

## 2017 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

Plan Type	Covered Persons	1-Party	2-Party	3-Party
PPO plus Premier Basic	Rank and File Employees	\$53.49	\$ 93.67	\$135.55
PPO plus Premier Enhanced	Excluded employees and their eligible dependents	\$55.65	\$109.89	\$154.51
Preferred Provider Option (PPO)	Excluded and Rank and File employees and their eligible dependents	\$48.84	\$ 95.31	\$143.61
Dependents	Eligible dependents of Rank and File employees	\$45.88	\$ 68.76	\$ 89.91

#### DeltaCare USA

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$19.25	\$31.59	\$43.70

#### Premier Access

Plan Type	Covered Persons	1-Party	2-Party	3-Party
Standard	Excluded and Rank and File employees and their eligible dependents	\$16.12	\$26.10	\$36.56

**SafeGuard**

Plan Type	Covered Persons	1-Party	2-Party	3-Party
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**

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

\*Dental benefits for BU6 employees are provided through the CCPOA Health Benefits Trust. Exception: BU 6 employees who are non-CCPOA members may only enroll into Western Dental.

**STATE-SPONSORED VISION PLANS**

**Vision Service Plan (VSP)**

Plan Type	Covered Persons	1-Party	2-Party	3-Party
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  
P.O. Box 14227  
Orange, CA 92863-9727  
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