

MEMORANDUM

DATE: August 16, 2002

TO: PERSONNEL MANAGEMENT LIAISONS REFERENCE CODE: 2002-047

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff

FROM: Department of Personnel Administration
Benefits Division

SUBJECT: 2002 Open Enrollment Period for Dental, FlexElect, and Consolidated Benefits (CoBen) Programs and Dental Plan Premiums Increase

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FAX: (916) 322-3769
Email: BryanBruno@DPA.CA.GOV

Here's information on the 2002 Open Enrollment Period for Dental, FlexElect, and Consolidated Benefits (CoBen) Programs and the increased dental premiums. Please make sure your employees know about the open enrollment period and the higher rates. DPA will mail dental open enrollment information to retirees and annuitants in August 2002.

We've attached memos for you to distribute to your employees. Attachment I covers enrollment in all benefit plans. Attachment II focuses on employees dental plan options and cost comparison. Attachment III & IV reflect premium rate information.

- Attachment I - Memorandum to All State Employees
- Attachment II - Dental Plan Options and Cost Comparison
- Attachment III - 2003 Dental Plan Premium Rates
- Attachment IV - 2003 COBRA Group Continuation Rates

Please note, there has been a name change for DentiCare and SmileSaver: DentiCare is now called Health Net Dental, Inc. and SmileSaver is now called GE Wellness Plan Dental.

OPEN ENROLLMENT

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) will be **September 3, 2002, through October 18, 2002.** Enrollments/changes during this period are effective January 1, 2003.

For dental, eligible employees may enroll, cancel, or change plans, and add/delete dependents. For FlexElect and CoBen, eligible employees may enroll, cancel, or change their current options.

No action is necessary for currently enrolled employees who don't want to change their FlexElect Cash Option, CoBen Cash Option, and/or dental enrollment. However, Permanent/Intermittent (P/I.) employees **must** reenroll in the Cash Option during open enrollment if they want to remain in the program next year. Additionally, employees who want to continue enrollment next year in a FlexElect Reimbursement Account **must** reenroll during open enrollment.

Completing the Open Enrollment Documents

Use the following information to complete open enrollment forms.

Permitting Event Date: Dental - 9/3/02
FlexElect/CoBen Cash - Leave blank

Effective Date: 1/1/03 (Dental, FlexElect, CoBen Cash)

Permitting Event Codes:

Dental

- 03 - New Enrollment
- 15 - Add/Delete Dependent(s) - May use one form for all dependent changes
- 28 - Change of Plan
- 29 - Change of Plan and Add/Delete Dependent(s) - May use one form for all dependent changes

FlexElect/CoBen - Leave Permitting Event Code blank

Deadlines:

- | | |
|----------|--|
| 10/18/02 | Last day for employees to sign and submit open enrollment documents to Personnel. |
| 10/31/02 | Last day for enrollment documents to be <u>received in employing office</u> (as shown on enrollment forms). |
| 11/15/02 | Last day for <u>receipt by SCO</u> of all open enrollment documents from Personnel Offices. |
| 12/10/02 | Last day for <u>receipt by SCO</u> of any open enrollment documents that were returned to departments for correction, in order to be reflected on the 1/1/03 paycheck. |

DENTAL PROGRAM

DPA currently contracts with Delta Dental, Health Net Dental, Inc., Private Medical Care, Inc. (PMI), SafeGuard Health Plans (SafeGuard), and GE Wellness Plan Dental to provide dental insurance for eligible:

1. excluded employees;
2. represented employees in all Bargaining Units except Units 5 and 6; and
3. retirees/annuitants.

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members, but its members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members.

Restriction on Enrollment in Delta Dental Plans

Except as noted below, employees may only enroll in a State-sponsored prepaid dental plan during their first 24 months of State service. At the end of this 24-month period, employees who wish to enroll in the DeltaPremier or DeltaPreferred Option plan have 60 days to do so. This enrollment is available outside the open enrollment period.

The following employees are not subject to the 24-month restriction:

Employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19;
Excluded employees; and
Employees who were previously State employees for 24 consecutive months without a permanent break in service during the 24 months.

CCPOA Dental Plan Restriction

Bargaining Unit 6 (R06) employees who are restricted to the union-sponsored prepaid Western Dental Plan must complete 12 months in the prepaid plan before they are allowed to enroll in the union-sponsored indemnity dental plan. At the end of this 12-month period, employees have 60 days to enroll in the union-sponsored indemnity dental plan if they want to. This enrollment is available outside the open enrollment period.

CAHP Dental Plan Restriction

Bargaining Unit 5 (R05) employees who are restricted to a State-sponsored prepaid dental plan must complete 24 months of State service before they are allowed to enroll in the indemnity Blue Cross Dental Plan. At the end of this 24-month period, employees have 60 days to enroll in their union-sponsored Blue Cross Dental plan if they want to. This enrollment is available outside the open enrollment period.

Delta Dental 2003 Premiums

Delta Dental rates will increase for the DeltaPremier and DeltaPreferred Option (DPO) dental plans, effective January 1, 2003.

Impact on Employees not in Consolidated Benefits (CoBen)

In accordance with the collective bargaining agreements, employees not in CoBen who currently are enrolled in either the DeltaPremier or DPO plans will see an increase in their out-of-pocket premium on their January 1, 2003, pay warrants (December 2002 pay period). The full amount of this increase will be paid by the employee.

Impact on Employees in Consolidated Benefits (CoBen)

Currently, employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in Consolidated Benefits (CoBen). Eligible employees in CoBen pay the total dental premium with their CoBen benefit allowance amount. For employees enrolled in the DeltaPremier or DPO plans, the increased premium amount will be deducted from their monthly CoBen allowance on their January 1, 2003, pay warrants (December 2002 pay period): See page 8 for information on increased CoBen allowances for 2003.

Reminder: For employees in CoBen, the State share and employee share does not apply. Therefore, when you complete their dental forms, use the total premium amount as the amount deducted from their CoBen allowance.

The following charts show Delta's new premiums that go into effect January 1, 2003.

DeltaPremier Basic Plan for Represented Employees:

Coverage	2003 Total Premium	State Share	Employee Share	2003 Rate Increase
Employee only	\$40.82	\$30.70	\$10.12	\$4.25
Employee plus one dependent	\$71.67	\$55.60	\$16.07	\$7.20
Employee plus two or more dependents	\$103.84	\$81.38	\$22.46	\$10.27

DeltaPremier Enhanced Plan for Excluded Employees:

Coverage	2003 Total Premium	State Share	Employee Share	2003 Rate Increase
Employee only	\$42.48	\$32.36	\$10.12	\$4.41
Employee plus one dependent	\$84.22	\$68.15	\$16.07	\$8.40
Employee plus two or more dependents	\$118.38	\$95.92	\$22.46	\$11.66

Delta Preferred Option (DPO) for Excluded and Represented Employees:

Coverage	2003 Total Premium	State Share	Employee Share	2003 Rate Increase
Employee only	\$34.33	\$30.70	\$3.63	\$3.63
Employee plus one dependent	\$66.91	\$55.60	\$11.31	\$6.74
Employee plus two or more dependents	\$100.77	\$81.38	\$19.39	\$9.98

Prepaid Dental Plans

Prepaid dental plan premiums will increase, effective January 1, 2003. However, the State will continue to pay 100 percent of the premium; there is no employee copayment. Attachments III and IV reflect the new premiums for prepaid plans.

Employees in Units 5 and 6 should be advised to contact their Benefit Trust for information regarding their dental premiums and benefits. Rates for their union-sponsored plans are listed on Attachment III.

Evidence of Coverage (EOC) Booklets, Participating Dentist Lists, and Membership Cards

You may want to request from the carriers a small supply of EOC booklets and participating dentist lists to have available in your Personnel Office for employees who request them.

Advise employees in Units 5 and 6 to contact their Benefit Trust for information on claim forms, EOCs, participating dentist lists, or membership cards.

FLEXELECT

Employees who enroll in any FlexElect option or CoBen Cash during the open enrollment period and employees who are automatically reenrolled in the Cash Option have until December 31, 2002, to cancel their enrollment or make changes.

January 10, 2003, is the last day for receipt by SCO of FlexElect and CoBen Cash forms reflecting cancellation and changes. The effective date will be retroactive to January 1, 2003.

We'll send you copies of the 2003 FlexElect handbook (if you submitted an order to us) and Administrative Manual prior to the start of open enrollment. You also should refer to BAM Section 700 for information regarding FlexElect and processing instructions for open enrollment forms.

DPA will mail Open Enrollment notification to homes of employees enrolled in the 2002 FlexElect Cash Option informing them that they will automatically be reenrolled for the 2003 Plan Year. We will notify Permanent Intermittent employees currently enrolled in the FlexElect Cash Option that they must reenroll during open enrollment if they want to receive the cash option next year.

We also will mail postcard reminders to employees currently enrolled in a FlexElect Reimbursement Account. These postcards explain that they must reenroll during open enrollment if they want to participate in a reimbursement account in 2003.

As in the past, DPA will send your Personnel Office a list of employees in your department who are enrolled in a 2002 FlexElect Reimbursement Account. Where possible, we will mail the listing to the appropriate field office.

DPA has revised the FlexElect enrollment forms (Cash Option Enrollment Authorization - STD. 701C rev. 4/2002, and Reimbursement Account Enrollment Authorization - STD. 701R rev. 5/2002.) They're included in the 2003 FlexElect handbook. You also may order the revised forms through the Department of General Services, Office of State Publishing. We will provide information at a later date regarding when SCO will no longer accept the STD. 701C (Rev. 4-2000) and STD. 701R (Rev. 5-94). Until such time, departments may continue to use their current supply of forms.

CONSOLIDATED BENEFITS (COBEN)

All excluded employees and represented employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are in CoBen.

Monthly CoBen allowance amounts will increase effective January 1, 2003. The new amounts for 2003 are listed below:

Coverage	Coben Allowance - 2003	
	Represented	Excluded
Employee only	\$266	\$267
Employee plus one dependent	\$515	\$528
Employee plus two or more dependents	\$679	\$694

DPA will mail an Open Enrollment notification this month to the homes of all employees enrolled in the 2002 CoBen Cash Option informing them that they will be automatically re-enrolled for the 2003 Plan Year. We will also notify Permanent Intermittent employees who are currently enrolled in the CoBen Cash Option that they must reenroll during open enrollment if they wish to receive the Cash Option for next year.

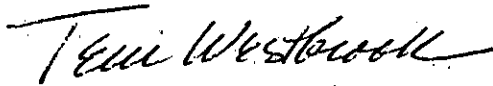
We will mail the CoBen handbooks in early August to departments that submitted an order form to DPA.

PERSONNEL OFFICES

Your assistance in the following areas will be appreciated and will help make this open enrollment period successful:

- (1) Provide a copy of the attached open enrollment letter to all employees;
- (2) Make Dental, FlexElect, and CoBen Program material available or advise employees how to obtain such material;
- (3) Assist employees in completing enrollment/change documents;
- (4) Review and submit enrollment documents by the due dates listed in this memo;
- (5) Send completed enrollment forms and packages to SCO.

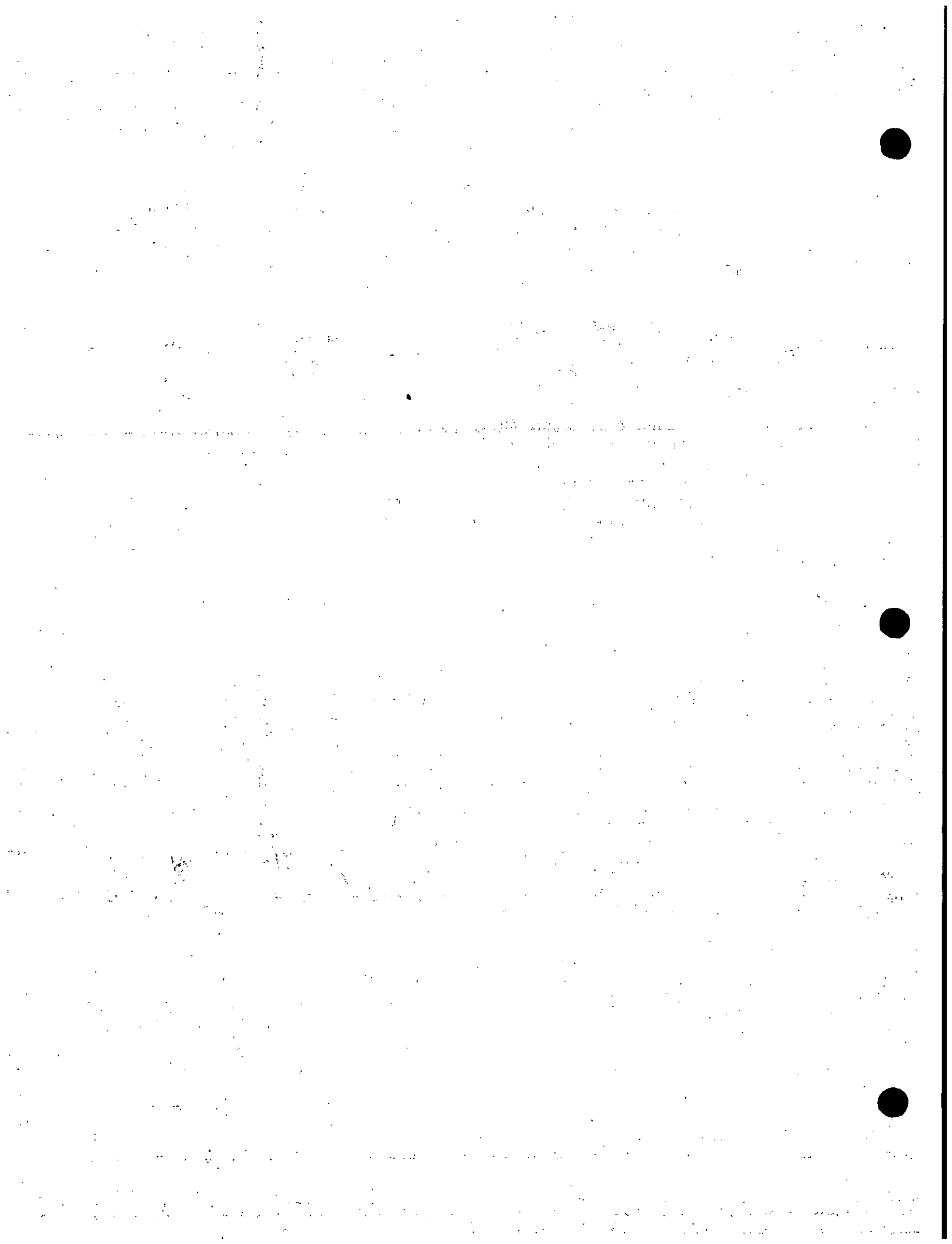
If your employees have questions regarding open enrollment for the Dental, FlexElect, and CoBen Programs please handle them in your Personnel Office. If you need assistance or clarification, call Bryan Bruno, Benefits Program Analyst, at (916) 445-9841 or CALNET 485-9841.



Terri Westbrook, Chief
Benefits Division

cc: SCO, Butch Massoni/Bob Curry/Don Ward
CALPERS, Doug Mckeever
JRS/LRS, Rae Gamble
STRS, Pat Sidhu
CAHP BENEFIT TRUST, Kim Bamford
CCPOA BENEFIT TRUST, Gerrit Buddingh

Attachment(s)





MEMORANDUM



ATTACHMENT I

DATE: August 16, 2002
TO: Eligible State Employees
FROM: Department of Personnel Administration
Benefits Division
SUBJECT: 2002 Open Enrollment for Dental, FlexElect, and Consolidated Benefits;
Dental Premium Increase

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) will be **September 3, 2002, through October 18, 2002**. If you want to enroll in these benefit programs or make a change to your current enrollment, contact your Personnel Office for the necessary forms.

Open enrollment forms must be signed and submitted to your Personnel Office no later than October 18, 2002. Enrollments/changes during this period are effective January 1, 2003.

You don't need to submit anything if you're not making any changes in your dental coverage or cash options. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment. Permanent Intermittent employees who want to continue receiving their cash option must re-enroll.

DENTAL BENEFITS

Your dental plan options are listed below. (DentiCare is now called Health Net Dental, Inc. and SmileSaver is now called GE Wellness Plan Dental.) Contact your Personnel Office for a brochure, list of participating dentists, and cost comparison, or call the dental plans.

Delta Dental Plans

DeltaPremier and DeltaPreferred Option (DPO) 1-800-225-3368
www.deltadentalca.org/state

Prepaid Dental Plans

Health Net Dental, Inc.	1-800-926-7828
Private Medical-Care, Inc.	1-800-422-4234
SafeGuard Health Plans, Inc.	1-800-880-1800
GE Wellness Plan Dental	1-800-333-9561

Delta Dental 2003 Premiums

Delta rates will increase effective January 1, 2003, which means your out-of-pocket dental premium will go up on your January 1, 2003, pay check (December 2002 pay period), if you're enrolled in the DeltaPremier or DeltaPreferred Option.

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If you're enrolled in DeltaPremier, your monthly out-of-pocket premium for 2003 is:

1 person	\$10.12
2 persons	\$16.07
3 or more persons	\$22.46

If you're enrolled in DeltaPreferred Option (DPO), your monthly out-of-pocket premium for 2003 is:

1 person	\$ 3.63
2 persons	\$11.31
3 or more persons	\$19.39

Prepaid Dental Plans

Prepaid dental plan premiums will increase, effective January 1, 2003. However, the State will continue to pay 100 percent of your premium if you're not in Consolidated Benefits (CoBen). If you're covered by CoBen, the full premium will be deducted from your CoBen allowance. (See next page for increased CoBen amounts.)

Union-Sponsored Dental Plans – Bargaining Units 5 and 6

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members, but members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members. Employees in Units 5 and 6 should contact their Benefit Trust for information on their dental premiums and benefits.

CONSOLIDATED BENEFITS (COBEN)

All excluded employees and represented employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are automatically enrolled in CoBen. If you're in CoBen, the State provides you a benefit allowance to purchase health, dental, and vision benefits. If the total cost of the plans you choose is less than your CoBen allowance, you receive the difference as taxable income. If the total cost of the plans is more than the CoBen allowance, the difference is deducted from your paycheck pretax.

As a result of increased dental premiums, you will see an increase in the dental amount that's deducted from your monthly CoBen allowance starting with your January 1, 2003, paycheck.

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If you have health and dental coverage through another source, you may enroll in the CoBen Cash Option. These amounts are \$155/mo. in lieu of health and dental, and \$130/mo. in lieu of health only. To enroll in a CoBen Cash Option, complete a form during open enrollment.

Monthly CoBen allowance amounts will increase effective January 1, 2003. The new amounts for 2003 are listed below.

Coverage	Employee CoBen Allowance	
	<u>Represented</u>	<u>Excluded</u>
Employee only	\$266	\$267
Employee plus one dependent	\$515	\$528
Employee plus two or more dependents	\$679	\$694

FLEXELECT

If you have health and/or dental coverage through another source, you can opt for cash in lieu of your State-sponsored benefit. The FlexElect Cash Option is \$128/mo. for health and \$12/mo. for dental.

FlexElect also offers reimbursement accounts that allow you to use pretax salary to pay for dependent care and/or medical bills that aren't covered by insurance. Ask your Personnel Office for a FlexElect Reimbursement Account brochure for details.

To learn more about Dental, FlexElect, and CoBen or for questions regarding Open Enrollment, please contact your Personnel Office. We also have more information online at www.dpa.ca.gov (select "Employee Benefits.")


Terri Westbrook, Chief
Benefits Division

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Your Dental Plan Options

Prepaid

(Health Net Dental, Private Medical Care, Inc. (PMI), SafeGuard, GE Wellness Plan Dental)

Prepaid plans provide services through member dentists throughout California. (These plans are not available outside of California.)

Monthly premiums are fully paid by the State. You have no monthly premiums; deductibles, or maximum benefit limits. Many services are provided at low or no cost to you. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental work and are outside your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year. For more information or a list of member dentists, contact the carriers at: Health Net Dental 1-800-926-7828; Private Medical-Care, Inc. (PMI) 1-800-422-4234; SafeGuard Health Plans, Inc. 1-800-880-1800; GE Wellness Plan Dental 1-800-333-9561.

Indemnity

(DeltaPremier - Group #9949)

DeltaPremier features full access to specialty care and guaranteed benefits through member dentists. However, you can see any dentist worldwide and still be covered, although your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

Preferred Provider Option

(DeltaPreferred Option (DPO) - Group #9946)

DeltaPreferred Option (DPO) provides services through its network of participating dentists although you may use non-DPO dentists worldwide. If you receive services outside the DPO network, your out-of-pocket costs will be substantially higher. Therefore, we encourage you to contact Delta before enrolling to ensure there's a DPO provider available in your service area. (Not all Delta Dentists are members of DPO's network.)

For represented employees, the annual maximum benefit available to dependents is \$2,000 when using a dentist who's a member of the DPO network, compared to a \$1,000 yearly maximum under DeltaPremier. DPO offers a \$2,500 lifetime benefit for dental implants and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants.

For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

These are brief descriptions of the available dental plans. Please consult each carrier's "Evidence of Coverage" booklet or call the carrier for a more detailed explanation.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent data collection procedures and the use of advanced analytical techniques to derive meaningful insights from the data.

3. The third part of the document focuses on the role of technology in data management and analysis. It discusses how modern software solutions can streamline data collection, storage, and processing, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data security and privacy. It stresses the importance of implementing robust security measures to protect sensitive information from unauthorized access and breaches.

5. The fifth part of the document explores the ethical implications of data collection and analysis. It discusses the need for transparency in data practices and the importance of obtaining informed consent from individuals whose data is being collected.

6. The sixth part of the document provides a summary of the key findings and recommendations. It reiterates the importance of a data-driven approach and offers practical advice on how to implement the discussed strategies effectively.

7. The final part of the document concludes with a call to action, encouraging all stakeholders to embrace a culture of data-driven decision-making and continuous improvement. It emphasizes that the success of the organization depends on the quality and integrity of its data.

Employee Cost Comparison For State-Sponsored Dental Plans

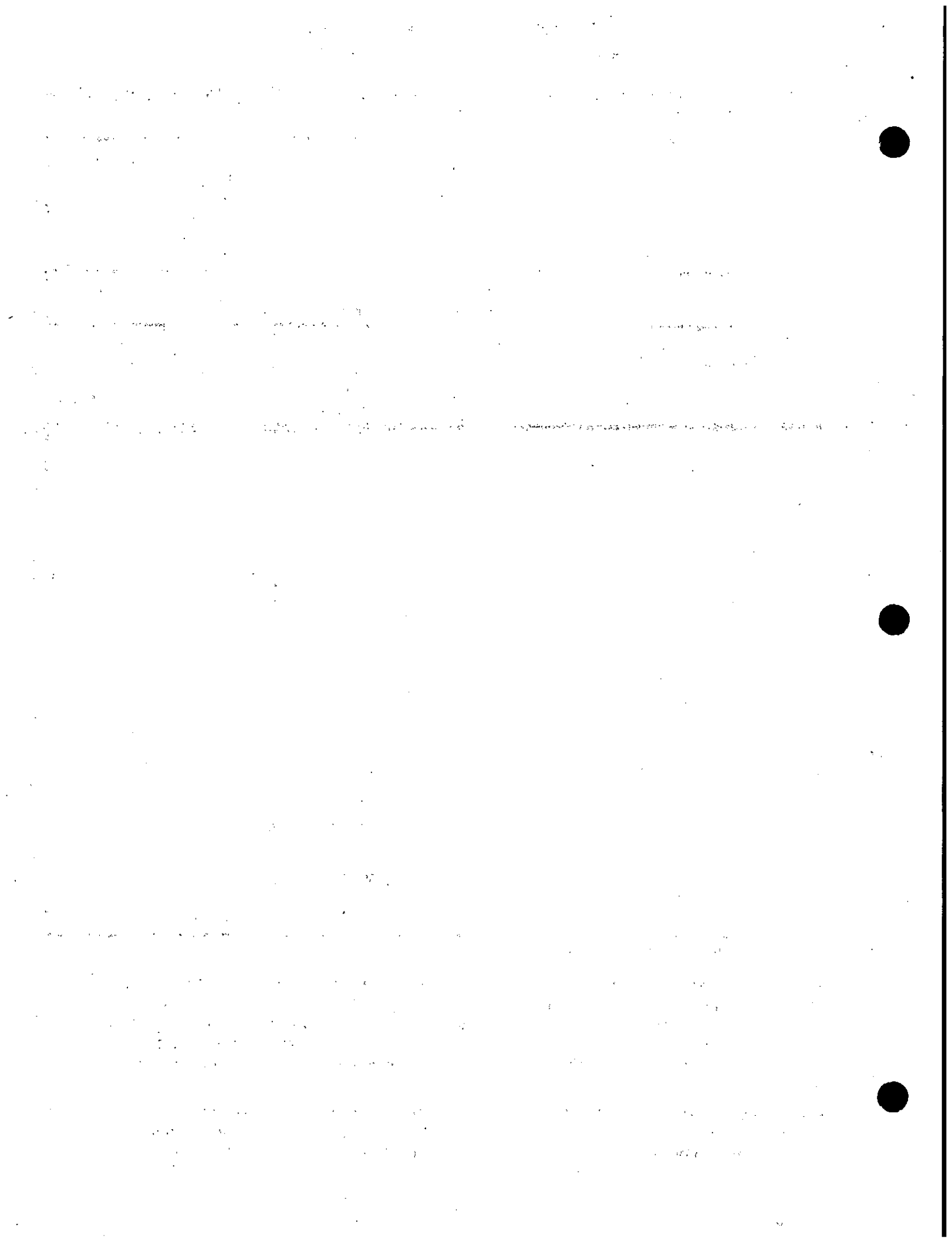
The following chart provides a comparison of the **employee-paid** costs for certain types of procedures. Please consult each carrier's individual brochure for detailed information and plan limitations.

For these procedures:	Delta Dental				PMI Health Net Dental***	Health Net Dental
	DeltaPremier-Basic		DeltaPremier-Enhanced	**DeltaPreferred Option (DPO)	SafeGuard GE Wellness Plan Dental	
	Basic	Enhanced			Basic	Enhanced
	Represented Employees	Dependents of Represented Employees	Excluded Employees and Dependents	Excluded & Represented Employees and Dependents	Excluded & Represented Employees and Dependents	Excluded Employees and Dependents
Diagnostic and Preventive Benefits (Two cleanings per 12 month period) *	0	0	0	0	0	0
Basic Benefits (UCR)	10%	20%	10%	10%	0	0
Crowns	20%	50%	20%	20%	\$50	0
Bridges, Full & Partial Dentures	50%	50%	50%	40%	\$65 and up	0
Annual Deductible	\$50*	\$50*	\$25*	\$25*	No deductible	No deductible
Maximum Deductible	\$150 per family		\$100 per family	\$100 per family	N/A	N/A
Orthodontia	Delta will pay 50% up to a lifetime maximum of \$1,000 per person.			Delta will pay 50% up to a lifetime maximum of \$1,000 per adult and pay 50% up to a lifetime maximum of \$1,500 per child.	\$1,000 plus up to \$250 for start-up costs	\$1,000 plus up to \$250 for start-up costs
Annual Maximum	\$2,000	\$1,000	\$2,000	\$2,000	No Maximum	No maximum

* Diagnostic and Preventive Benefits are exempt from the deductible.

** The level of benefits and covered services reflected in the chart are based on services provided by a DPO Network dentist. The level of benefits and covered services provided by a non-DPO dentist are lower. Additionally, the DPO includes up to a \$2,500 lifetime benefit for dental implants, and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

*** The GE Wellness Enhanced Plan provides for three cleanings per 12-month service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under the GE Wellness Plan. Represented employees and their dependents have the basic coverage under the GE Wellness Plan.



Dental and Vision Plan Premiums Effective January 1, 2003

<u>Carrier/Address</u>	<u>Group #</u>	<u>Deduction Codes</u>	<u>Monthly Premium</u>		
			<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
<u>State-Sponsored Dental Plans</u>					
Delta Dental P.O. Box 7736 San Francisco, CA 94120 1-800-225-3368	9949-Excluded (Delta Premier)	351-008	\$42.48*	\$84.22*	\$118.38*
	9949-Represented (Delta Premier)	351-007	\$40.82*	\$71.67*	\$103.84*
	9946-Excluded and Represented (DPO)	351-018	\$34.33**	\$66.91**	\$100.77**
Health Net Dental, Inc. P.O. Box 57074 Irvine, CA 92619-7074 1-800-926-7828	901690-Standard	351-012	\$15.38	\$24.95	\$35.04
	903042-Enhanced	351-014	\$14.00	\$23.70	\$29.19
PMI - DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	0171	351-009	\$15.26	\$25.05	\$34.65
Safeguard Health Plans 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	4407	351-016	\$13.39	\$21.65	\$29.79
GE Wellness Plan Dental 30851 W. Agoura Rd., Suite 100 Agoura Hills, CA 91301-4343 1-800-333-9561	SCA100	351-017	\$13.17	\$21.60	\$29.86
<u>Union Sponsored Dental Plans</u>					
CAHP/Blue Cross (RO5)	336817-A	351-013	\$38.70***	\$69.60***	\$102.38***
CCPOA/Primary Dental (R06)	Fee-For-Service	351-006	\$63.33****	\$63.33****	\$63.33****
CCPOA/Western Dental (RO6)	Prepaid	351-249	\$63.33****	\$63.33****	\$63.33****
<u>State-Sponsored Vision Plan</u>					
Vision Service Plan 3333 Quality Drive Rancho Cordova, CA 95670 1-800-622-7444	12020000	475-001-Non CoBen 475-002-CoBen	\$8.10	\$8.10	\$8.10

*Employee Share: \$10.12/\$16.07/\$22.46

**Employee Share: \$3.63/\$11.31/\$19.39

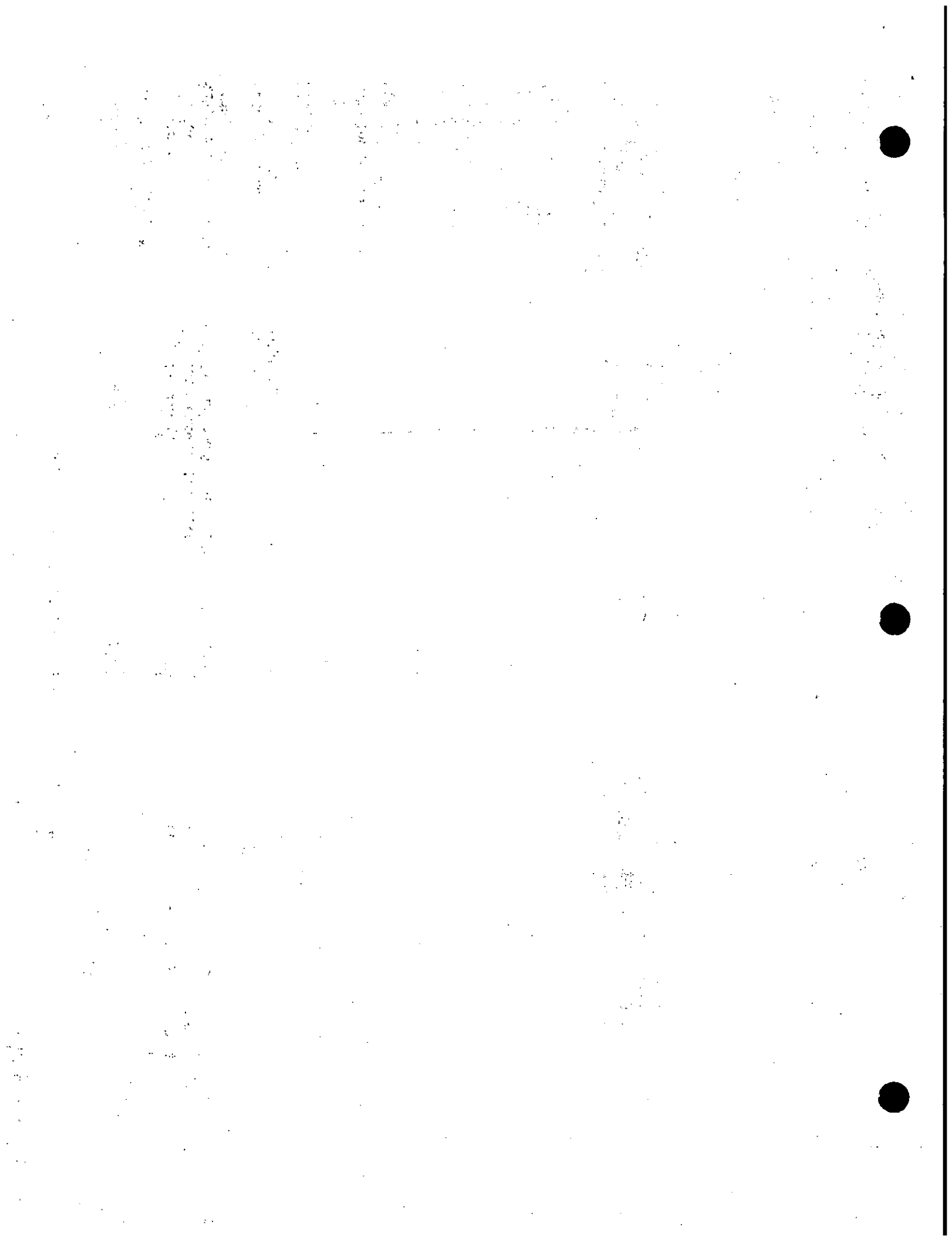
***CAHP Employee Share: \$8.00/\$14.00/\$21.00

****CCPOA Employee Share \$19.00

(RO5 Employees' share for the Delta Dental Plan is \$10.57/\$17.47/\$24.57)

(Under Co Ben the total premium is deducted from the benefit allowance)

(The dental/vision premiums above do not include the administrative fee of \$1.00/mo.)



COBRA Group Continuation Rates: Monthly Premiums Effective January 1, 2003

ATTACHMENT IV

<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	\$43.33	\$85.90	\$120.75
	Basic	Represented employees	\$41.63	\$73.10	\$105.92
	Basic	Eligible dependents of Represented employees	\$35.68	\$53.59	\$70.17
	DPO	Excluded and Represented employees and their dependents	\$35.01	\$68.25	\$102.78
Health Net Dental, Inc. P.O. Box 57074 Irvine, CA 92169-7074 1-800-926-7828	Standard	Represented employees and their eligible dependents	\$15.69	\$25.45	\$35.74
	Enhanced	Excluded employees and their eligible dependents	\$14.28	\$24.17	\$29.77
PMI - DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded/Represented employees and their eligible dependents	\$15.57	\$25.55	\$35.34
Safeguard Health Plans 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Basic	Excluded/Represented employees and their eligible dependents	\$13.66	\$22.08	\$30.39
GE Wellness Plan Dental Mail STD. 692 to: CobraPro 721 South Parker, Suite 300 Orange, CA 92868 1-866-262-7277	Basic	Excluded/Represented employees and their eligible dependents	\$13.43	\$22.03	\$30.46
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded/Represented employees and their eligible dependents	\$8.26	\$8.26	\$8.26

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 premiums, minus the \$1.11/mo. administrative fee.

