65	\$41.01
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 Attn: COBRA UNIT 1-888-534-3466	Standard	Excluded & Rank and File employees and their eligible dependents	\$16.96	\$27.48	\$38.48
Western Dental 530 South Main Street, 6 th Floor Orange, CA 92868 Attn: COBRA UNIT 1-866-859-7525	Standard	Excluded & Rank and File employees and their eligible dependents	\$15.01	\$24.78	\$35.15

**California Department of Human Resources
Benefits and Training Division**

COBRA Group Continuation Coverage
Vision Plan Monthly Premiums Effective January 1, 2014

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$8.81	\$8.81	\$8.81
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600 Ext: 4636	Premier	Excluded & Rank and File employees and their eligible dependents (with the exception of BU 6 employees; their vision benefits are provided through CCPOA Health Benefits Trust)	\$15.50	\$22.20	\$30.36

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% of current gross premiums.